

**Shuar People's Healing Practices in the Ecuadorian Amazon as a
Guide to State Interculturality: An Epistemic Case for Indigenous
Institutions**

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STATEMENT OF ORIGINALITY

I certify that this thesis submitted to The University of Sydney for the degree of Doctor of Philosophy contains no material presented for the award of any other degree or diploma in another university or institution. This dissertation is my original work and contains no material previously published by another person, except where due contributions by others are explicitly acknowledged. The interviews done for this thesis were performed under the approval of the Human Research Ethics Committee of The University of Sydney.

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ABSTRACT

What do we understand by the principle of state interculturality? What would be the full implications of making Latin American states culturally representative, rather than agents of modernisation on the European model? Could the state reflect the distinctive local cultures within the various particular regions of its sovereign territory? This project takes the example of state healthcare in Ecuador, an ‘intercultural state’ according to its 2008 constitution, as a point of entry to answering these questions.

By presenting an epistemological critique of biomedicine as culturally specific and historically contingent, it argues for intercultural health as a break with taking western knowledge systems as the universal arbiters for social policy. Instead, it proposes that the health-seeking preferences of indigenous minority groups—working with the example of the Shuar nationality in the south-eastern Amazonian province of Zamora-Chinchipe—become the basis for culturally representative state healthcare within their territory. I argue that this is a question of indigenous justice, in light of the evident dramatic disconnects in meaning and disappointed expectations of many Shuar people in their engagement with clinical healthcare. However for non-indigenous society, too, intercultural health would lead to the further development of health practices founded on distinct epistemological and ontological assumptions from those of western biomedicine, thereby bringing a new diversity of approaches with which intercultural societies could address universal social problems.

Yet the effort to put forward a medical ethnographic representation of Shuar culture understood as a set of present-day practices and preferences, rather than a body of

essentialised tradition, raises the question of how meaningful it is today to speak of cultural groups, when these are inevitably cross-cut by transnational economic, religious and political-discursive forces to different extents in different locations. The thesis thus concludes with a suggestion for what we mean when we say we value cultural diversity.

TABLE OF CONTENTS

Chapter 1: ‘El Ecuador es un Estado [...] intercultural’	14
Interculturality, the Geopolitics of Knowledge and Decolonisation	18
The Politics of Epistemology in Traditional Medicine	35
Bioprospecting and the Encounter between Knowledge Systems	39
Shuar Healing and Traditional Medicine Debates	44
De Facto Interculturality in the Borderlands of the Ecuadorian State	49
Chapter 2: Why Interculturalise? Pluralising the Epistemology of Medicine	56
Multi-Sited Ethnography and the Field of Research	58
Border Thinking and Coloniality	68
Interculturality, Critical Epistemology and the Non-Indigenous Anthropologist	73
Pharmaceutical Bioprospecting and the Epistemological Encounter	79
Culture, Knowledge and the Ontological Turn	88
Chapter 3: Shuar People’s Healing Practices in Zamora-Chinchipec, Ecuador	
The Shuar ‘Centros’ in Historical Context	93
Quantitative Analysis of Interviewees’ Health-Seeking Preferences	104

The Discourse of Indigeneity in Interviewee Responses	117
Health-Seeking Practices of Shuar Evangelicals	125
Geographic Isolation and Traditional Ontology in Shuar Healing	132
Mining and Materialism in Healthcare in the Quimi River Valley	142
Chapter 4: Traditional Ontology in the Sickness and Health of Twenty-First Century	
Shuar	148
‘Maldad’, Sickness and Power in Alto Nangaritza	152
A Mother’s ‘Maldad’	157
The Shamanic Diagnosis of Sorcery	160
Visionary Experience in Shuar People’s Lives	165
Power Vibrating on other Frequencies	171
Sorcery as Diversion	175
Health/Sickness, Power/Marginalisation	180
Chapter 5: Medicinal Plants and Evangelicals’ Denatured Spirituality	186
Healing and Conversion: Illness as a Crisis of Ontological Commitments	187
‘False Miracles’: Evangelism as a Moral Epistemology?	194
Medicinal Plants, Materialism and the Disowning of Spiritual Agency	199

One Vector Amongst Many 203

Chapter 6: Mining, Materialism and the Indigenous Amazonian Working-Class

Ethnography on the Quimi River: Shuar Life ‘On-the-Grid’ 208

Perceptions of Shamanic Healing among Miners and Anthropologists 214

First-Hand Accounts of Shamanic Healing:

i) Ximena Charip 218

ii) Matilde Yankuam 221

iii) Alma Tunki 222

The Mechanics of Disbelief in the Quimi River Valley 224

Distancing Oneself from Vision 228

Land, Plant Knowledge and the Predicament of Young Waged Labourers 234

The Development and Rationalisation of Shuar Communities? 242

Prospects for Interculturality on the Quimi 245

Chapter 7: Medicine and Indigeneity–Rewriting the Multivalent Discourse of Indigenous

Culture 248

Indigeneity as an Idiom of Resistance 252

Indigeneity as ‘Culture’: Class, Politics and Institutions 262

The Distinct Deployments and Rejections of Indigeneity by Shuar People	271
Culture as a History of Cumulatively Developed Conceptual Complexity	279
Chapter 8: Final Thoughts	
The Difference between Valuing Culture and Valuing Knowledge	285
The Culture of the State in Ecuador and Beyond	292
Critiquing Liberal Multiculturalism Post-2016	295
References	298

FIGURES

Chapter 2

Figure 1: Iconographic map of the Ecuadorian province of Zamora-Chinchiipe 63

Chapter 3

Figure 2: The Shuar 'centro' Kiim in 2013, seen from across the Yacuambi River, with its chapel in the centre 100

Figure 3: Disputed land in the Upper Quimi River Valley 103

Figure 4: Nangaritza Shuar travelling to a pre-election Pachakutik rally in 2014 119

Chapter 4

Figure 5: Nangaritza man with hunting-dogs 150

Figure 6: Shaime and the Nangaritza River from above, looking south 152

Figure 7: The Nangaritza River near Shaime 173

Chapter 6

Figure 8: Newly constructed bridge on the road to Yanua and Churubia 210

Figure 9: House on Shuar communally-titled land near the Quimi River 214

Chapter 7

Figure 10: Driving cattle through the mud in Alto Nangaritza	253
Figure 11: Statue outside Zamora police station	264
Figure 12: Cornfield bordering cattle pasture on Shuar communally-titled land in the Quimi River Valley	270
Figure 13: Zamora-Chinchipe provincial government sign explaining a nearby construction project	276

TABLES

Chapter 3

Table 1: Reliant on clinics and/or hospitals for healthcare	107
Table 2: Use clinical medicine, but see other options as preferable in certain circumstances	107
Table 3: Reject biomedical services, or consider only as a last resort	108
Table 4: Consult and/or seek treatments from shamans	109
Table 5: Consider experiences during altered states of consciousness important for health	110
Table 6: Health preferences comparing interviewees who used Pachakutik discourse to those who did not	114
Table 7: Pachakutik discourse notable in interviewees' responses	115
Table 8: Health-seeking practices of Shuar Evangelicals	127

Chapter 1: 'El Ecuador es un Estado [...] intercultural'

Ecuador's Constitution of Montecristi, drafted by left-wing parties and indigenous, campesino¹ and Afro-Ecuadorian representatives, defined the Ecuadorian state as 'intercultural' and also 'plurinational' in 2008. Interculturality has been a long-standing demand of indigenous movements as a corrective to the colonial heritage of the Latin American republics, which have been built on the model of European states at the expense of the intellectual and organisational heritage of the continent's first peoples. It asks the question: what would the state look like if its institutions were designed to be representative of each of the multitude of cultures within its borders, rather than being organised around exclusively European conceptualisations of and procedures for achieving justice, education, public health, economic prosperity and democratic representation? Of course, writing something into law does not automatically make it so, a relevant point for even minor legislation, let alone a redefinition of the philosophical foundations of the state itself. The present research is an attempt to come to terms with all of the requirements and implications of putting interculturality into practice.

Several preceding works on state interculturality have focused on the critique of putatively intercultural programs pushed forward by Latin American states. Research on intercultural education has pointed out that such initiatives may be more oriented toward elite-driven policy considerations than to the needs of indigenous people (Llanes Ortiz, 2008: 55-60), or may not go beyond an essentialist focus on indigenous language and folklore, ignoring

¹ Usually translated as 'peasant' or 'rural poor', it is a category that includes landless rural labourers as well as smallholders.

‘the implicit philosophies that they express’ (Tubino, 2005: 93). On intercultural health, researchers have expressed concerns with ‘ethnobureaucratic’ and ‘ethnodevelopmentalist’ policies that, they argue, serve to depoliticise indigenous campaigns for autonomy by regulating certain indigenous health practitioners who cooperate with state intercultural programs while criminalising those who do not (Bolados García, 2011). From this perspective, state initiatives at intercultural health appear as a positive step, but in practice may function as mechanisms for co-opting and sanitising cultural difference (Boccaro, 2015). Common to these critiques is the argument that state-led interculturality represents a form of ‘neindigenismo’² (Boccaro & Bolados García, 2008), in the sense of adopting tokenistic elements of indigenous culture as cover for the development of indigenous territories according to the priorities of state and capitalist actors rather than indigenous peoples themselves.

Without detracting from the importance of these studies, the present research takes a different approach, more oriented toward providing practical policy suggestions in a way that is informed by the hopeful political processes underway in Ecuador, Venezuela and Bolivia, where there have been openings to intercultural health policies that empower indigenous peoples (Calderón, 2010: 54-58; Freire, 2015: 70ff.). Indeed, it is an ethnography of Yanomami interactions with the Venezuelan state’s attempts to extend free healthcare services within its Amazonian territory (Kelly, 2011) that constitutes the clearest precedent and parallel to the present research. Rather than critiquing existing state initiatives autodenominated as ‘intercultural’, this research aims to develop an extended case study

² ‘Indigenismo’ summarises an approach to state policies toward indigenous peoples that simultaneously celebrated and exoticised indigenous culture and equated it with the past (see Alonso, 2004: 475; Knight, 1990).

pursuing the question of how the state competency of healthcare could be reconsidered, reformulated and put into practice by an intercultural state in the territory of a particular cultural group—the Shuar people of the Ecuadorian-Amazonian province of Zamora-Chinchipec. In this sense, this research is a piece of applied political philosophy, for it has been carried out as if there were the political will to immediately begin drawing up a blueprint for implementing the revolutionary ideals of the 2008 Constitution.³ I contend that this research process has allowed for new insights into the potential of and the obstacles to state interculturality, and indeed the way in which culture itself is currently understood. The research also provides raw material for future campaigns and policies to interculturalise and decolonise the state in Ecuador and elsewhere in Latin America and the world.

With healthcare as its case study, the present project is also a piece of medical anthropological research. A sophisticated picture of the cultural context in question is essential for the analysis of the extent of the potential differences in the ways cultures conceptualise and strive for health, the terrain on which these differences are most marked and their ramifications for intercultural state institutions. Importantly, this medical anthropological analysis is as necessary for biomedical science as it is for the practices of the Shuar of Zamora-Chinchipec, or whichever other group may struggle to see its culture represented and supported by the state under whose dominion they live. It is essential to interculturality to avoid the privileging of any one culturally specific worldview. As such, neither biomedical science nor any other knowledge system can be elevated as the arbiter of truth and falsehood within its specified domain of social life. By drawing on secondary

³ In public statements, at least, Ecuadorian officials have claimed there is ‘enormous political will’ to make the public health system intercultural (e.g. Calderón, 2010: 54).

sources as well as presenting my own analysis, Chapter 2 makes a comprehensive case for seeing biomedical science as one particular (albeit currently hegemonic) 'situated' knowledge system, whose pretensions to universality are undermined by the socio-historical contingencies of its development.

One might ask why settler-colonial and multicultural societies should make such a commitment to interculturality. Are presently existing states not already supposed to be implementing policies according to the most cutting-edge, rational and objective scientific and social-scientific research in the respective fields? A progressively minded citizen might well support indigenous self-determination in areas where indigenous people form a majority demographic presence, but at the same time remain skeptical of the suitability of reconsidering the operative principles of the state outside of indigenous territories. For this reason, I will argue continuously throughout this thesis that interculturality is not just a matter of justice for indigenous peoples. It is also a utilitarian question for non-indigenous society, because it illustrates the ways in which cultural and epistemic difference points us to new ways to solve our current problems.

Before moving to introduce the manner in which the cultural and epistemic difference that is concretised by Shuar people in their health-seeking practices will be made visible in this study, there are two particularly relevant fields of social-science literature whose insights and flaws need to be brought into consideration. One is that of international public health, a field which, although certainly overlapping with medical anthropology, takes a greater role than the latter in formulating proposals for the incorporation of traditional and indigenous medical knowledge and practice into the policies of nation-states and international institutions. Critically analysing the blind spots in this field illustrates the ways

in which the field's goals of making the best use of all the medical knowledge and resources at a society's disposal can be better accomplished by taking interculturality as the analytical point of departure.

Before doing so, however, it is necessary to contextualise my use of interculturality and the intercultural in the light of preceding work. The use of interculturality in this thesis follows those intellectuals concerned with the relationship between modernity and coloniality and with indigenous decolonial campaigns in Latin America (especially Kowii Maldonado, 2011a; Mignolo, 2005b; Tubino, 2005: 84; Walsh, 2009). These authors' emphasis on the geopolitics of knowledge and the imperative of decolonising epistemology have fundamentally informed a key element of the structure of this research: its efforts in Chapter 2 to deconstruct the universalising pretensions of biomedical epistemology through a historicist and materialist interpretation of its development as a knowledge system. I also set these thinkers in dialogue with outside critiques of the conceptualisation of culture implied by multiculturalism (Descola, 2013a, 2013b; Rosaldo, 1993; Santos, Meneses & Nunes, 2007; Žižek, 1997). Ultimately, however, the meaning of culture is continually developed throughout this thesis in conversation with the complex and unexpected results of the ethnographic research as it is presented.

Interculturality, the Geopolitics of Knowledge and Decolonisation

Since the passing of the dominance of explicitly assimilationist policies toward indigenous peoples by the 1980s and 90s, interculturality emerged as a highly plastic term moulded according to different actors' preferences for redressing indigenous disempowerment; or, from the perspective of powerful sectors, redressing 'the indigenous question'. In spite of

this debate, for now I will initially write in the hortative mode in order to explain my hopes and intentions in taking up interculturality as a frame for this study. Interculturality belongs to what Ramiro Ávila Santamaría has called ‘the Andean utopian horizon’ (cited in Acosta, 2013): it is a model for relations between peoples and cultures that seeks to rectify the colonial legacy in the social and political institutions of Latin America. In Ecuador, indigenous peoples continued to be economically exploited, politically repressed and denied civic rights well into the second half of the twentieth century. Having won their human rights in struggles from 1964–1998, Ecuadorian indigenous peoples had to then face the challenge of the colour-blind politics of liberal citizenship. Consider the perspective of Ariruma Kowii Maldonado—writer, poet and Ecuadorian indigenous leader of Kichwa nationality—who argues that the denial of indigenous culture is still causing

the formulation of excluding and exploitative policies, and of the planning of projects and the definition of budgets that do not consider the particularities of the [indigenous] peoples and nationalities in their various enclaves within the national territory. These policies are designed from a singular reality, focused in and concentrated on abstractions like ‘the development of the country’ or ‘the national culture’ (2011a: 21).⁴

The challenge here is to re-evaluate the desirability of basic tenets of western political philosophy, such as development, as well as whatever culturally peculiar assumptions we may find within the sub-spheres of states, such as public health institutions. According to Kowii Maldonado, it is necessary ‘to define public policies that are thought out from diversity’ so as to ‘democratise public space’ and allow indigenous peoples to regain ‘confidence in their identity [and] pride in their language’ (2011a: 29). This was the principle

⁴ Translations from Spanish texts are my own.

behind the inclusion of the Kichwa term ‘sumak kawsay’⁵—generally translated as ‘good living’ or ‘right living’ (Macas, 2010; Tortosa, 2011)—as an objective of the Ecuadorian state in the 2008 Constitution. Although one might suggest that Kowii Maldonado’s principal motivation is justice for indigenous peoples, his position can be supported by more general, utilitarian argumentation. One must recognise that reforms aimed at goals like ‘confidence in one’s identity’ (‘seguridad identitaria’) are not feel-good measures with significance only at the level of individual psychology. Distinct cultures’ approaches to understanding and acting in/on/with the world yield very concrete differences in outcomes with origins in their particular ontologies, epistemologies and histories. As such, the epistemic pluralism implied by interculturality has the potential to open up the conditions for dialogue between and the mutual enrichment of knowledge systems, a project that promises to be especially fruitful when applied to medicine and healthcare.

The key challenge for interculturality—and also cultural anthropology (Descola, 2013a: 30)—is to ensure that it is not contained by a culturally specific understanding of the concept of culture itself. ‘Culture’ in this sense does not refer to all that is traditional and historic (García Canclini, 1992). In the sense of referring to the definitive characteristics of given groups of people with a shared historical experience, the culture of a people includes all of the ways that they conceptualise, relate to, make sense of and act upon the various elements of their environment. In the contemporary sense, however, of culture in the vein of liberal multiculturalism or cultural diversity, cultures are typically understood as somewhat anachronistic ways of thinking and acting from a minority position which are

⁵ According to Luis Maldonado Ruiz (2010: 85), ‘sumak’ can signify grandeur, plenty, excellence, magnificence and beauty; ‘kawsay’ can mean life, existence, conduct and sustenance. Ariruma Kowii Maldonado says that ‘kawsay’ refers to ‘all that which contributes to the continuity and flowering of existence and creativity’ (2011a: 26).

recognised (and even celebrated) so long as their impact on dominant discourses is nil (Santos, Meneses & Nunes, 2007: xxi–xxv). Alternatively, as Slavoj Žižek puts it:

Multiculturalism is a racism which empties its own position of all positive content (the multiculturalist is not a direct racist, he doesn't oppose to the Other the particular values of his own culture), but nonetheless retains this position as the privileged empty point of universality from which one is able to appreciate (and depreciate) properly other particular cultures—the multiculturalist respect for the Other's specificity is the very form of asserting one's own superiority (1997: 44).

The sleight of hand lies in the classification of western, and particularly Anglophone, society as free from cultural bias (Rosaldo, 1993: 198), at least to the degree that conservative, religious and nationalistic tendencies can be kept down by the liberal intellectual hegemony. The portrayal, by way of contrast, of 'others'—the most obvious current example being Muslim Arabs—as enslaved by their own culture serves to legitimise the dominance of western culture (Kundnani, 2014), which of course is not framed as 'cultural' but as knowledge about reality. The way in which 'the cultural' constitutes a categorisation with respect to the history of colonialism, subjugation and marginalisation mirrors Žižek's observation about ideology: just as we locate ideology not in ourselves but in the 'false' ideology of others (1994: 6), similarly we only see culture in the conceptual flaws and limitations in the thought and worldview of others, while believing ourselves to be 'postcultural' (Rosaldo, 1993: 199-200).

Pursuing this vexing portrayal of 'the cultural' in hegemonic discourse into current debates in international public health on the role of traditional medicine, the dismissive posture toward traditional medicine reinforces the need for interculturality and a reframing of the notion of culture. Calls to recognise and make use of the knowledge and resources of

traditional medicine date back prominently to the Alma-Ata Declaration of 1978 and, more recently, the World Health Organisation's (WHO) *Traditional Medicine Strategy* (2002). Given that some three-quarters of the world's population rely on it as their primary source of treatment, the argument goes that traditional medicine should be recognised as a valuable public health resource and integrated into state healthcare bodies. This proposal could be said to complement the observation of the immense cost of making first-world treatment available to the entire world's population. Indeed, for this very reason the proposal has been criticised from sub-Saharan Africa as legitimising jingoistic lauding of traditional medical treatments for AIDS in preference to pharmaceuticals (Flint, 2011: 88ff.).

Speaking from Latin America, in contrast, there is little threat of outright rejection of western medicine and other technologies, a prospect that concerns some critics of post-colonial and post-modern theory (e.g. Nanda, 2003). Indeed, Latin America is not external to the West but rather is largely constituted by western societal forms, which emanate from cosmopolitan centres, extending themselves and intermingling with those of peoples from different traditions. This predominately western quality to Latin American society does not prevent the pervasive perception of its 'underdevelopment'—the notion that Latin America is eternally behind the more modern, advanced and sophisticated world centres of Europe and North America—a perception which in the Andean-Amazonian region in particular often manifests in the automatic esteem granted to all things that originate in the North Atlantic world: 'the magic of the modern,' to redeploy the phrase used by Michael Taussig to explain the attraction of the sub-standard healthcare to which he bore witness in rural Colombia (1987: 274-9). In Ecuadorian towns and cities, including those in the Amazon Basin, it is common to see native medicinal plants industrialised and

packaged as herbal extracts labelled with 'Made in the USA' as a symbol of their legitimacy. In short, in Latin America traditional medicine is more vulnerable to assimilation by the paradigm of biomedical science than it is to overwrought veneration.

The more relevant point in the Latin American context, then, is to consider the workings of the geopolitics of knowledge in discussions of traditional medicine. If, as Catherine Walsh argues, 'knowledge functions like economics: it is organised around centres of power and subordinate regions' (2004: 2), then one would expect to see evidence of hierarchical relationships between the various products and producers of knowledge. Already, there have been suggestions from the Ecuadorian state that the Ministry of Public Health would need to certify intercultural health practitioners, 'in order to prevent malpractice and charlatanism,' a fraught suggestion depending on the epistemological character of the 'processes of validation' required (Calderón, 2010: 59). Indeed, the demand for traditional and indigenous healing practices to prove themselves against the epistemological and ontological assumptions of other healing systems is a highly developed tendency at the international level. The pharmaceutical industry influenced (Mullard, 2010), Geneva-based WHO self-designates as the arbiter of acceptable and unacceptable traditional medicine according to a mix of the science and culturally embedded norms and moral and aesthetic preferences of the North-Atlantic countries. Looking at the WHO's *Traditional Medicine Strategy*, one hears of the 'urgent' task of evaluating, regulating and reforming traditional medicine. Subsequent objectives follow: the 'qualification and licensing of providers; proper use of products of assured quality; [and] provision of scientific information and guidance for the public,' given that 'the quality of herbal products sold is generally not guaranteed' (WHO, 2002: 4). The fundamental policy principles are 'promoting evidence-based use of TM/CAM [traditional

medicine/complementary and alternative medicine]’ and the oft-repeated goal of ‘rational use’ (WHO, 2002: 5). Yet these seemingly common-sense signifiers point to a hegemony of one particular practice of knowledge—biomedical science—that is sustained over and above other systems. If we are unwilling to accept the mystification or exoticisation of indigenous healing practices, it is just as necessary to demystify the discourse, or ‘ruling relations’ (Smith, 2005), that connect the institutions of biomedicine—from the WHO to pharmaceutical corporations, the US Food and Drug Authority (FDA), US and World Trade Organization (WTO) patent law, universities, public health ministries and biomedical clinics—and sustains their hegemonic position as the arbiters of truth regarding health and illness. By ruling relations is meant

[those] relations that divorced the subject from the particularised settings and relationships of her life and [...] created subject positions that elevated consciousness into a universalised mode, whether of the social relations mediated by money or of those organised as objectivity in academic or professional discourse (Smith, 2005: 13).

Before beginning the discussion of contemporary Shuar health-seeking practices, then, Chapter 2 presents an analysis demonstrating how the socio-historical particularities of the development of biomedicine’s ruling relations have epistemological consequences that shape the kind of medicine that can be envisaged and produced. Drawing on institutional ethnography as methodological approach, this critique will maintain its grounding in everyday experience (Campbell & Gregor, 2002: 60), in this case that of Shuar people for whom, despite the multiplicity of healing products and practices in their environment, it is only biomedicine that is considered officially legitimate and worthy of state-backed financial, technical and professional support.

The geopolitics of knowledge critique is therefore central. However it is but one part of the aforementioned 'decolonial' literature that forms the theoretical and conceptual basis for and grows out of the work of social movements campaigning for interculturality and plurinationalism (Dávalos, 2002; Grosfoguel, 2007, 2011; Kowii Maldonado, 2011b; Mignolo, 2009; Walsh 2007, 2009). Much of this literature is of the indigenous movement and in Ecuador is closely aligned with CONAIE, the Confederation of the Indigenous Nationalities of Ecuador (CONAIE, 2007b; Macas, 2004). CONAIE has led indigenous peoples' recent resurgence of political protagonism in Ecuador, particularly via the marches and blockades that have been carried out numerous times since the 1990s (Acosta et al., 2001; Macas, 1991). As Hugo Benavides writes, indigenous history in Ecuador 'has been erased, changed and mutilated in every way possible to alter discursive elements and present Indians in a negative light' (2004: 150); thus the significance for indigenous peoples 'to be incorporated into their own debates, not as passive policy and research projects, but as full historical subjects' (Benavides, 2004: 143; also Macas, 1991). The fact that it is even necessary for a people to be 'incorporated into their own debates' speaks volumes of the cultural exclusivity that has inhered in understandings of 'history,' 'rationality,' 'development' and other key epistemological terms that structure social research and policy. This critique of 'the coloniality of knowledge' forms an essential theoretical background to the claims and objectives of the popular movements for interculturality and plurinationalism (especially Quijano, 2008, 2010). As such, I will briefly outline the central theoretical propositions of these writers.

The definitive proposition of the decoloniality group is that the traditional western forms of supposedly neutral and objective knowledge are fundamentally implicated in the project of colonialism. The starting point of this thesis draws particularly on the notion that

colonisation of the Americas was the condition of possibility for modernisation in Europe: it provided not only the material basis—the mountains of gold and silver that became the capital for capitalism (Graeber, 2012: 312)—but also the possibility of an international commodity trade controlled by the colonial powers. It was this trade that required an abstracted body of knowledge about the innumerable details of the colonised world for the managerial purposes of colonial administrators. As Mignolo argues, ‘science became a colonizing tool [...] rather than being an apparatus that contests it’ (2005b: 117), an established point for historians of the interrelationship between Euro-American colonialism and biomedicine (Anderson, 2006; Arnold, 1993; Hewa, 1995; Vaughan, 1991). Other notable fields of colonial knowledge were the development of systems of racial classification (Quijano, 2000: 247) and the doctrines of sovereignty (and non-sovereignty) in international jurisprudence (Anghie, 2004: 9-30), for these formed the epistemic basis for the naturalisation of Europeans’ domination of their fellow human beings, leaving a legacy of systematic exclusion of vast sectors of Latin America’s (and the world’s) population from power and autonomy. The delineation of the rational and the irrational was essential to maintaining a detached position of domination over these processes, which in itself concealed white patriarchy within a carefully constructed style of objective rationality (see Taussig, 1987: 37), while excluding others as wild, savage or emotional. Thus, modernity and coloniality are understood interchangeably as ‘the cultural project of ordering the world according to rational principles from the perspective of a male Eurocentric consciousness’ (Escobar, 2010: 36-37).⁶

⁶ Coloniality was therefore constitutive of formal colonialism, but has also outlasted it.

For the modern, colonial state, social sciences can be considered 'constitutive'; the formation of modern nation-states and the consolidation of colonialism depended on 'techno-scientific knowledge, particularly knowledge that emerges from the social sciences' (Castro-Gómez & Martin, 2002: 270). In response to the exclusion of entire populations from the managerial domain of knowledge and political power claiming eminence over them, '[t]he crucial interpellation is that of the population of the global South demanding the right to be able to live healthily and develop their own economies, politics and cultures' (Dussel, 1996: 31). I would elaborate this by adding the right to live and develop *according* to their own cultures. Culture is to be understood here as an entire frame of reference, as 'the all-encompassing myth [that] provides us with the horizon of intelligibility within which all of our ideas, convictions and acts of conscience must necessarily be located if they are to captivate our spirit' (Panikkar, 1996). Consequently, the coloniality critique and the desire to reformulate colonial epistemology necessitate the reformulation of the concept of government and the state, precisely the objectives of the plurinationalism movement. According to Catherine Walsh, the intentions of indigenous movements in the process of constitutional reform have clearly been 'to demand the transformation of the mono-cultural nation-state and not to simply add their difference to the existing dominant normative matrix' (2002: 29). Similarly, Boaventura de Sousa Santos argues that 'a fundamental principle' of intercultural and plurinational constitutions is that 'differences require appropriate institutions [and] similarities require shared institutions' (2007: 24). He terms the refusal of this principle 'societal fascism,' in which large bodies of populations are kept outside of any kind of social contract (2001: 186). In this way, the critique of the politics of knowledge implicates a critique of the state and demands the reformulation of both.

In this, the decoloniality program seeks to distance itself from multiculturalism tied to the liberal vision of individual subjects under the nation-state. Such political philosophies—though they have come to tolerate multiculturalism as compatible with the basic liberal premise of allowing the individual the maximum possible freedom that does not impinge upon the freedom of others (Berlin, 1969: xlv)—nonetheless tend to be jealous of their exclusive right of intervention in cultural contexts deemed to be violating rights, as defined from their own, liberal tradition (e.g. Kymlicka, 2003: 161-2). It is this contradiction that has led contemporary liberal multiculturalism to form a sort of compromise position with conservative nationalisms—a religious tendency to disregard heathens from the same protection as believers—and this encouraged conservatives such as former British Prime Minister David Cameron to adopt what he dubbed a stance of ‘muscular liberalism’ as part of the so-called war on terror (BBC, 2011). This elitist quality of liberalism can be traced back to John Stuart Mill himself, for his office with the East India Company convinced him that ‘despotism is a legitimate mode of government when dealing with barbarians’ (1869 [1999]: 10). In this way, liberal multiculturalism can serve to maintain the political space for aggressive nationalism expressed in terms of a defence of liberalism and the individual. The recent crusade against Mexican-American Studies in secondary education in Arizona is paradigmatic, for the (quite accurate) charges against it were the promotion of group identification in students and a philosophical basis outside of western civilisation (Rodríguez, 2012a), for which its proponents received death threats (Rodríguez, 2012b).⁷ Despite the best intentions of communitarian liberals such as Will Kymlicka, in certain contexts the liberalism espoused becomes in practice an imperial resource for dividing and

⁷ As Orozco argues, Arizona’s Superintendent of Public Instruction criticised the Mexican American Studies program by arguing, ‘I believe people are individuals, not exemplars of racial groups,’ yet also used the word American ‘as a synonym for White’ (2012: 51-52).

conquering (see e.g. Blackwell, 2012; Lazar, 2004; Weber, 2005). In the Ecuadorian Amazon, oil multinationals have historically made use of the language of liberal rights, particularly individual land title and refusal of the jurisdiction of community organisations. They thereby bypassed community opposition to oil extraction by bribing those who live in the immediate vicinity of oil wells, recognising only individual title rather than communal jurisdiction and founding their own well funded 'community' organisations to represent minorities of the people (Sawyer, 2004: 6, 67, 200). In this case, liberalism has diluted locally articulated expressions of democracy and co-opted indigenous sovereignty to a culturally unrepresentative national level of politics. Such instances provoke the demands of state interculturality and plurinationalism.

In Latin America, 'interculturality' has, however, often been used as a substitute for liberal multiculturalism in the sense just described. In the case of education, indigenous culture ends up being identified with pre-Columbian practices which, though valued instead of deprecated, are considered as part of the past and largely irrelevant to the indigenous peoples in the present day. In other words, interculturality becomes a token gesture of acknowledgement rather than a fundamental reconsideration of institutional and epistemic assumptions. Charles Hale argues that this is the essential nature of 'neoliberalism's cultural project [...] pro-active recognition of a minimal package of cultural rights, and an equally vigorous rejection of the rest' (2002: 485). In his research in Guatemala, he argues that interculturality came to mean 'cultural sensitivity, with no real concessions that would lead to Maya empowerment' (2002: 520). The essential response is to understand culture as going far beyond the superficial differences that it manifests, thinking instead of culture as 'the all-encompassing myth' providing us with our 'horizon of intelligibility.' Such a definition parallels Roy Wagner's proposal to understand culture

as ‘a total system of conceptualisation’ (1981: 142), thereby embracing both ontology and epistemology. When it comes to intercultural health, all healing practices should be understood as manifestations of the ontological precepts of the culture to which they belong.

It is important to note that as a research program, decoloniality is not concerned purely with Latin America, but in fact often directs its attention toward European colonial centres, connecting socio-historical analysis with epistemological critique (Escobar, 1995; Santiago-Valles, 2003). In this sense, it is partly a reversal of the much criticised area studies model of fixing the object of social research and producing knowledge about it for consumption at a centre of knowledge, particularly the United States and other North-Atlantic countries. Instead, the program seeks to examine ‘hegemonic articulations of power’ and thereby produce knowledge about them for liberatory purposes (Ayora Diaz, 2007; Mato, 2000). This school of thought is thereby closely linked with anthropology’s recent mission to evaluate its historical implication in colonialism—studying the savage—and propose alternative, ‘post-colonial’ paths of research, one of which is the inversion of the anthropological gaze back onto the West (Rabinow, 1986: 241), also referred to as ‘symmetrical anthropology’ (Latour, 2010: 49) and closely tied to Chakrabarty’s project to ‘provincialize Europe’ (2000). In its efforts to pluralise hegemonic (Eurocentric) knowledge and unitary conceptions of social truth, the decoloniality group shares similarities with feminist standpoint theorists (Harding, 1987) and advocates of situated knowledges (Haraway, 1988).

Currently, the Ecuadorian public health system operates almost entirely on the basis of the knowledge and the epistemological and ontological assumptions of the North-Atlantic

world. This fact should be understood in light of the preceding critique of coloniality, the geopolitics of knowledge and their ruling relations. As critics of epistemic injustice have pointed out, ‘inequitable social relations inflect what counts as knowledge and who is recognised as a credible knower’ (Wylie, 2011: 233). Throughout the history of the Ecuadorian state it is only biomedicine that has been considered worthy of official support, such that its pre-eminence in the country is the artifice of an unjust history, rather than the outcome of linear progress toward ever more accurate knowledge. Since being designated an intercultural state in 2008, and in fact ever since the short-lived Department of Indigenous Health was established in 2001, small steps toward interculturality in state healthcare have been taken. However, the process has been met with resistance at the level of institutional culture in a manner that reflects colonial divisions in Ecuadorian society. As a Shuar community leader, nurse and Coordinator of the Department in Zamora-Chinchipe described it to me:

When they created the Departments of Indigenous Health in 2001, for me, sincerely, it was good news, to have heard that they created a national-level department for the health of the indigenous peoples of Ecuador. So I went to work with so much enthusiasm and so much hope, thinking that this was a great opportunity, but I found myself in more of the same. At the moment that I began to live in somebody else’s house, they didn’t allow us to develop our own way of looking at life, our own way of wanting to make health. [...] At the moment of arriving at the house, you might say, that was administered by mestizo⁸ people, it was so difficult: for them, they thought, ‘You people, how is it that you’re inside my house?’ So we said, ‘We don’t have recognition.’ At the national level, there were no laws or policies set out

⁸ The term refers to Latino people of mixed European and indigenous ancestry. A majority of Ecuadorians identify as mestizo.

for the creation of these departments. It was simply done by decree. So there were many complications.

This resistance is perhaps the reason why current intercultural health initiatives in Ecuador, while certainly beneficial, are also somewhat tokenistic. One example is the Intercultural Health System ('Sistema de Salud Intercultural') in the majority Kichwa Amazonian 'cantón' Loreto (Orellana province), an initiative highlighted as a success by the Director of the Ministry of Health's 'Dirección de Salud Intercultural' (Calderón, 2010: 58). Researchers carrying out a case study there praised the 'Casa Intercultural del Parto' (Intercultural Birth Centre) for a 60 percent increase in medically attended births (Arteaga, San Sebastián & Amores, 2012: 405). However, they also described minimal engagement with local community fora on the part of medical personnel—or even awareness of the indigenous healing practitioners working in their vicinity (2012: 408-9)—and argued that 'the protocols for putting the intercultural focus into practice were limited to vertical birthing, such that interculturality had been reduced to vertical births' (2012: 411). A danger of tokenism in intercultural health, too, is that initiatives flatten out the diversity between indigenous groups, which in the Ecuadorian context means that they tend to represent Kichwa ontological and epistemological assumptions at the expense of those of Shuar people (see Chapter 7, Section 3) and other indigenous groups.

Though there is clearly some support for intercultural health initiatives on the part of the Ecuadorian state, the process of their implementation and funding has been piecemeal throughout the national territory. The fact that intercultural health projects have advanced furthest in Chimborazo and Imbabura (Calderón, 2010: 58; Mignone et. al., 2007: 5), provinces with both an extensive indigenous demographic presence and long histories

of indigenous political organisation, suggests that the support of influential local political figures and organisations is important if any traction is to be achieved in actualising the state's principles in the area of intercultural health. The proliferation of indigenous organisations claiming to represent each ethnically defined group, as well as the sheer number of nation-building projects being taken on by various agencies of the Ecuadorian state, poses challenges for the effective actualisation of the state's socialist and intercultural principles. In effect, it demands competition between indigenous actors to engage with state actors in a manner reminiscent of the role of lobbyists or NGOs in other societies. In exchange for compromises with the state, these organisations gain a status further elevated toward their goal of being acknowledged as the legitimate representatives of their particular group. In this sense, the current relationship between the Ecuadorian state and indigenous organisations shows characteristics reflecting a combination of the historical trajectory of corporativism,⁹ in its clientelistic aspects, followed by the simultaneous rise of neoliberalism and indigenous ethnonationalism (see Perreault, 2003: 66-71).

The position of indigenous organisations vis-à-vis the Ecuadorian state is further complicated by the latter's centralist character under Alianza País (AP) government (2006–present). This was demonstrated most dramatically with the closure in 2013 of the National Directorate of Bilingual Intercultural Education ('Dirección Nacional de Educación Intercultural Bilingüe'–DINEIB) and its incorporation within the Ministry of Education; the latter is under the control of an AP minister, while the former was controlled by the

⁹ 'Under the corporatist regime model, Latin American states extended certain social benefits to the citizenry—including subsidies for food, energy and basic consumer goods; low-cost agricultural credit; welfare, education and healthcare benefits—in exchange for the formation of particular modes of state-sanctioned organisation and political participation' (Perreault, 2003: 66).

indigenous Pachakutik¹⁰ (PK) party, then in coalition with the MPD ('Movimiento Plurinacional de Izquierdas'–Left Plurinational Movement). As Rafael Correa¹¹ remarked on the subject, when asked about the government's relationship with indigenous organisations: 'There are conceptual differences here: we are not corporativists; the indigenous leaders often seek to have institutions which they can control, but we go beyond this fragmented view of the state' (2012: post-script, page 4). The argument is accurate vis-à-vis CONAIE-PK, but also disingenuous, given that Alianza País participates in the very same politicisation of state institutional space by demanding allegiance (and at times public expressions of it) from bureaucratic functionaries at all levels.

The preceding paragraphs should not be taken as broadly condemnatory of public health policies in Ecuador under Alianza País government. Since 2007 Ecuador has pursued many of the same goals advocated by the critical epidemiologists of the Latin American social medicine movement, whose major target of critique was the application of neoliberalism to public health in Latin America from the 1980s (Laurell, 2010: 80). Medical attention is available for free and the state has increased the public health budget by a factor of 4.5 since the commencement of the current administration. The healthcare budget is currently 25 times greater than it was at the turn of the century (Ministerio de Salud Pública, 2015: 5). As such, public health policy is certainly moving in a positive direction. Even so, indigenous peoples continue to suffer doubly: both in terms of their marginalisation from the biomedical resources and expertise mobilised by the public health system and concentrated around the nation's centres of political and economy gravity; as well as the

¹⁰ Pachakutik is the political party created by CONAIE in 1996.

¹¹ President of Ecuador from 2007 until 2017.

fact that the medical attention that does reach them is oriented around alien concepts and frames of references from their own.

The Politics of Epistemology in Traditional Medicine

The debate between plurinationalism and interculturality versus the subtle elitism of liberal multiculturalism correlates neatly with differences in the interpretation and application of research in medical anthropology and international public health. This would suggest that the divisions in both of the fields brought together in this research project rest on fundamental moral and philosophical principles. I will begin this section by developing a summary of these debates in the existing literature, while seeking to regularly connect them with the previously outlined debates in political philosophy. Much of the literature deals with the relevant interstice of politics and medicine only through highly theorised disciplinary debates; or, it considers the micro-context of medical pluralism within the applied framework of community development, and therefore often sidelines examination of the political and philosophical barriers to the implementation of their research recommendations. There has been little research on the place of traditional medicine in public health that incorporates political-philosophical insights from decolonial political theory or the politics of epistemology (Bodeker, Kronenberg & Burford, 2007: 10).¹² Consequently, in this chapter I take an active role in constructing ‘the field’ and its background literature, much of which is not currently in dialogue.

¹² A notable exception is the related debate surrounding the politics of medical epistemology in pharmaceutical bioprospecting/biopiracy (Khalil, 1995; Mgbеoji, 2006).

Many researchers of traditional medicine focus on what they consider its proto-scientific characteristics, painting it as an empirical practice with various degrees of primitiveness or sophistication. Others argue that such a construction distorts the situated nature of such practices, which exist in an integrated network of culture and knowledge and cannot therefore be isolated and reduced to a 'medical' domain. Beginning with the former perspective, it is clear that such an approach is tightly bound up with philosophical materialism and a linear understanding of scientific progress and social development, hallmarks of the modernist worldview. If anthropology's indigenous subjects do believe in 'far-fetched' cosmologies, it is only because they—like the Europeans of a bygone era—have not yet developed the technical instruments that would allow them to arrive at the inherently more rational explanation. Acting within their technological limitations, indigenous peoples have nonetheless discovered insights that could prove to be valuable if further 'developed' by the developed nations: thus the calls by some to bring traditional medicine 'up-to-date' (Akarele, 1987). For anyone in conversation with anthropology, such an approach to traditional medicine—and indigenous knowledge in general—evokes the much-maligned 'denial of coevalness' between the primitive and the modern (Fabian, 1983). While such discourse is perfectly compatible with and creates clear policy prescriptions for the modernising visions of Third World governments and the project management of development institutions, it is too timidly reductionist a frame for the present study. In this section I will seek to salvage some of the pragmatic elements of the materialist approach by navigating through the storm of post-structuralist critiques that sometimes threaten to leave us without any linguistic resources—not even 'culture'—to 'frame' our research and 'fix' in place some degree of certainty about the subject.

The rationalist study of traditional medicine is best exemplified by Edward Green's *Indigenous Theories of Contagious Disease* (1999), the central thesis of which is that the seemingly mystical elements of African beliefs are in essence simply a different form of expressing the same underlying ideas about disease causation (aetiology) as those that are found in biomedical science. As well as being an impressive synthesis of many years of fieldwork across numerous African countries, the work is also highly indicative of dynamics in the discipline of medical anthropology, as well as in international politics and development circles and the way both influence knowledge production. Green begins his work by sallying forth into the debate in medical anthropology between traditional medicine as proto-scientific practice, as he appears to espouse confidently, and the view that it is an elaborate system of situated knowledge that cannot be adequately understood outside of its cultural context. He writes that the voodoo-inflected stereotype of indigenous African medicine—'witchcraft', 'spirit possession' and 'throbbing drums'—'unfortunately [...] does not come from comic books and Hollywood alone. A number of health researchers and anthropologists have lent it scientific credibility' (1999: 9). Following this dramatic opening, Green gradually retreats to his more moderate thesis that 'when it comes to diseases that account for greatest morbidity and mortality [...] the indigenous and biomedical aetiological models are in fact not very different in fundamental and important ways' (1999: 12). Shortly afterwards, in fact, the debate over aetiologies becomes one more of style than of substance, for by the end of the introduction the careful reader finds:

Certainly a full description of every type of physical and mental illness in a range of African societies would reveal ample evidence of personalistic theories [theories of magical intervention] of illness causation; and witchcraft, sorcery and spirit beliefs are part of the

same cultural construction of knowledge as naturalistic, impersonal aetiology. But my argument is that those involved in promoting public health in Africa should take the trouble to learn about existing medical systems before trying to supplant them with what sounds to most Africans like Western scientific mumbo-jumbo (1999: 15).

In other words, Green seeks to promote biomedical science in Africa unchanged, but advocates doing so through the use of the existing indigenous terminology of health and illness rather than in spite of it. Such a narrowly delimited understanding of the potential of the encounter between knowledge systems is perhaps unsurprising in light of the fact that the project was brought to fruition through development funding from international institutions (Green, 1999: 9).

The work's strategic and development oriented objectives are clear in the contextualising foreword offered by W. Penn Handwerker: 'Edward Green's *Indigenous Theories of Contagious Disease* opens the way for development of effective working relationships between biomedical health service providers and for more effective health promotion and disease prevention around the world' (Green, 1999: 7). Handwerker also brings up the oft-cited WHO statistic (Bannerman et al., 1983) that almost eighty percent of the world's medical services are provided by 'indigenous healers' (Green, 1999: 7). Through the WHO Traditional Medicine Strategy (2002), following on from the Alma Ata Declaration (1978), the WHO backs the legitimacy of traditional medicine in the realm of western-dominated 'global governance' of health policy. Green justifies his support of this endeavour at length in an analysis of medical and public health journals, showing that overwhelmingly, the denigration of indigenous health practitioners proceeds on the presumption of their irrationality and incapacity for logical reasoning (1999: 220-224). His rationalising account of indigenous practices appears then as a necessary counterpart. By legitimating

indigenous practitioners in this way, he strengthens policy emphases on cross-cultural awareness and collaboration, while simultaneously avoiding the imperative to reconsider his own conceptual frame through the cross-cultural encounter.

In considering the politics of traditional medicine, perhaps the most telling part of *Indigenous Theories of Contagious Disease* is the above-cited opening to the book. In the act of mobilising then destroying a straw-man stereotype of the exotic other—‘spirit possession’ and ‘throbbing drums’—Green's work belittles the idea of significant and meaningful cultural difference between the West and sub-Saharan Africa. The suggestion, instead, is humanist: the other is in fact just like us, and moreover it would be somewhat offensive to believe otherwise. In this procedure we can see clear parallels between the political philosophy of liberal multiculturalism and Green's own line of argumentation: liberation is envisioned as achievable through the granting of equality, rather the reclamation of difference. The purpose of cross-cultural awareness, from this perspective, is simply an understanding of a particular cultural context that facilitates the translation and dissemination of one's own system of knowledge into that context. From the perspective of interculturality, by contrast, cultural difference should set off constructive processes that hold the potential to be transformative for all parties (Walsh, 2002: 24-26), rather than a program embedded in relations of power that reinforces pre-existing cultural and epistemic dominance on all levels.

Bioprospecting and the Encounter between Knowledge Systems

This same form of rationalising advocacy—seeking to legitimise aspects of indigenous knowledge by emphasising its similarity with bodies of knowledge in western societies—

was evident in the International Cooperative Biodiversity Groups (ICBG) bioprospecting¹³ project carried out amongst indigenous groups in southern Mexico. The ICBG Maya, as it was known, was unusual in that it based its collection of plant specimens on local knowledge of medicinally useful species, rather than simply seeking to randomly collect large numbers of plants, and in this regard alone it was for some an important validation of indigenous knowledges. It was planned largely by two anthropologists with decades of experience in the region, Brent and Elois Berlin, who sought to create a sustainable development oriented alliance with pharmaceutical bioprospecting researchers, so as to generate local benefits, including royalties and construction programs, but also programs to train local people in botanical and scientific methods and to stimulate local esteem for traditional knowledge (Berlin & Berlin, 2004: 474-8). The Berlins' research-advocacy justified the decision to focus the study on local knowledge of traditional medicine by presenting Mayan medical knowledge as 'an ethnoscientific system [...] based on astute and accurate observation that have only been elaborated on the basis of many years of explicit empirical experimentation with the effects of herbal remedies on bodily function' (1996: 53). This representation of Mayan traditional medicine should be understood in light of the structure of the ICBG program, in which royalties to be received by indigenous groups could be expected to be between one and six percent of the total, which would then have to be shared with any host-nation institutions collaborating in the research (Greene, 2004: 215; Hayden, 2003: 369). The amount could nonetheless be a huge windfall, yet it does suggest that presenting Mayan traditional medicine as an 'ethnoscientific system' was less about researchers' confidence in the astuteness and accuracy of its

¹³ Bioprospecting entails the collection of plants and other organisms to be scanned for novel chemical compounds, typically for use in medicine, agro-industry or cosmetics.

empirical method and more about convincing actors for whom it was suspect that Mayan traditional medicine had the validity to serve even as the starting-point for a large research project. Interestingly, the same description of indigenous medicine was used by the lead researcher in the ICBG Aguaruna, based on the medicinal plant knowledge of the Aguaruna people of the Peruvian Amazon.¹⁴ Walter Lewis, biochemist and ethnobotanist at Washington University, has depicted the development of Aguaruna ethnomedicinal knowledge as based on ‘empirical methodology’ (Lewis & Elvin-Lewis, 1991) and ‘traditional testing and selecting’ of plants (Lewis, 2003: 130). The matching discursive frames employed by Lewis and the Berlins and their success in securing funding suggest that such a presentation of traditional medicine was the most advantageous way to present such proposals to US-based research institutes.

This style of legitimising indigenous medicinal knowledge by presenting its most acceptable face to an audience operating within a rationalist, scientific paradigm has come under attack from some anthropologists. They have critiqued the conclusion that indigenous peoples’ traditional medicine is proto-scientific as an artifice of the research process itself and a frame that shapes its area of study rather than simply representing it. Robert Pool, a medical anthropologist who carried out research in Cameroon, makes this critique most explicitly, arguing that medical anthropologists’ studies of ‘medical systems’ inevitably turn up practices and beliefs that can be brought together to formulate such a system. Moreover, he argues that ‘by the very attempt to study and describe it as something discrete,’ such research ends up ‘not only creating an indigenous medical

¹⁴ The Aguaruna (‘awajún,’ in Spanish) are a Jivaroan people who are closely related culturally and linguistically to the Shuar and participate in cross-border activism and organisation with Shuar people in Zamora-Chinchipe.

domain but also reducing it to a somewhat inferior version of biomedicine' (1994: 15). From this perspective, the attempt to elevate a distant culture from the position of ignorance they are assumed to be in by the wider public to a reasonable degree of rationality is merely painting that culture as well-intentioned imitators rather than hopeless savages. Pool concludes that 'the ideology which has to be opposed here is not blatant cultural imperialism but rather liberal humanism' (1994: 16). The flipside of this well-aimed criticism is the methodological quandary typical of post-structuralist orientations: if the 'dissolution of ethnomedical systems' is deemed necessary, what is the terminology to replace it? In fact, the same question recurs in Pool's use of the term 'witchcraft.' In his article, it is both a ill-intentioned act of sorcery, mirroring its meaning historically in the European context, and a general theory of misfortune, the sub-Saharan African worldview that Pool argued is subsumed by a study of 'medical systems' (1994: 16).

Like Pool, Ronald Nigh criticises the rationalising portrayal of traditional medicine, in his response to the Berlins' presentation of Mayan medicine as an 'ethnoscience system.' Nigh argued that in focusing their bioprospecting research purely on Mayan use of herbs—clearly the most acceptable form of traditional medicine when viewed from the perspective of medical science—the Berlins decontextualised healing practice among the Maya and were therefore guilty of 'herbal fetishism' (Nigh, 2002).¹⁵ In the heated political debate around the ICBG Maya which eventually led to its cessation, particularly the accusations of biopiracy against the research group, Nigh sided with the opposition that formed around a union of healers and midwives, arguing:

¹⁵ A similar criticism has been made of state intercultural health programs in Mexico (Ayora Diaz, 2007: 143).

[the] biological gaze [of pharmaceutical research] decontextualizes the situated knowledge of Maya healers, ignoring the cultural context in which they create and apply that knowledge. The search for raw materials for the production of universal medical technology results in symbolic violence to the cultural logic of Maya peoples (2002: 451).

The Berlins in fact responded to Nigh's article: they regarded his emphasis on spirituality in Mayan healing practices as 'a romantic and exotic vision of the Highland Maya that has little to do with the empirical procedures that they employ in dealing with healing and sickness in everyday life' (2002: 465).

The repetition of this question in debates over anthropological representation illustrates that it is not sufficient to seek to simply to increase awareness and esteem for indigenous cultures, for this can be done in different directions with different ends. Moreover, these debates suffer from an extraneous desire to uncover the truth about a specific social issue without sufficient reflection on the purpose or the conditions of possibility of their research. For the Berlins, the focus on the chemistry of medicinal herbs is a necessary method that mirrors the pharmaceutical industry's focus on isolated active ingredients capable of being industrially mass-produced, and therefore capable of satisfying social customs of intellectual property, industrial patent laws and an entire value set based on efficiency, centralisation of production, purity, and the domination and enhancement of nature. Their research, then, is less an act of 'symbolic violence' than one of cross-cultural translation necessitated by broader socio-cultural structures over which the Berlins have very little influence. For Nigh, his intention to counter the Berlins' project denies all of the benefits that could arise from such a project, as incomplete as it may be as an evaluation of the healing capacity of Mayan health-seeking practice. Even once completely convinced of Nigh's portrayal of the ICBG Maya as decontextualising, constructing and framing

Mayan medicinal knowledge in such a way as to create a truth that is no more than an artifice of the research process, one could ask, following Latour, so what? The ‘constructed’ nature of knowledge does not prevent it from being valuable; in fact, in most cases its ‘constructed’ character is what makes research interesting, useful and novel (Latour, 2004: 213, Latour, 2010: 19). The ICBG Maya decontextualised indigenous knowledge because it sought to apply it in a new context, and the only problem with that would be any claim that such a study provided the final verdict on Mayan healing, on its usefulness in its own context, and on its right to exist and be represented in the institutions that govern its own social space.

Shuar Healing and Traditional Medicine Debates

The Shuar situation parallels that of the Maya in that their knowledge of the therapeutic value of medicinal plants is but one aspect of a richer tradition, in spite of herbalism being emphasised in global discussions on traditional medicine. Herbalism is certainly a broadly used part of the range of health-seeking practices available to Shuar people in Zamora-Chinchiipe, including in those areas where clinical consultation and pharmaceutical medicines are available. Its practice ranges from the everyday use of herbal teas for ameliorating subtle, emerging health complaints; includes the use of a number of plant-derived tonics, most commonly alcohol-based extracts, for physical invigoration or the management of chronic conditions; and is also called upon to resolve severe health problems (some cases of which are presented in Chapter 6). In addition, many Shuar people seek out the advice and treatment of professional herbalists, principally mestizos, in Ecuadorian cities and towns. Consultation with these herbalists, moreover, blurs any

preconceptions one may have of herbalism as a proto-scientific, physiological form of treatment, as the prescription of herbal medicines may sit side-by-side with prayers aimed at divine forgiveness, or at uncovering the source of the ‘envy’ that caused the illness.

Envy, its harmful effects and potential resolution are also the central concern within contemporary Shuar shamanism. This technical vocabulary shared between mestizo and Shuar healers points to the syncretism emerging in Shuar culture as its practitioners find themselves in greater day-to-day proximity with Ecuadorian campesino society (see Chapter 4, ‘The Shamanic Diagnosis of Sorcery’). Nonetheless, for Shuar people, as with most of the indigenous peoples of north-west Amazonia, the incorporation of ayahuasca¹⁶ in shamans’ diagnostic and treatment process adds a degree of sophistication not found among mestizo herbalists. Shuar shamans typically imbibe ayahuasca in order to diagnose their patients’ ailments, saying that it allows them to ‘see’ through their patients’ bodies and determine what has befallen them (see Chapter 4). Thus for Shuar people, shamanism precedes herbalism in many cases, and is often the first-choice diagnostic tool, depending on the perceived cause of the illness in question. Yet shamanism is typically bracketed as a culture-bound practice that is completely dependent on belief for its efficacy; as such, particular types of shamanic practice supposedly cannot have cross-cultural relevance. This analysis divides scientific objectivity as representative of the real from subjective experience as synonymous with belief, placebo and illusion. Biomedical practice places the former with physiologically active chemical treatments and brackets it away from psychology. The latter is then divided between the subjectively experienced treatments

¹⁶ Ayahuasca (Sp.: ‘ayahuasca’; Shuar: *natém*; Latin: *Banisteriopsis caapi*), also commonly called ‘yagé’, ‘yaji’ and ‘caapi’, refers to both the ayahuasca plant itself, as well as a brew produced from the self-same plant along with various admixtures depending on local availability and preference.

along the lines of psychotherapy and the psychiatric medications that treat the mind as an objective unit of study for physiological interventions. Yet ayahuasca shamanism seems to work on all sides. Physiologically active chemicals effect complex bodily interventions while simultaneously working on the mind and psycho-emotional state (Domínguez-Clavé et. al., 2016), opening a space for a form of non-verbal psychotherapy led by the shaman as therapist (Illius, 1992: 66). Yet unfortunately, all of this complexity is elided by the aforementioned ‘post-cultural’ pretensions of the secular western world, which assumes that those aspects of an alien knowledge practice which cannot be understood within western scientific epistemology are hopelessly bounded within a particular cultural subjective experience and have no significance outside of it.

Nonetheless, contemporary social research on shamanism continues reproducing the assumption of cultural boundedness, which can be traced back to Claude Lévi-Strauss (1963). In *Structural Anthropology*, the cynical shaman Quesalid served as an anchor for the notion that indigenous healing lacks substantive content, and that therefore the task of the anthropologist is to seek to explain how such beliefs could exist, and to explain efficacy in terms of belief. Thus, Lévi-Strauss wrote that ‘the efficacy of magic implies a belief in magic’ in which ‘the faith and expectations of the group [...] constantly act as a sort of gravitational field’ (1963: 168). The structuralist bias of placing the social whole as the unit of analysis comes forth here. ‘The value of the system,’ Lévi-Strauss explained, is based upon ‘the sense of security that the group receives from the myth underlying the cure and from the popular system upon which the group’s universe is reconstructed’ (1963: 183). Neither proposition is particularly useful in the Shuar context. For one, the importance of a shaman’s performance is minimal and even the presence of an audience is atypical. Secondly, as we shall see in Chapter 4, Shuar social relations are individualistic

and extend beyond the individual primarily via extended family networks rather than ‘the community.’ If we must speak of ‘the Shuar’ for the sake of simplicity—in spite of their people’s historic absence of communal forms of social organisation, identity, economy and spirituality—it is also true that their allegiances to given forms of healing practice are fragmented and varied, depending on multiple factors impacting upon the way they live out their inherited culture. These factors—the most significant of which relate to geographic isolation, Protestant Evangelism, wage labour and discourses of indigeneity—account for a dramatic degree of intracultural diversity within the Shuar population even of as small a province as Zamora-Chinchipe. Consequently, the reconstruction of the meaning of a shared universe cannot be considered an explanation for the practice of shamanism. Even less so, in the medically plural context of Zamora-Chinchipe, could there be said to be a metaphysical comfort to be taken in the effective functioning of a particular shaman him/herself.

This classical conception of shamanism has been sidestepped rather than superseded in contemporary accounts of ‘performativity.’ The argument is typified in Michael Taussig’s (2006: 221) excavation of Edward Burnett Tylor’s *Primitive Culture*, in which Tylor argued: ‘The sorcerer generally learns his time-honoured profession in good faith, and retains his belief in it more or less from first to last; at once dupe and cheat, he combines the energy of a believer with the cunning of a hypocrite’ (1871: 121). Taussig’s solution is not to expand upon the representation of the shaman as both dupe and hypocrite, but rather to do away with the idea that this represents a problem to be explained. ‘It is as if the paradox is an artefact of the Enlightenment,’ he writes (2006: 235); rather, ‘the secret of the secret is that there is none, or, rather, that the secret is a public secret’ (2006: 246). In this same way, shamanistic rites have been compared to clowning tricks in children’s hospitals,

which cure clients by re-enchanting their world (Miller van Blerkom, 1995: 241). These interpretations of shamanic healing as dependent on performativity and cultural context avoid the substantive content of shamans' practice and thereby bracket their relevance as marginal.

Such reductive conceptualisations will have to be superseded in this study for any meaningful framework for interculturality to be constructed. By virtue of acting on both the mind and the body and intertwining aspects of therapy, herbalism and personal development (as will be discussed in Chapter 4), ayahuasca shamanism is the most potentially productive and epistemologically complex Amazonian healing practices with which biomedicine could engage. The way in which this one Shuar healing practice seems to continually cut across the categories we use to understand health, sickness and our own physically, mentally, emotionally, spiritually and psychologically entwined states of being draws attention to the significance of differences in epistemology and ontology when comparing and analysing the health-seeking practices of distinct cultures. The aspects of human experience about which truth claims can be made, and the refusal to make such claims about other aspects of human experience, are arbitrary artefacts of a cultural group's socio-historical experience. For this reason, the analysis and evaluation of one group of people's set of health-seeking practices according to the epistemology and ontology of another is not simply biased; it also misses insights into illness and healing that are far more powerful than, say, the choice of a certain herb for a specific ailment. For state health institutions to meaningfully represent and support such an indigenous healing practice, their structure and operations need to be reconsidered from the root, starting with the most fundamental ontological assumptions.

De Facto Interculturality in the Borderlands of the Ecuadorian State

If interculturality as delineated thus far is taken as the point of departure for the debate on the place of traditional medicine in public health, the partisan positions delineated above dissolve. We are no longer obliged to subordinate indigenous health-seeking preferences and quixotically seek to assess their appropriateness from within the norms established by medical science, nor to abandon the so-called 'symbolic violence' of promoting the truths and practices of any one system of health-seeking knowledge practice outside its original context. Instead, interculturality simply requires that the institutions of the state be representative and supportive of the culture of the people. For Shuar people in Zamora-Chinchipec, this culture is constituted by a range of preferences between shamans, professional mestizo herbalists, plant-based home remedies and clinical medical doctors, all of which are available to them to varying degrees. As such, the collation of these preferences should form one iteration of 'border knowledge' (Alcoff, 2007: 93): an accumulated, experience-based knowledge of the efficacy *for them* of each of a range of knowledge practices which are in turn grounded in the varying epistemic and ontological postulates implied by these practices. This implies respect for the intensity of resources and technical and professional capacities currently concentrated under the umbrella of biomedical science; but also attention to the lived experiences of illness and healing of Shuar people and the way they reveal the degree to which the products of biomedicine may or may not travel effectively outside their geographical and cultural locations of origin effectively, or may or not compare favourably with existing practices in other locations. The greater part of the sweat and ink expended in this research project has been dedicated to documenting these preferences between healing practices as held by Shuar people in Zamora-Chinchipec.

Chapter 3 offers a statistical summary of Shuar health-seeking practices in the province. Everything that can be explained in a quantitative and only minimally interpreted manner is presented here: the responses of interviewees regarding their preferences between shamanism, herbalism and clinical medicine; the reasons they defer to one or the other; and whether or not they are open-minded enough to pursue multiple options until they succeed. What emerges most forcefully as these declared preferences on the part of Shuar people are rendered visible is the diversity of their responses; there is little coherence in the preferences of interviewees who simply share an ethnic identity as Shuar and live on communally-titled indigenous Shuar territory. On the contrary, the continuities are to be found along other faultlines: the greater willingness to see doctors and purchase pharmaceuticals amongst Shuar wage-labourers; the greater importance placed by Shuar people living in isolated regions on the education and socialisation of their children through visionary spiritual practices, in contrast with those who are closer to roads, television and electric lights; and the way Evangelical Shuar have abandoned elements of ancestral healing practice and redeployed others. This of course throws the project of interculturality into confusion: if it was not enough to aim at remaking the foundational principles of a sector of the state, it turns out there is very little consistency in Shuar views (let alone 'indigenous views'), even within a single, small and isolated province. Is interculturality, then, a vain hope? And what does it say of our understanding of 'culture' that an attempt to delineate how to make a sector of the state culturally representative is so fraught with complication?

Chapters 4 to 7 are an attempt to make conceptual sense of the Shuar interviewees' health-seeking practices in order to answer these questions. These are the most properly ethnographic chapters of the dissertation. However, rather than forming a thorough

analysis of an imaginary coherent body of Shuar health-seeking knowledge and practice as understood by Shuar people themselves, so as to illustrate their congruences and dissonances with clinical medicine, each chapter instead gives an account of one of the ‘faultlines’ just mentioned. I propose that each of these subsets of Shuar society in Zamora-Chinchiipe is principally characterised by a distinct ‘cultural vector’ and its relationship with the ancestral culture and ontology inherited by today’s Shuar people. Cultural vectors are conceived of as historically contingent, primarily external forces impacting upon and changing the culture of the people with whom they come into contact. If we accept that the decisions arrived at in moments of health crisis are indicative of people’s most fundamental ontological commitments, then the health-seeking preferences of Shuar people in Zamora-Chinchiipe reveal the most significant cultural forces at work on Shuar indigenous territory. These cultural vectors are geographic isolation (Chapter 4), Protestant Evangelism (Chapter 5), waged labour in the mining industry (Chapter 6) and the international discourse of indigeneity (Chapter 7). Geographic isolation is the product of historically contingent forces—notably state priorities of sovereignty and development and the conflict between the Ecuadorian and Peruvian states—and as such is an external vector, even though its effect is to bring more powerfully to the fore the ancestral culture of those Shuar people living in the border regions of south-eastern Ecuador.

A theoretical antecedent here is Jill DeTemple’s (2015) notion of ‘social vectors’. DeTemple’s reasoning for proposing an addition to our theoretical vocabulary is much the same as my own. The notion of a vector not only implies an impact of specific magnitude, range, direction and so on; it also signifies effects that surpass the isolation of culture and human experience into separate pieces named ontology, productive activity, subjectivity

and discourse. Instead, discourses suggest specific ontologies and productive activities; productive activities have their own preferred subjectivities and discourses; ontologies imply certain kinds of productive activities and subjectivities while negating others (Descola, 2013b: 386); and so on. As DeTemple puts it, all of these domains are ‘bundled’, in the sense that vectors are ‘dynamic bundles of ideas, institutions and actions that carry values, relational hierarchies and cosmological explanations for historical events and social positioning’ (2015: 157). This bundled quality of cultural vectors results in unanticipated consequences: even if, for example, waged mining may appear to be congruent with certain ancestral health-seeking practices, as a vector it acts to modify not only Shuar people’s predominant productive activities, but is also suggestive of particular ways of seeing the world, understanding their identity and expressing themselves (see Chapter 6, ‘The Mechanics of Disbelief in the Quimi River Valley’). The use of ‘vector’ in this sense also recalls Judith Butler’s interpretation of the Foucaultian notion of power, which acts repeatedly and at a distance that is often beyond the control of those with whom said power originated (Butler, 1997: 91), a germane point for Shuar people experiencing biomedicine, wage labour and Evangelical religion at the furthest edge of the world-system.¹⁷ These nuances of intermingled external cultural impacts bring colour to the portrait of remarkable intracultural diversity among Shuar people that is sketched quantitatively in black and white in Chapter 3.

In contrast to DeTemple, however, I prefer to classify geographic isolation, Protestant Evangelism, wage labour and the international discourse of indigeneity as ‘cultural vectors’

¹⁷ ‘In this formulation, there is no body outside of power, for the materiality of the body—indeed, materiality itself—is produced by and in direct relation to the investment of power. The materiality of the prison [...] is established to the extent that [...] it is a vector and instrument of power’ (Butler, 1997: 91).

in reference to their impact upon the field of culture—in this case, that of Shuar people in Zamora-Chinchipec—in the same sense that biological vectors carry biological material which is transferred from the point of origin to the target. They are not cultural vectors in a sense that would suggest their provenance within a single culture and thereby invoke a dichotomous clash between ‘western’ and ‘indigenous’ culture. Indeed, of the aforementioned vectors, Protestant Evangelism blends North American puritanism with elements of both monotheism and philosophical materialism; the waged labour regime in the region under study is implemented by a Chinese state-owned company with its own particular business culture; and the discourse of indigeneity combines history with European Romantic tropes and multiple forms of activism across a range of international sites. Each vector has such significant impacts upon Shuar culture that, as we shall see in Chapter 3, they fragment any possibility of describing that culture in a unitary manner reminiscent of ‘culture’ as a synonym for ethnicity. So these cultural vectors are not uniformly ‘western,’ just as they do not act upon a culturally homogenous group. On the other hand, the ontological and epistemological presumptions of ancestral Shuar healing practices (documented in Chapter 4) continue to influence the way in which Shuar people are willing to adopt the cultural vectors that reach them (as we see particularly in Chapter 5, ‘One Vector Amongst Many’). As such, *contra* the overriding emphasis commonly placed on anti-essentialism, I agree with Alejandro Grimson and Pablo Semán that culture should not, in a conceptual sense, ‘concede itself to the infinite multiplication of agency and subjects’ in a manner that would reflect liberal, individualist suppositions and dissolve its significance for the analysis of human collectives and difference (2005: 15-16). Throughout this thesis the ‘culture’ upon which cultural vectors impact is taken to signify a real and significant field encapsulating the collective particularity of the Shuar people, which is

both a historical product and continually in fluxes of reproduction, change and destruction via complex engagements. The fact that these engagements and their effects on Shuar culture are highly complex does not mean that they cannot be made sense of, or that culture itself is an unworkable analytical tool.

Key elements employed in this thesis in the analysis of Shuar culture's fragmentation, reproduction and change have just been referenced—ontology, subjectivity and productive activity—and only the latter is self-explanatory. The emergence of 'ontology' as an intellectual buzzword has resulted in some imprecise usage. In 'multi-species ethnography,' for example, the phrase 'ontological difference' is used to reference the difference between humans and animals (e.g. Rose, 2012). Properly speaking, where 'onto-' references the state of being or reality and '-ology' refers to 'the study of' or 'knowledge about,' ontology signifies 'knowledge about the nature of being and reality' (and also, consequently, of non-being and unreality).¹⁸ As such, in multi-species ethnography it would be more accurate to refer to the clear differences between humans and animals as 'ontic' than as 'ontological,' unless one wished to speculate about the postulates made by animals about the nature of reality. By contrast, the 'ontological differences' between Shuar and biomedical healing references the divergent assumptions about what is and is not real that are held by the practitioners, clients, regulators, and so on, of each knowledge system. In this example, the most clear case of ontological difference would be the Shuar notion that non-ordinarily visible parallel planes of reality exist and are inhabited by beings which interact with humans and may contribute to wellbeing or cause illness. To extend the example, the Shuar practice of seeking out the visions experienced in dreams and

¹⁸ Harner's (1968) 'reality view' is a good approximation of how I use the term.

under the influence of hallucinogenic plants, which are held by Shuar people to allow them to access information about such non-ordinarily visible planes of reality, represents an 'epistemological difference' between Shuar and scientific, materialist practices of seeking out knowledge. My understanding of subjectivity, finally, draws on Karl Marx's assertion that '[t]he human essence is no abstraction inherent in each single individual. In its reality it is the ensemble of the social relations' (1972[1845]): 145). It is used in this thesis to describe the distinct, traceable ways in which transnational cultural vectors shape how Shuar individuals understand themselves and their place in the world.

The dissertation concludes with a reconsideration of the value placed on cultural diversity that is implicit to a utilitarian call for interculturality and plurinationalism. Every particular intermingling of inherited culture and global cultural vectors generates unique sets of knowledge, assumptions and practices as means of coping and surviving, but such sets of knowledge and practice do not advance and become more and more sophisticated in a period of weeks or months. If knowledges and cultures are constantly evolving or being destroyed in the ferment of history, we need to acknowledge and support those that have been bequeathed to humanity in the present day. As such, indigenous culture should be recognised not just as an expression of human diversity, but as 'a synonym for that which has endured' (Meyer, 2013: 98).

Chapter 2: Why Interculturalise? Pluralising the Epistemology of Medicine

The present chapter begins by describing the research methods employed in this project and explaining their rationale, starting with the process of moving between Shuar communities in the province of Zamora-Chinchipec and carrying out interviews to determine health-seeking preferences. In so doing, the endeavour follows the epistemological proposal of Walter Mignolo's 'border thinking' (2000a),¹⁹ which, showing an affinity between post-colonial criticism and the methodological priorities of feminist critiques of science (Harding, 2009: 416), calls for an approach grounded in popular knowledge so as to counter the hegemony of colonially instituted epistemology and associated ruling relations. In spaces in which knowledge practices based on the dominant epistemology are only partially available and coexist with other kinds of knowledge practices, the only way to determine their relative suitability is via the accounts of the people who make use of them. As such, in this research the practice of multi-sited ethnography within Shuar territory is essential in order to minimise the bias inevitable when an anthropologist adopts the perspective of a particular family or household and subsequently claims to comprehend the culture as a whole.

In the second section, I contend that such an ethnographic documentation of interculturality is a valid and important role for the non-indigenous anthropologist. The project of bringing together critical epistemology and (medical) ethnography requires the

¹⁹ Mignolo's project has been criticised for minimising the relevance of women's, workers' and environmental movements by focusing only on the difference between indigenous and colonial society (Domingues, 2009: 129). However, the encounter between western biomedicine and Shuar healing practices founded on a distinctly different ontology, epistemology and culture of healing more closely resembles the classical idea of the colonial encounter on which Mignolo's theories appear to be modelled.

ability to both explicate the historical contingency of one's own society's systems of knowledge and the rulings relations sustaining them (see Mato, 2000: 487), while also making those of other societies comprehensible within the vocabulary of one's own. Both of these capacities are necessary for state interculturality to be politically feasible. Before moving to the latter in Chapter 3, this chapter presents a case study of medical science research in order to achieve the former. The example chosen as a case study is a pharmaceutical bioprospecting research project carried out in the northern Peruvian Amazon, the ICBG Aguaruna, named for the Jivaroan²⁰ people (closely related to the Shuar) upon whose medicinal plant knowledge the research was based. This encounter between medical knowledge systems brings both into starker relief, 'bringing attention to the interactive and unequal dynamics of power that shape culture making across relationships of difference,' as emphasised by anthropologists working on ethnographies of encounter (Faier & Rofel, 2014: 364).

This process of decentring modern western epistemology through interculturality forces us to return to a reconceptualisation of the concept of culture itself. With cultures placed on an equal plane of legitimacy with equivalent rights to be represented within the intercultural state, it becomes impossible to continue to adhere to the modernist worldview, in which, as Philippe Descola argues:

We do not envision non-Western civilizations, or even pre-modern Western ones, as complete systems of conceptualization of the world alternative to our own, but as more or less exotic

²⁰ The Jivaroan peoples include the Shuar, Achuar, Shiwiar, Maina, Aguaruna and Huambisa peoples, who are all extremely closely related in a linguistic sense. As Descola explains (1996: 223), at least for the first three of those groups, their meanings depended as much on the inter-group political tensions of the moment as on the objective characteristics of the people to which they referred. In Spanish, the term 'jívaro' is now considered pejorative.

ways of accounting for the state of the world that our own system of conceptualization has established (2013a: 30).

This is not to argue that ontology is just another word for culture, but instead signifies making ontology a subset of culture. In other words, each ontology—each set of assumptions about being, non-being and what counts as real and unreal—is culturally specific, notwithstanding the potential for overlap between the ontology of one culture and that of another. This view is counterposed to seeing the domain of culture as the demarcation of one aspect of the world within our own ontology, which is characterised by the presumption of a divide between nature and culture. Whatever our ontological commitments, the principle of interculturality requires the suspension of disbelief so as to avoid tacitly privileging the ontology of one culture or another. Attention to Roy Wagner’s notion of culture as ‘a total system of conceptualisation’ (1981: 142) thus sits neatly alongside the intercultural refusal to endorse any one particular culture or worldview. As such, a further aspect of theoretical import to this thesis is interculturality as a distinct approach to the politics of the so-called ontological turn (Kohn, 2015) and its importance to epistemic pluralism, a theme to be discussed in the third and final section of this chapter.

Multi-Sited Ethnography and the Field of Research

Interculturality, understood as the political imperative of cultural representativeness in state institutions, requires that the automatic privileging of any particular knowledge system be abandoned. In drawing comparisons regarding the effectiveness of healing practices from traditions with distinct epistemologies and ontologies, then, the experiences of people with a range of different healing practices at their disposal would

appear to be the best guide. The documentation of such context of ‘medical pluralism’ has been a prominent topic within cultural anthropology around the world (Adams & Hawkins, 2007; Frankel & Lewis, 2012; Koss-Chioino, Leatherman & Greenway, 2003); and yet there is a degree of retooling required in order to employ the standard methods of cultural anthropology in the service of state interculturality. Medical anthropologists have often pursued research through close association with a single individual (Rubenstein, 2002), family (Crandon-Malamud, 1991) or small community (Greenway, 1998), which can open the way to profound insights on the personal and political identifications provoked by illness and healing and by shifting relations with one’s own and other systems of knowledge. On the other hand, such a method of research may be too ‘zoomed in’ to speak the language of the state. It can portray one facet of human experience in high definition, but not necessarily show how common such experiences may be. The problem parallels broader concerns in the discipline with the methodological inheritance of the era of formal colonialism, especially such presumptions as cultural homogeneity and the timelessness of indigenous culture, to be represented via an ethnographic present that eschews historicism. These assumptions are now more untenable than ever, as indigenous groups grapple with the challenges and opportunities of economic integration, NGO interventions, state policies and resurgent religious proselytism, all of which tend to cross-cut cultural groups and introduce their own divisions and new hybridised cultural forms. In spite of this, anthropology as ethnography via participant observation persists as a disciplinary default, particularly in those regions of the world—like Amazonia—that seem to resemble the anthropological ideal of bounded, ethno-linguistically defined cultural groups.

For these reasons, this thesis proposes to address its central problematic via a multi-sited ethnography that surveys the health-seeking practices of Shuar people across a broad territory corresponding to a specific political jurisdiction. Though certain Shuar healing practices have migrated to nearby mestizo populations, in a manner similar to that documented by Stephan Beyer (2009) in the Peruvian-Amazonian province of Loreto, the ontological assumptions upon which these practices are founded have not. As such, the Shuar population represents what an intercultural state should recognise as a healthcare constituency: in other words, a group whose health-seeking preferences need specific consideration on the part of the state's public health institutions. Surveying these preferences demands a multi-sited ethnography. I use the term in a fashion distinct from that of George Marcus (1995) and Paul Rabinow (1986: 241), whose focus is 'developing by other means and methods the world system context' while still 'preserv[ing] the intensively-focused-upon single site of ethnographic observation' (Marcus, 1995: 96). By contrast, thanks to the luxuries of space presented in this thesis, my methodological approach here is to combine the world system contextualisation—in this case, by situating biomedical science as a particular manifestation of a socio-historical experience and explicating its ruling relations as a hegemonic knowledge system—with multi-sited research within the ethnographic location itself.

Broadly speaking, there were four research sites for the ethnographic research that constitutes this project. Alto Nangaritzza, the region in and around the Shuar 'centro'²¹ of

²¹ During the period from the 1960s in which claims for legal recognition of traditional land tenure began, Shuar people have concentrated from their former pattern of dispersed occupation of the rainforest to settlement in small towns, called 'centros', which became a base from which to push collective title to land. The process was often facilitated by missionaries, who concentrated people around chapels and aided in legalisation (see Rubenstein, 2001).

Shaime in Ecuador's most south-easterly 'cantón' of Nangaritza, is treated as a whole. I spent approximately four months living here, recording interviews and taking notes on daily life that provided the background material to inform my analysis of what I was being told by interviewees. As a site of political and social organisation for the entire region, Shaime served as a base from which to interview whoever I could of the few hundred people who lived in the town, its immediate vicinity and other settlements up to two full days' walk into the forest. Alto Nangaritza, a region where Shuar people form a clear demographic majority, was inaccessible by road before the Correa presidency and only had its indigenous lands legally recognised in the twenty-first century. Access to electricity is rare, mobile telecommunications are non-existent and most elderly people, especially women, do not speak Spanish. Middle-aged people tended to converse in the Shuar language, but were also proficient in Spanish.

Another site, the small town of Kiim in the centre of Zamora-Chinchipec, is located just an hour and a half from the provincial capital, Zamora. Kiim was the first Shuar town where I was able to stay when I began fieldwork in 2013, though research went on for only a fortnight before being interrupted by the need to attend to visa formalities in the Ecuadorian capital. The town, which is situated at the edge of a forest reserve, has all houses connected to the electricity network and many with satellite television. A further two 'centros' where interviews were carried out, Yanua and Churubia, are located just a 40 minute walk from one another in the Quimi River Valley in the province's north-east. I spent approximately two months living and researching in these two tiny, family towns in 2014. Many of the interviewees here worked as wage labourers in the Mirador mine near the top of the valley, a multi-billion-dollar Chinese-owned gold and copper project, while others were fiercely oppositional toward the presence of the mining company. It was in

this region that wage labour and integration into the market economy were most prevalent. As we shall see, the socio-cultural divergences of each of these locations had significant effects upon the health-seeking preferences of research participants.

The process of seeking consent to live on Shuar land for extended periods and carry out research varied from site to site, based on discussions in 2013 with the presidents of the two Shuar federations with affiliated communities in the province: the Shuar Federation of Zamora-Chinchipe (FSHZCH) and the Provincial Federation of the Shuar Nationality in Zamora-Chinchipe (FEPNASH-ZCH). The former received my research proposal warmly and said that it would only be necessary to seek the approval of the ‘sindicó’²² in each ‘centro’ in which I would be staying. This was the process followed in Yanua and Churubia in the Quimi Valley to the north of the province. For the president of FEPNASH-ZCH, the project was an interesting one, but he considered it a lesser concern to defending land rights against potential gold and copper mining projects on affiliate communities’ territory. The president hosted me for a short stay in his home ‘centro’ of Kiim, but said that consent to research in the federation’s other communities in Alto Nangaritza would have to be sought in the communities themselves. Several months later, I was able to travel to Alto Nangaritza accompanied by Shuar contacts with family in the region but who resided in the city of Zamora; one of these men worked in the offices of the Pachakutik provincial government, and the other with the now defunct Provincial Directorate of Intercultural Bilingual Education (DIPEIB-ZCH). These contacts facilitated my stay in Shaime until the next ‘centro’ assembly, at which I presented the research project for approval and was accepted.

On the interpersonal level of seeking out interviewees to share their stories of sickness and healing, the process was of course much more fluid. Many interviews happened

²² Nominally, ‘sindicó’ are the elected leaders of Shuar ‘centros,’ although in smaller ‘centros’ composed of a single extended family network, the ‘sindicó’ is almost always the eldest male proficient in Spanish.

thanks to friendships that developed little by little around the home environment, chicha²³ drinking sessions, games of soccer and volleyball, communal ‘barbasco’²⁴ fishing days, afternoons spent hanging about bothering the Shaime shaman, or my efforts to contribute to the seemingly endless amount of work to be done with a machete. Other interviewees sought me out due to their own curiosity, and would dive into lengthy anecdotes of their experiences with clinicians or shamans the moment I had finished explaining the reason for my presence in Shuar country. Still others were strangers to me whose homes I would visit accompanied by a close Shuar friend in the ‘centro’, who would serve as a guarantor of my honesty and as occasional Spanish-Shuar translator when the need arose for certain terms to be clarified, a very useful role when interviewing elder people, as I was never able to progress beyond speaking the bare formalities in the Shuar language and all interviews were thus conducted in Spanish. Neither interviewees nor friends fulfilling this sort of ‘research assistance’ role were paid, although the small gifts I gave to the families who fed and housed me no doubt contributed to the goodwill toward me in certain social circles.

This emphasis on interviews and surveying several sites rather than immersing entirely in a single one means that the present research project is in a sense sociological. Immanuel Wallerstein comments that the fundamental initial division between anthropology and sociology was methodological, lying in the split between participant observation and interviewing (1988: 528). Interviewing Shuar people on their health-seeking practices,

²³ Amazonian chicha is made from fermented cassava mash.

²⁴ ‘Barbasco’ (Shuar: *masu*; Latin: *Lonchocarpus urucu*) is a plant whose poisonous roots are beaten with stones, placed into porous sacks and washed in small rivers by Shuar people in Alto Nangaritza in order to stun fish, which are then caught by hand as they float on the surface of the water and can evidently be safely eaten.

rather than insisting exclusively on observing and drawing one's own conclusions about the motivation and rationale for their behaviour, represents a small step toward normalising the practice of taking indigenous people at their word, just as sociologists treat interviewees who they consider legitimate subjects in their own societies.

Applied to the Shuar context, the approach correlates neatly with the now-ingrained notion that the capacity to speak Spanish and negotiate with the outside world, including researchers, is an essential (if predominately male) contemporary survival skill.²⁵ In fact, the process of carrying out formal interviews, and in particular the use of an audio recorder, seemed to spur on Shuar men to demonstrate their capacity for oratory and knowledge of and insights into various healing practices. In its reasonable approximation of traditional rules of masculine sociability (see Descola, 1996: 53), then, the interview process facilitated the collection of public statements on health-seeking preferences from male heads of households; yet at the same time the success of this method found itself in perhaps too easy an alignment with a Shuar tradition in which the terrain of politics and the public is a largely masculine field. Ultimately, women accounted for 35 percent of the interviewees, a situation less than ideal but, for a male researcher, difficult to avoid, and fortunately ameliorated by the effusiveness and insightfulness of several women who played a significant role in shaping the Shuar perspective documented in Chapters 4, 5 and 6.

Interviews were carried out in a semi-structured fashion. This allowed for Shuar people to describe health practices in their own terms, while also permitting a general stance on

²⁵ The prestige now attached to the capacity to engage with outside world has been traced to the initiation of the Amazon colonisation policies promoted by the Ecuadorian state in the 1960s, which made development lending available in exchange for pursuing productive activities recognised by the state, predominately cattle-raising (Hendricks, 1988: 234-5).

each kind of health practice found in Shuar territory in Zamora-Chinchiipe province to be delineated. The element of ‘structure’ in the interviews was to ask the interviewee, at moments where the conversation stalls, whether they make use of clinical medicine, shamanic healing, medicinal plants and hallucinogenic plants. The latter, which in Shuar traditional practice include tobacco (Sp.: ‘tabaco’; Shuar: *tsaank*;²⁶ Latin: *nicotiana rustica*), datura (Sp.: ‘guantu’, ‘toé’ or ‘floripondio’; Shuar: *maikiua*; Latin: *Brugmansia* spp.) and ayahuasca are often mentioned in answer to questions about medicinal plants, but interviewees were prompted to offer an opinion on their use if they were not. These plants’ capacity to provoke both physiological and psychological responses converts them into key analytical devices for revealing where individuals locate the site of illnesses’ origins and resolution (see Chapter 5).

The clinics at which Shuar people in the research communities were able to seek medical treatment are simple, principally offering analgesics, vaccinations, anti-venom and treatments for respiratory infections and diarrhoea. For Shuar residents of Kiim, Yanua or Churubia, however, these clinics supplemented regional hospitals in Yantzaza, Zamora and Gualaquiza, which even by bus could be accessed in less than two hours. In Alto Nangaritza, by contrast, hospital care was some seven hours away in the best of cases, and that only for residents of Shaime with close access to the one road out of the region. The clinic in Shaime was open two days a week; the doctors spent another two days of the week at a mestizo town several hours away and left around midday on Friday to return to their homes in the highlands for the weekend. Clinicians’ relationship with Shuar people was also mixed. One doctor reported having purchased a motorised canoe to facilitate his

²⁶ A note on formatting: Shuar words are written in italics; Spanish words, aside from the well-known ones (e.g. mestizo) are written in quotation marks.

journey between the two Alto Nangaritza clinics, only to have it stolen shortly thereafter. For their part, many Shuar people in this region saw doctors as the agents of genocidal conspiracies to poison or sterilise Shuar people with sedative drugs (see Chapter 3). Even so, as the following chapter illustrates, there was a high degree of pragmatism in Shuar people's attitudes to the offerings of state medical clinics, which are, after all, available free of charge.

Border Thinking and Coloniality

The clearest methodological precedent to the present research project is Walter Mignolo's 'border thinking,' which begins with the demand to 'unravel the geopolitics of knowledge from the perspective of coloniality' (Mignolo, 2005a: x-xi). Coloniality has been variously interpreted. Of the prominent theorists, Aníbal Quijano stresses race and white supremacy (2008), Mignolo emphasises 'the trap of modernity' defined as the unending drive toward material progress (2000), and Eduardo Galeano focuses on economic neo-colonialism (1997: 205ff.). I take 'the perspective of coloniality' to mean the awareness of the legacy of colonialism despite its formal end. A white person in the Andes is constantly faced with white supremacy on an everyday, mundane level; as when entering a store and not being required to leave one's bag with security guards as everyone else must. Silvia Rivera Cusicanqui offers a painful example of the other side of the coin—the indigenous experience of white supremacy's influence on land ownership in Bolivia—in this quotation from a prominent land-holder:

To rip these lands from the hands of the indigenous [people], ignorant, backwards, without means, capacity or will to cultivate, and to transfer them to the

entrepreneurial, active and intelligent white race, avid for properties, is in reality the healthiest transformation of the social and economic reality of Bolivia (1986: 26).

Countering coloniality animates the geopolitics of knowledge critique of the ruling relations structuring state healthcare in Latin America: the epistemology of medical science, the pharmaceutical industry, industrial medicines, bioprospecting and patent law. The colonial legacy continues to be evident in this domain, as much in the aesthetics as in the prevalence of the use of biomedicine in Latin America. In the North Atlantic world, these same assumptions of white superiority have buttressed economic opportunism under the cover of ‘improving upon’ indigenous medicines. This epistemic arrogance is best understood genealogically through its development in the colonial encounter. As Linda Alcoff argues, the epistemological authoritarianism fundamental to the theological reason that initially justified the conquest of the Americas had to be maintained even beyond the Enlightenment critiques of theology, ‘or else the colonial masters would have no claim to epistemic supremacy’ (2007: 96). So, Alcoff argues:

[E]pistemic credibility is associated with identity, and sometimes determined by it. [...] Thus, identity-based assessments were integrated into epistemic practice as well as into epistemologies that justified favouring certain groups over others with a measure of presumptive credibility (2007: 82).

Or, as Santiago Castro-Gómez puts it, ‘the idea [is] that the coloniser possesses an ethnic and cognitive superiority over the colonised’ (2007: 428). As we have seen, Alcoff’s observations resonate with the global governance of traditional medicine; and as we shall see, they are also clearly evident in the legal and scientific regimes that structure pharmaceutical bioprospecting.

Border thinking is the move into the space created by the geopolitics of knowledge critique. As Alcoff writes, ‘double positionality is key to the border’s epistemic resources. If the subaltern simply champions what the West has disparaged, there is a risk that what is being championed is a western construct’ (2007: 94). Likewise, Ramón Grosfoguel (2011) makes pointedly clear in his own enunciation of decolonial theory that the worst mistake is ‘to invert the binary’; in other words, to reject all things white following the condemnation of coloniality and white supremacy. Once we have created this space, then, as Alcoff writes, ‘[t]he overall effect of this is something like taking a practical knowledge approach to epistemology itself, with a concern for the who and the how as much as the what’ (2007: 97). The ultimate goal is ‘the possibility of localised accounts of best epistemic practices’ (2007: 97). What Alcoff describes here is a general, theoretical account of what I envision the methods employed in this project realising in one specific case by combining the broad scope of interview locations with epistemic critique of hegemonic knowledge; or, as Alcoff puts it, ‘de-subalternizing knowledge itself [by] getting at the mechanisms by which [some] knowledges are constructed as non-knowledges and [others] are constructed as absolute’ (2007: 94).

Allowing space for multiple ‘epistemic practices’ can be conceived of as pointing at the same object from different positions. One can advocate for this position on utilitarian grounds as well as on the grounds of decolonial justice. Maori philosopher Anulani Meyer describes indigenous knowledge as a ‘knowledge system prioritised by the needs of people and the lessons of place’ (2013: 94). In other words, we are talking about historically developed bodies of knowledge that make full use of the resources at hand. Medicinal plants that are known and used by ‘ecosystem people’ (Nixon, 2011: 22), whose survival has for countless generations depended upon such knowledge of their immediate

environment, can be assumed to be safe and are highly likely to be effective for their stated purpose. The few research projects on indigenous medicinal plants that have been carried out have borne out this result (Berlin, 1976; Lewis, 2003), with 75-85 percent of plants confirmed (to the best of the abilities of medical science researchers) as functioning as claimed by indigenous informants (Mgbeoji, 2006: 142). In the specific case of Amazonian indigenous medicinal knowledge, what is known of this system suggests a high degree of sophistication. Arévalo (1994) and Schultes (Raffauf, 1990) attest to very high degree of differentiation between plants and understanding of the effects of micro-climatic conditions on medicinal plants' efficacy. It has been suggested that some indigenous healers demonstrate a greater differentiation between plants than the western system of botanical classification (Alderete, 2005: 79). Indigenous Amazonia's rich pharmacopeia and unique practices of shamanism suggest that just like western medicine, Amazonian medicine is likely to be reaching truths about healing that other knowledge systems do not approach. As such, we are not relying on 'a nostalgic or romantic cast' over indigenous knowledge here, but simply respecting the strength of 'the indigenous [...] as a synonym for that which has endured' (Meyer, 2013: 98).

Border thinking is a particularly apt label and stimulating concept, but it is not blazing an entirely new trail. Numerous projects centre on the critique of western intellectual edifices and their social correlates in order to open space for either their reformulation or for the facilitation of indigenous creativity that demands decolonisation as a first step. These critical research projects have been helpfully characterised as 'critical emancipation-driven research,' whose defining feature is that '[t]he wider context of which the relevant empirical material is a part cannot be mapped out in a concrete empirical study' (Alvesson & Sköldberg, 2009: 284). One of the most eminent examples of 'critical emancipation-

driven research' is the research program led by Charles R. Hale (2011). Hale has previously advocated what he calls 'cultural critique' (2006) as part of historicising government claims over national territory and thereby legitimising indigenous land rights claims. 'Activist research methods,' he writes, 'ask that we give priority to the research products that the struggle in question requires, which in turn requires judicious use of our well-honed tools of deconstruction and cultural critique' (2011: 187).

Interculturality is certainly a heated and rhetorically charged political cause, though intercultural health tends to be less prominent than campaigns for bilingual, intercultural education and for 'justicia indígena' (indigenous justice).²⁷ Intercultural health has been claimed as part of the political program of Pachakutik parliamentarian Luis Macas (2000: 105), the Kichwa federation ECUARUNARI (ECUARUNARI-CONAIE, 2007), the Ecuadorian national indigenous confederation CONAIE (2007a), the former President of the national indigenous Amazonian federation CONFENIAE, Franco Viteri, and Diego Chumapi, President of the Shuar Federation of Zamora-Chinchiipe (FSHZCH). Nonetheless, the research design as I have proposed it should prevent the work from being compromised by the political heat of the topic, as it will certainly not involve the mute acceptance of 'the indigenous wisdom trope' or the assertion of a stark divide between 'western' and 'indigenous' culture.

²⁷ This refers to the right claimed by indigenous communities to deal with criminals in their own way, without being obliged to involve the police, national courts or penal system. See Santos & Grijalva Jiménez (2012).

Interculturality, Critical Epistemology and the Non-Indigenous Anthropologist

There is a contradiction in the role of the anthropologist: living amongst people of a different culture for long periods of time and listening earnestly and respectfully to any information offered, one is then expected to return to academia and produce rational order from cultural chaos. There is a certain schizophrenia in this mix of credulity and critical analysis, a position vividly portrayed by Michael Taussig (1987: 141) and revealed in a common ambiguity of commitment to the truth of what is being portrayed in ethnographic monographs. An account of a shamanic séance, for example, may read, 'The shaman transformed himself into a tiger, disappeared into the ether and conquered the vengeful spirit plaguing his patient.' In such cases, there is an implied but equivocal qualification—'My research subjects believe that ...'—and an even less clear but often present dismissal—'...and they are deluded.' This is especially evident for anthropologists who experience events that they cannot rationalise (e.g. Fotiou, 2010). Bruce Grindal, an anthropologist who wrote an account of seeing a corpse become animated and begin to drum and dance during a ritual in Ghana (1983: 68), subsequently reported being warned concerning any further departures from 'respectable anthropology' (Marton, 2004: 19). How is it, then, that one should approach interviewees' accounts of a healing practice that includes cleansing by shamans and herbalists and reserves a central place for visionary experiences under the influence of hallucinogenic plants?

Richard Rorty offers a possible response: 'We Western liberal intellectuals should accept the fact that we have to start from where we are, and that this means that there are lots of views which we simply cannot take seriously' (1991: 29). In an intriguing twist for my purposes here, the 'views'—presumably including cosmologies, ontologies and

epistemologies—that Rorty exhorts us to summarily dismiss in the name of good sense are those belonging to ‘Nazis and Amazonians’ (1991: 31). The degree to which anthropologists are actually willing to ‘take seriously’ all the implications of the worldview of their informants is questionable, and yet at least at the explicit level most would decry the position put forward by Rorty. In citing Rorty’s comments, Eduardo Viveiros de Castro argues that ‘[e]ach word of his admonition converges to a perfect anti-definition of anthropology’ (2011: 131). Thus, particularly in medical anthropology, when writing about shamans, séances and spirit flight anthropologists are caught between taking seriously and being taken seriously. As such, the *modus operandi* has become to avoid firm commitments and instead directly report the understanding of the world held by ‘the people themselves,’ following the example of the ‘interpretive social science’ of Paul Rabinow and William Sullivan (1987). In fact, Viveiros de Castro himself has been taken to task for his representational interference in Amazonian worldviews by Alcida Ramos, who criticises his well-known theory of ‘multinatural perspectivism’ (Viveiros de Castro, 1998) as ‘flattening,’ arguing that ‘there is no reason why we should expect indigenous people to behave according to this or that academic model’ (2012: 183). She also provides ample support for those who would read her own position as an abdication of the role of the western anthropologist as the logical conclusion of privileging the views of ‘the people themselves’. ‘It is high time,’ Ramos argues, ‘[that] we evaluate disengagement as the ultimate result of engagement, as indigenous peoples progressively occupy political and academic spaces’ (2012: 490). I was reminded of the impeccable end-product that can be created by indigenous anthropologists documenting aspects of their own cultures by Luperio Mamani’s (2013) ‘Medicina Tradicional Aimara’. What better example of Ramos’ invocation to ‘extinguish the ventriloquist and make room for the voices of the Indians

themselves' (2012: 490). If the role of the anthropologist is simply to convey the knowledge of the people themselves, what is the place of a white researcher based in a wealthy nation-state like Australia?²⁸ This predicament was made all the more stark by virtue of having had no direct experience with Shuar people, language and culture before travelling to Shuar territory in early 2013. Why should I be striving to learn about and communicate Shuar knowledge when they could do so effectively themselves? And to what end should this cosmopolitan privilege to cross national borders and cultural spaces be directed?

Interculturality is what brings value to the non-indigenous anthropologist's position.²⁹ The western anthropologist combines sympathy with the lived experiences and the knowledge systems of indigenous peoples with her/his comprehension of the colonial legacy of social and epistemological institutions that have served to marginalise and disparage indigenous peoples. Bruno Latour (2010) describes the tightrope act as avoiding both Kuhn's 'normal science' (Kuhn, 2012: 24)—where all data is considered in light of existing scientific theories—and 'going native' to such an extent that one is unable in one's writing to make connections with the politics and worldview of one's readers. The objective, therefore, is to comprehend indigenous culture and knowledge in the compromised way inevitable to the efforts of most outsiders, but to at the same time take advantage of a privileged insight into the barriers to engagement with and support for indigenous culture and knowledge placed by the western world. Faced with western

²⁸ This rhetorical invocation of my own positioning as comparable to that of other white researchers based in wealthy countries should be nuanced by the recognition of the peculiar place that Australia occupies in the historically generated world-system and geopolitically as a 'rich, semiperipheral' (Connell, 2007) settler-colonial nation founded on state violence toward Aboriginal peoples that proceeds to this day. See also the work of Irene Watson (2007) and Aileen Moreton-Robinson (2007).

²⁹ This is not to preclude indigenous anthropologists from carrying out intercultural research in the same fashion.

epistemic hegemony, we must pluralise the ways we produce truth; and faced with a paradigm that exclusively values expert *episteme*, we must open dialogue with the *doxa* of oppressed peoples (Alcoff, 2007: 96). And to do that, one must abandon the aforementioned ambiguous commitment to what is being recounted in ethnographic writing, and instead look to the experiences of people living in the intercultural borderlands, where distinct philosophies and their concomitant material manifestations meet, as they go about combining practices pragmatically so as to satisfy their everyday needs to survive and to prosper.

Such an approach draws not only on the theoretical and methodological architecture constructed by decolonial thinkers in and from Latin America, but also the genealogical discourse analysis practised by the likes of Edward Said and Michel Foucault. Indeed, the two streams of intellectual analysis tend to overlap, as evidenced in Arturo Escobar's (1995) *The Making and the Unmaking of the Third World*. This is not a coalition founded on shared 'post-modern' affinities for textual play or abdication of the role of the author in constructing truth. Rather, the spirit of work to be adopted is that of researchers whose meticulously researched historicism generated the currently *de rigueur* skepticism surrounding western meta-narratives. Escobar's 'post-structuralist' conclusions regarding development agencies, for example, grew out of close historical analysis, demonstrating international agencies' focus on nutrition as a substitute for addressing political realities (1995: 115) and on economic policies putatively designed to aid 'the peasants' which in fact removed most of them from existence by generating mass urban migration (1995: 137). Said's analyses of colonialism and Foucault's of the disciplinary regimes characteristic of modernity likewise pay close attention to historical evidence rather than relying on *a priori*

dismissals of dualisms, essentialisms, categories and classifications. It is to this geopolitics of knowledge critique that we now turn.

The ontological basis of western medicine is fundamentally defined by the position that reality is knowable solely through its own epistemology. All valid truth claims must emerge from this predominant epistemology. At the same time, however, despite assumptions of epistemic neutrality and universalism, this epistemology is actualised in best practices for clinical research that are immersed in a political-economic milieu and figured in the language of a cultural-historic experience that colours research design and the communication and application of results. In short, biomedical science claims sole epistemic jurisdiction over public health despite resting on culturally peculiar variables that have no necessary authority to monopolise knowledge of healing. To quote the Dalai Lama, '[t]he problem is not with the empirical data of science but with the idea that these data alone constitute the legitimate ground for developing a comprehensive worldview' (Meyer, 2013: 98). Intercultural health cannot exist within this order: rather, 'culture' can only enter the frame as a deviation from the norm, a crude interpretation of group psychology which helps explain 'non-compliance' and which is to be adapted to through 'cultural competence' initiatives.

An example will aid in grounding these assertions. On 1 July, 2012, the Australian Federal Government introduced mandatory registration for practitioners of Traditional Chinese medicine (TCM). Registration required satisfaction of standards for English-language proficiency, insurance against litigation and certification according to knowledge of TCM as set out by the Chinese Medicine Board of Australia. These seemingly common-sense measures were criticised by doctors as 'a dangerous endorsement of unproven

treatments' and 'giving tacit government support to a field that was not supported by scientific evidence gained through rigorously controlled clinical trials' (Robotham, 2012). Professor Jersman, a respiratory specialist, argued, 'If research is conducted that shows it works, we'd welcome that. [...] Where is the evidence people haven't died? We want certainty whether it works or not' (Robotham, 2012). Such comments clearly demonstrate the presumed position of epistemological authority assumed by biomedical science. The key here is not to advocate for TCM in resistance to biomedicine, but rather, standing between the two, to move via critique to a more appropriate epistemology. As posited by the Ecuadorian intercultural university Amawtay Wasi, 'the goal is to attain the capacity to synthesise in dialogue between knowledges' (Llanes Ortiz, 2005: 201). This demands a reflexivity that is absent from much of biomedical science, including studies of traditional medicine that adopt medical science's hegemonic standpoint. A Canadian TCM practitioner observed the following regarding a biomedical study that sought to assess the validity of TCM:

They didn't get the differential diagnosis. That's the core of Chinese medicine, which means that every person gets treated for the reasons they got cancer, and the reason they have their symptoms might be completely different than the guy next to them. So it will never be practised that way. You can't give the same formula to 200 people, you cannot. Now you've broken Chinese medicine. It's not Chinese medicine anymore, it's a Western study using Chinese herbs (Hollenberg & Muzzin, 2010: 46).

Applying such a research methodology to the study of non-western healing practice is suggestive of an epistemological arrogance according to which biomedical science has nothing to learn from the conceptualisation of health, illness and medicine in non-western health-seeking practices. The present research project looks instead to the more

productive approach of drawing upon the core insights of one knowledge system to inform the practices of the other. Such insights include the concept of ‘the differential diagnosis,’ which mirrors Georges Canguilhem’s concern with the influence of normativity in medical science (Gane, 1998). A further point, to be explored subsequently, is that of chemical synergies, which has informed Chinese researchers in medical science (Yan et al., 2012: 5). It is this intercultural standpoint between knowledge systems that represents an epistemology that is appropriate for ethnography on the borders of the western political-economic system, and the critique of western epistemic hegemony is essential for the maintenance of this space. For this reason, we will now move into a case study of pharmaceutical bioprospecting in the Peruvian Amazon, which functions both as a critique of biomedical epistemology as well as of the ruling relations which sustain its position of epistemic hegemony.

Pharmaceutical Bioprospecting and the Epistemological Encounter

The International Cooperative Biodiversity Groups (ICBG) program, directed by the US National Institute of Health, National Science Foundation and the US Agency for International Development (USAID), was dedicated to exploring the potential pharmaceutical applications of medicinal plants and other so-called biological resources. As discussed in Chapter 1, the program featured two research projects in which the selection of plants to be assessed by pharmaceutical companies was carried out by Latin American indigenous groups. One of these was the ICBG Aguaruna (also known as ICBG Peru), named after the Aguaruna people of the north-west Peruvian Amazon with whom

researchers collaborated.³⁰ This process followed numerous suggestions from ethnobotanists that such a research design would improve bioprospecting by focusing on the most relevant medicinal plants in any area (Balick, 1990; Cox, 1990; King, 1992), with an awareness of the fact that even synthetically produced pharmaceuticals are often originally inspired by the structures of naturally occurring molecules (Thiel, 2000). Unlike the ICBG Maya, the ICBG Aguaruna was carried through to a successful conclusion, at least according to its own objectives; the ICBG initiative's stated aims were medical research, conservation of biodiversity and sustainable development (NIH, 2002: 10-11; Rosenthal, 2006: 119). As a standard-bearer for responsible bioprospecting, the program was run with much greater intention to benefit local people—in terms of both compensation payments for local knowledge as well as through research into local diseases—than would typically be found in private-sector bioprospecting. As such, it presents an example of what success means within the parameters of biomedical research on indigenous healing knowledge and practice.

The research team of the ICBG Aguaruna project managed to reach a legal agreement with 'the Aguaruna' which permitted them to collect samples of medicinal plants. These plants were identified by Aguaruna based on their knowledge of the plants' uses. The project's partner corporation, Searle (then part of Monsanto and now part of Pfizer), paid 'the Aguaruna people' a know-how licence for the right to make use of their collective intellectual property (Greene, 2004: 218). The researchers paid a sum per sample and agreed that a proportion of the earnings of any commercially developed pharmaceutical would be paid to 'the Aguaruna people' (Lewis & Ramani, 2007: 405). Samples of medicinal

³⁰ The other was the aforementioned ICBG Maya (see Berlin & Berlin, 2004; Nigh, 2002).

plants were shipped to the United States to be analysed by Searle (Greene, 2004: 223) and, after Searle's withdrawal from the project, to the researchers based at Washington University in St. Louis, Missouri (Greene, 2004: 219).

Yet beneath the language of best practices, the ICBG Aguaruna fomented significant political divisions among Aguaruna people. The researchers' initial discussions about the project were carried out with the 'Consejo Aguaruna-Huambisa' (CAH–Aguaruna-Huambisa Council). According to anthropologist Shane Greene (2004: 215), CAH was 'clearly the most prominent institutional actor among the Aguaruna' and 'a federation of much more influence historically' than the other representative body considered for engagement by researchers, the 'Organización Central de Comunidades Aguarunas del Alto Marañón' (OCCAAM–Central Organisation of the Aguaruna Communities of the Upper Marañón). However, after disagreements on the degree of legal protection that would be granted to the Aguaruna, the researchers stopped meeting with CAH. Eighteen months after their original meeting with CAH, the ICBG team signed a detailed contract with OCCAAM (Greene, 2004: 217). During this time, CAH became more and more outspoken in its opposition to the project, describing OCCAAM as a phantasm: no more than an invention of the research team (Greene, 2004: 216). This is clearly a politically motivated critique, yet its grain of truth is that no more than forty percent of the Aguaruna population were affiliated with OCCAAM; and that deceptively, these people were defined as 'the Aguaruna people' in the legal agreement that allowed the ICBG Aguaruna to proceed (Greene, 2004: 219). Given that the project has not discovered a chemical precursor for a profitable pharmaceutical product, the compensation ultimately paid to Aguaruna communities via OCCAAM has been small. Nonetheless it is easy to picture the

political crisis that would have eventuated among Aguaruna people had large sums of royalties been distributed to only those communities affiliated with OCCAAM.

This aspect of the story is one of power corrupting: the well-resourced research team appeared willing to act divisively in Aguaruna communities in order to secure the best commercial deal for itself. However, to continue with the epistemological critique the analysis must be focused on the nature of the pharmaceutical research itself. In fact, this insistence on foisting North American legal and regulatory structures upon a politically and economically marginalised indigenous federation is less surprising than the degree to which elements of procedural rationalisation characteristic of capitalist modernity skewed the methodology of this putatively cross-cultural research project. Specifically, the presuppositions of biomedical science, particularly the form it adopts through its application via the pharmaceutical industry, was the only theoretical system of medicine and healing around which the ICBG Aguaruna's research was oriented. This is despite the project being, ostensibly, research about indigenous medicinal knowledge, which would imply an approach open to the prospect of encountering different healing methodologies. The ICBG initiative screen all plant samples for single-molecule active ingredients by bioassay machines (Hayden, 2003: 72). According to George Albers-Schönberg, formerly a chemist with the pharmaceutical corporation Merck, these bioassay machines can only scan botanical samples for pre-specified chemical substances. The desired chemical structure is chosen based on biochemical pathways already known to aid in the treatment or cure of a disease (1995: 73), such that ethnomedical information can only be used to help guide the decision of what chemical structure to have the bioassay machines scan for. Any pharmaceutical bioprospecting project carried out in this way is, by design, blind to the potential synergistic effects between chemical components of an indigenous

medicine, as well as to the possibility of completely new biochemical pathways being activated by the treatment methods. The orientation of the commercial agreements around the objective of developing a patent on a single-molecular chemical entity and the executive political authority that was required to be able to enter into intellectual property contracts were both instrumentalizations of the knowledge system of medical science and the pharmaceutical industry.

A medicine is not by definition a single-molecular entity. While this is scientifically accepted (e.g. Li & Zhang, 2009), the notion of single-molecule active ingredients remains an operational assumption of Western medicine, a fact which starkly illustrates the distinction between science as a theoretical ideal and science as a social practice. As a further example of this distinction, medical science tends to be prejudiced against research that fails to elucidate the specific chemical pathways of a medicine's bioactivity, even where the effectiveness of a treatment is unquestioned (Swanson, 1995: 11). This delimitation of the focus of biomedical science can only be attributed to a complex web of social and historical factors. Primary amongst those, however, must be the insinuation of the motives of industrial mass-production into all productive activity, including scientific inquiry. As Evelyn Fox Keller writes in her study of the discipline of molecular biology:

[T]he kind of theory that would provide a workable guide for such a project [what she later terms 'the interventional capability' (1995: 64)] is precisely a theory that focuses on the causal relations between identifiable and controllable agents. Other processes, less identifiable and less controllable, are bracketed in the name of intellectual economy and technological efficacy. In this way, the very meaning of knowledge—what counts as knowledge—is shaped by a tacit instrumental mandate (1995: 63).

In the context of industrial pharmacy, what this means is that it has become an ingrained and unconscious—as opposed to an empirically researched and consciously decided—perspective that a medicine must be an isolated chemical entity, capable of being patented as a unique invention and mass-produced industrially. Medical epistemology has not developed via an assessment of the logic of mass-producing single-entity chemicals, which may then be stored for lengthy periods and dispensed quickly in the brief consultations with patients characteristic of mass societies; as against disadvantages such as the more severe side effects that many be provoked by single-entity medicines, or potential limitations in biological efficacy on the sick patient in comparison with other kinds of medicines. Instead, these epistemological assumptions that have developed during a specific socio-historical experience have become insinuated into the very meaning of what is and what is not a legitimate medicine. The epistemological consequences of the legal and regulatory structures of industrial political economy are but one example of the inevitable cultural specificities that will inhere in the development of any knowledge system.³¹

Such cases of epistemological inflexibility have the capacity to significantly hamper cross-cultural research projects, as the unfolding of the ICBG Aguaruna suggests. In bioassays of the extract of a particular medicinal plant, one of its chemical constituents was found to have antimalarial activity at a rate of 78 percent and another at 60 percent. However, according to ICBG Aguaruna project leader Walter Lewis, ‘when the two were combined

³¹ In the modern period in Europe and North America, other prominent examples are the peculiar obsession of the nineteenth-century European learned classes with the putatively contaminating qualities of the industrial working-class (Barnes, 2006); the impact of nationalism and eugenics on theories of bacteriology and immunity (Martin, 1994); and the interplay of the notions of race and hygiene in the colonies of the North-Atlantic powers (Anderson, 2006).

in the proportions in which they are naturally found in the medicinal plant's bark, a rate of 90 percent inhibition was demonstrated' (Lewis, 2003: 129). This is unsurprising in light of the 'shared sensitivities' between humans and plants to a range of pathogens (Lewis, 2003: 130), which implies that the medicinal compounds developed by plants for their own survival are in many cases needed for the very same purpose by human beings. Nonetheless, the medicine-as-single-molecule-entity assumption means that the FDA requires that all new medicines be isolated chemical entities. If not—as in the case of non-laboratory generated plant extracts, which inevitably contain a mixture of components—each chemical entity in the mixture must be isolated and tested individually for safety and efficacy in order to justify its presence in the medicine (Khalil, 1995: 239). The potential of synergistic action is thereby discounted from the beginning, as plant extracts are not tested for efficacy in their original form.

Beyond this absence of epistemological dialogue, the subordination of Aguaruna knowledge was even clearer in the business model followed by Searle. The plant samples collected by the Aguaruna and transferred to Searle were analysed through bioassay machines, with the information collected by the ICBG researchers on the uses of each sample in Aguaruna healing actually being discarded and considered irrelevant. Searle chose to instead scan the samples for chemical substances known to be active against diabetes, cardiovascular problems and inflammatory diseases (Greene, 2004: 219). This was clearly a strategy motivated by the profitability of marketing drugs to patients suffering from these conditions in the global North, a commercial strategy made all the more unsavoury by the status of these diseases as to a significant extent diseases of affluence. Any potential bioactivity of the plant samples against other health problems were rendered irrelevant by this decision. As a final touch, Monsanto (Searle's parent

company at that time) included a report on the project as part of its 'Report on Sustainable Development', in which it painted its involvement as a benevolent initiative for the betterment of rainforest conservation and indigenous peoples (Monsanto, 1998: 28). Even in a supposedly collaborative research project, the depth of ingrained, colonial arrogance was such that the Aguaruna could be painted as benefiting enormously from the simple purchase of a cache of plant samples by a multinational corporation.

In sum, the ICBG Aguaruna illustrates that globally hegemonic ruling relations act at the legal, commercial, technical and epistemological level to reduce the products of indigenous knowledge systems to the level of raw materials, 'genetic resources' supposedly devoid of value until unlocked by modern innovation. The legal status of intellectual property is granted readily to pharmaceutical corporations, even for the most minor of changes to a product's chemical structure (Mgbeoji, 2006: 148), while indigenous knowledge of the medicinal use of a plant is rarely recognised by the same laws of innovation.³² The absence of the affective indicators of high technology in indigenous societies tends to leave their knowledge unrecognised, such that the possibilities of indigenous input towards hybrid processes of knowledge formation are unrealised. Ikechi Mgbeoji has expounded upon this structure of epistemological subordination:

[T]he articulation of what constitutes invention in the dominant narrative of science weaves an implausible novelty into knowledge that is already well-known to traditional peoples. Accordingly, the patent system [...] is in fact speaking a monologue directed towards a narrow epistemological and economic elite. In this strange but familiar world, marginalised

³² In the case of maca (Latin: *Lepidium meyenii*), a plant native to the northern Peruvian Andes, a patent was granted to a North American company for a simple ethanol extract of the plant, a method known and used in traditional medicine in countless locations worldwide (del Castillo, 2004: 27).

epistemological frameworks take on the status of stunned spectators/victims. The exclusiveness of Western scientific jargon as an elite cultural signifier, along with Western juridical formalism itself (which has been globally positioned as the only legitimate and acceptable narrative framework of science), serves to appropriate indigenous knowledge and marginalise indigenous cultures (2006: 149).

The point here is not to produce a version of the class-conflict dialectic by demanding for indigenous peoples a greater share in the spoils of a capitalist economy dominated by alien epistemic assumptions to their own, as have the more polemical opponents of 'biopiracy' (e.g. Mooney, 2000). This case study of the ICBG Aguaruna goes further, pointing to the manner in which western countries' narrowly defined, industrial-era emphasis on productive efficiency has infiltrated the social being of science itself, to the extent that it may profoundly alter what could be discovered and added into scientific theories that are presented as elevated, neutral and objective. This conclusion is echoed in the work of Sienna Craig (2011), whose research shows that policy initiatives to develop the Tibetan traditional medicine industry according to standards of cleanliness, purity, safety and purity set by WHO global governance regimes resulted in fundamental changes to the medicines themselves. In this context, in which western epistemology has changed medicines it sought out to understand, it is imperative to respond with the proposal of 'border thinking' to produce 'localised accounts of best epistemic practices' (Alcoff, 2007: 97) rather than privileging any particular epistemology. The aim here is not to deny the effectiveness of contemporary western medicine, but to dispute the myth of biomedical epistemology as a neutral set of criteria serving as an arbiter of non-western healing knowledge and practice. Rather, western medicine should be seen as one particular tradition of healing that has reached a high degree of sophistication relative to others, due

both to the civilisational continuity and prosperity of the western societies which have driven it forward, as well as to the genocide or economic subjugation of non-western traditions during the previous several centuries of Euro-American world hegemony. Those non-western healing practices that remain merit engagement not only as sources of new therapeutic materials, but also for their conceptual contributions to knowledge about the universal human concerns of health, illness and healing.

Culture, Knowledge and the Ontological Turn

Case studies such as these help dispute the notion that western societal structures, including epistemology and its associated legal, regulatory and economic forms, are 'beyond culture' and are therefore able to unproblematically understand or incorporate other cultures on neutral terms. Yet of course, the hegemony of western culture has to be presented as beyond culture, because the most fundamental elements of any given culture are presented not as culture but as knowledge about reality. In contemporary western culture, for example, political-economic organisation is dominated by technocratic neoliberal economics, which has great influence on collective behaviour despite its limitations as a knowledge system. Science and technology, particularly biomedicine, stand in a position of greater legitimacy and more strongly reinforce western cultural hegemony. Objectivity—in other words, freedom from the bias of the individual's culturally informed subjectivity—is the foundational myth of science and technology; indeed, it is the awareness of the hazards of the subjective position and the subsequent (quixotic) practice of reflexivity and self-critique which make western epistemology appealing to its practitioners. Nonetheless, it should be recognised that this belief in the

objectivity of science and technology, like western culture's self-positioning vis-à-vis 'other cultures,' corresponds to what in others we identify as ideology. It is a definitive characteristic of ideology that it establishes all alternatives as ideological, while refusing to accept any labelling of itself as such; the classic example is the profoundly ideological pretension of Soviet Marxism to be 'scientific'. As Slavoj Žižek puts it, 'the stepping out of (what we experience as) ideology is the very form of our enslavement to it' (1994: 6). In the same way, western culture is not experienced as 'cultural,' because to be a 'culture' within the western sphere is to be categorised in accordance with a history of colonialism, subjection and marginalisation, and attendant upon this categorisation is a scrutiny from which the dominant rational discourses (and their institutions) are spared.

If we perceive western knowledge as itself cultural, it becomes impossible to practise anthropology on the basis of a conceptualisation of indigenous culture as one particular, limited manner of taking account of the properties of the natural world as we have established them (Descola, 2013a). Consequently, in place of a modernist ontology dividing reality into culture and nature, culture should be seen as ontological in the sense of incorporating ontology. That is to say, a people's culture includes their understanding of the basic nature of reality (ontology), what Philippe Descola calls 'the manner of formatting our common experience of the world' (2013b: 66); and the means by which legitimate knowledge about that reality can be acquired (epistemology). State interculturality, therefore, must pay special attention to the fundamental differences in ontology and epistemology across boundaries of cultural difference. Throughout the process of delineating the health-seeking preferences of Shuar people in Zamora-Chinchiipe, this thesis will thus focus on the ontological presuppositions implied by the various health practices encountered. I contend that it is in the experience of health crises

that fundamental ontological commitments are revealed; and also that the failure of certain healing practices in such moments of crisis acts as a particularly powerful trigger for ontological conversion.

Such an ethnographic orientation resonates with proposals for an ‘ontological turn’ in anthropology. This has been put forward as an explicit response to the crisis of confidence in anthropological research that followed Clifford and Marcus’s (1986) *Writing Culture*. As Eduardo Viveiros de Castro argues, ‘we should move from the epistemological critique of anthropological authority to the ontological determination of ethnographic alterity’ (2014: 4), based on the claim that ‘the metaphysics of representation is shown to be much more efficaciously shattered by means of the ethnographic description of a countermetaphysics than by the internal demystification to which the post-modern criticism was adept’ (2014: 11). I would contend, also, that the post-modern style of persistent critique of western institutions risks producing a sense of alienation from its theories for the innumerable people around the world who perceive benefits in their engagements with certain products and cultural forms originating in western society.³³ It is far more productive to see western knowledge as one particular, valuable situated knowledge to be compared with the situated knowledges that have evolved in other places. Within this frame of reference, interculturality signifies the engagement and competition between ontologies provenant from the socio-historical experiences of distinct groups of people. As we shall see in Chapters 4, 5 and 6, the *de facto*, non-state-led intercultural health practice of Shuar people validates the argument of Casper Jensen and Atsuro Morita that ‘different ontologies are often busily interfering with each other [...] ontologies are never

³³ The same schism between the position of anthropologists and of indigenous people can in fact also result from anthropologists’ knee-jerk celebration of all things ‘indigenous’ (see Chapter 7).

hermetically sealed but always part of multiple engagements. They offer not only discursive or conceptual but also practical commentary and critique of other realities' (2012: 366). The analysis presented in this thesis, therefore, adds to the existing literature a historicist account of the mechanics of change in indigenous metaphysics sensitive to the varying effects of colonial difference expressed through economics, religion and discourse.

In conclusion, the epistemological critique and the conceptualisation of western epistemology as one particular form of situated knowledge is fundamental to the project of state interculturality. Without it, the various expressions of 'cultural difference' represented by indigenous and other societies would be meekly assimilated within the existing epistemological and ontological structures that make up the political and intellectual hegemony of liberal multiculturalism. As this thesis explores state interculturality through the example of the competency of healthcare, this chapter has laid out at length a critique of biomedical epistemology and its implication with the particularities of the socio-historical experience of the Euro-American world. In light of this critique, and the evidence provided of an encounter between the ruling relations of biomedicine and the knowledge practices originating in an Amazonian healing tradition (the Aguaruna), it is impossible to sustain the idea that intercultural health can be satisfactorily constructed through the existing institutions of public health built on the western model, as preceding critiques of state interculturality have already suggested (e.g. Bolados García, 2011). Instead, this work pursues the epistemological proposals of 'border thinking' as explicated by Walter Mignolo (2000a, 2000b) and Linda Alcoff (2007). The research project of documenting the health-seeking preferences of Shuar people across several distinct sites within the Shuar territory of a single Ecuadorian province is

situated within the goals expressed by these thinkers to seek out ‘localised accounts of best epistemic practices’ (Alcoff, 2007: 97). In discussions with Shuar people about their actions in moments of health crisis, both their most fundamental ontological presumptions and their conversion to ontological postulates that differ from those found within the Shuar tradition are made visible. This fact suggests that the prospects for state interculturality will be both dependent on and riven by the kinds of interactions and conflicts between the ontologies in question in any one context in which indigenous actors might seek to finally make the state culturally representative. As such, it would appear that addressing the politics of ontology will be fundamental to the campaign for state interculturality.

Chapter 3: Shuar People's Healing Practices in Zamora-Chinchiipe, Ecuador

The Shuar 'Centros' in Historical Context

This chapter commences by offering a historical contextualisation of the origins of the 'centros' in which ethnographic fieldwork was carried out, before presenting the research data itself. By way of exegesis of this statistical data, the chapter then introduces each of the cultural vectors that are to be explored individually in Chapters 4–7, presenting common examples from Shuar society that illustrate their influence on health-seeking behaviour. All data was collected during fieldwork in communally-titled Shuar territory in the Ecuadorian province of Zamora-Chinchiipe from May 2013 until September 2014. In total, 64 Shuar people were interviewed. All interviewees were questioned on their own use of medicinal plants, shamans, clinics and other health-seeking behaviours, except for the shaman César Santiak as well as Ricardo Kayuk and Martina Tukupi. These latter two initially discussed their health-seeking preferences and practices before later also divulging and discussing their work as 'ayahuasqueros' and practitioners of 'magia' ('magic,' loosely translated, or 'black magic'; see Taussig [1987: 259]). The interviews were carried out in four 'centros' in three general locations (see Figure 1): Kiim, a small town wedged between the Yacuambi River and an ecological reserve; the Quimi River Valley, which takes in the Shuar communities of Yanua and Churubia as well as the Mirador gold and copper mine; and Shaime in the remote Upper Nangaritzza River Basin, a hub of Shuar social organisation in the region and a site frequently visited by residents of smaller neighbouring Shuar communities. For reference, I estimate the total Shuar population of Zamora-Chinchiipe to be approximately 12,000. This is based on the 2010 census, in which 79,709 people

identified as Shuar, discussions with federation leaders and other sources (e.g. El Telégrafo, 2011) which suggest that approximately two-thirds of Ecuadorian Shuar live in Morona-Santiago province, with the rest split between Zamora-Chinchipec and the other Amazonian provinces.

Jivaroan peoples have historically lived in large polygynous households dispersed throughout the rainforest (Harner, 1972: 77; also Descola, 1996). Uxorilocal residence and the absence of corporate descent groups undermined the potential for the accumulation of political power (Rubenstein, 1993: 3; Rubenstein, 2012: 56), a characteristic of Jivaroan society furthered by the fact that a man's power was seen to be simply 'based on a combination of personal prestige and the capacity to manipulate vast networks of alliance' (Taylor, 1981: 655). Households occasionally formed small clusters in the more productive riverine territory, but tended to be widely separated in interfluvial territory (Descola, 1981: 616). The concentration—or 'sedenterización'—of the Shuar population into the 'centros' seen today took place through the engagement with missionaries, along with the simultaneous pressure from colonists from the Ecuadorian highlands, especially from the 1960s.

The Shuar of the contemporary province of Zamora-Chinchipec were exposed to Spanish colonialism early, with the original settlement of Zamora (some 65km down-river from where the city lies today) founded in the mid-sixteenth century because of the presence of gold. At the close of the century, however, an organised indigenous uprising destroyed all four Spanish settlements in Shuar country. This historical event gave rise to the legend that the Spanish governor of the town of Sevilla de Oro was killed by his Shuar captors when they forced him to drink molten gold to satisfy his greed (Padilla, 2012: 62, 89). The

Shuar people were then left alone by Ecuadorian society for three centuries, buttressed by a reputation for savagery that grew from this history as well as the ancestral practice of shrinking heads.

In 1888, the Ecuadorian Amazon was divided up into ‘Vicariatos Apostólicos’ by the government, apportioning spiritual dominion between the Jesuit, Salesian, Dominican and Franciscan Catholic missionary orders. In 1892 the Franciscans founded a mission at the present-day site of Zamora and then another nearby at Yacuambi³⁴ in 1893, while the Salesians founded missions in Gualaquiza and elsewhere in present-day Morona-Santiago later that decade (Bottasso, 2011: 21). The Franciscans’ efforts, however, turned out to be short-lived. The Yacuambi mission was abandoned the following year due to an outbreak of malaria; one Franciscan reported, without irony, that ‘our lives came under threat by the Indians’ stupid, shamelessly repeated superstition that we had introduced the disease’ (Izaguirre, 1978: 238-9). The Zamora mission, meanwhile, was abandoned in 1897. This decision could be tied to the beginnings of Ecuador’s Liberal Revolution in 1895, with the concomitant collapse in mission financing, although just as significant was likely the fact that the Franciscans had not managed to attract any converts (‘nos hemos quedado completamente huérfanos de salvajitos’ [Izaguirre, 1978: 226]).³⁵

In spite of Ecuador’s nascent secularisation, the missions were only to become more significant to the Ecuadorian state in the twentieth century. The colonisation of the Amazon served as a sort of pressure valve to defuse social conflicts around land ownership in the highlands (Salazar, 1981: 593), particularly after the 1964 dissolution of the

³⁴ San José de Yacuambi is officially known as 28 de mayo and appears on Figure 1 as such.

³⁵ Their ethnocentrism evidently posed a very significant barrier. In the 1890s, Franciscans reported that the Shuar ‘violate the most obvious precepts of natural law daily and with impunity’; and that their ‘essential character’ was one of ‘indifference, disdain and the blackest ingratitude’ (Izaguirre, 1978: 227, 241).

'huasipungo' system, analogous to serfdom (Casagrande, 1981: 263), along with other methods of forced indigenous labour (Ortiz Crespo, 1992: 96). The missionaries themselves encouraged dreams of agricultural bounty in the Amazon, presented as 'virgin lands of prodigious fertility for all classes of products, especially those for export, like coffee, cacao, coca, etc., which are so consumed in the Old World' (Bottasso, 2011: 30-31). Colonisation was also deemed essential to ward off further territorial annexations by Peru after the 1941 war. The missionaries' role in 'pacifying' the Shuar therefore received consistent support from the central government; a 1955 presidential decree granted them direct financial assistance, tax-free status, duty-free imports and free cargo transport from the military in exchange for the obligation to 'civilise and indoctrinate the savage tribes' (Salazar, 1981: 605).

The Franciscans had returned to re-found their Zamora mission in 1921, then went on to found missions at Yacuambi (1936), Guadalupe (1951), Yantzaza (1963), Zumbi (1964), El Pangui (1965) and Guayzimi (1972) (Padilla, 2012: 180-8). Although originally oriented toward the conversion of the Shuar, the missions quickly became hubs of social organisation connecting Shuar territory into the political-economic networks of Ecuadorian society. As a Salesian historian described it:

Wherever the mission is established, colonizers will agglomerate, because "mission" means school for boys, dress-making classes for girl [sic], spiritual assistance [...] hospital and dispensary [...] Until the cooperatives of the 1970s, until the settlement of colonizers organised by a para-state entity (The Centre for the Economic Transformation of the South [CREA]), nearly all Amazonian towns were born as mission residences among indigenous people, and within a few decades transformed into settlements of highland mestizos. The

indigenous people of the area [...] end up going there sporadically for petty commerce at the markets, or for health problems (Bottasso, 2011: 36-37).

This brief sketch helps to visualise the history of the Shuar 'centros' of Kiim (7km from Guadalupe) and of Yanua and Churubia, located about 20km from both El Pangui to the south and Bomboiza (formerly a Salesian mission) to the north, and also gives a fairly accurate representation of contemporary Shuar people's use for these population centres. As Anne-Christine Taylor writes, the missions were 'highly ambivalent institutions from the viewpoint of the Indians' (1999: 219). They afforded Shuar with access to biomedicine, but also spread epidemic disease. One middle-aged woman from the Yacuambi River Valley said, 'With measles, so many of them [our ancestors] died. That's what my grandmother told me.' The missions also provided access to manufactured goods such as pots, machetes and fish-hooks which came to be regarded as essential. According to Taylor, such items were called 'god wealth' by Achuar, a phrase indicative of the Jivaroan notion 'that technical mastery is rooted in symbolic mastery,' and that therefore 'the technological power and wealth of the missionaries [must be] the result of techniques of supernatural control' (Taylor, 1981: 671). This therefore promoted a sentiment of melancholy and alienation at the ineffectuality of their own symbolic practices, especially among women, who were marginalised from the nascent market economy (Taylor, 1981: 660-2). At the same time, the missions effected a dramatic intervention on Shuar society via the boarding school system, a central item of missionising strategy. Initially, 'recruitment of children for boarding schools was the hardest problem for both Salesian and Franciscan missionaries. Until a few years ago, at least in the case of the Franciscan mission, the usual procedure was kidnapping' (Salazar, 1981: 592), a practice permitted the missionaries due to the backing of the police and army. In more recent decades, however,

Shuar parents began to volunteer their children to the boarding schools, perceiving ‘the putative profitability of association with the spheres of white power’ (Taylor, 1981: 660), in particular the profitability of developing the ability to speak Spanish.

From a situation where the Shuar of Zamora-Chinchipe were attempting to defend their lands from colonists whilst also maintaining contact and trade with the missions, a convergence of factors in the 1960s and 70s led to today’s ‘centros’ being established and legalised as communally owned indigenous territory. Firstly, theological changes following the Vatican II ecumenical council (1962–65) led to permanent missions, including the boarding schools and forced labour, being gradually abandoned.³⁶ The adoption of the principle of divine incarnation—which holds that God has always been present in nascent form in native religions—produced a shift toward itinerant preaching with the objective of Christian adaptation of indigenous practices (Bottasso, Bottasso & Münzel, 1979; Taylor, 1981: 674). Secondly, roughly coinciding with this theological shift was the expiration of the missions’ official tutelage over Shuar lands in 1969. In anticipation, in 1964 the Salesians facilitated the foundation of the ‘Federación Interprovincial de Centros Shuar’ (Interprovincial Federation of Shuar Centres–FISCH), often referred to simply as the ‘Federación Shuar.’ Salesian control persisted via the Federation, despite a political structure that empowered Shuar members. For example, the system of radio schooling set up by the Federation was institutionalised as ‘fisco-misional’ rather than public so as to keep the schools under the control of the missionaries instead of the state, reportedly

³⁶ Despite receiving state funds for their schooling, the missions obliged Shuar children to work six days per week, ostensibly to produce the food consumed on the missions. The degree to which the missions profited from child labour is contentious. Ernesto Salazar has argued: ‘[A] fact that cannot be overlooked is that the religious mission in general has degenerated from a Christian religious enterprise into a Christian economic one’ (1981: 592). Shuar accounts to ethnographer Steven Rubenstein were that their time on the missions was one of ‘slavery’ (2001: 272).

against the wishes of Shuar Federation leaders (Salazar, 1981: 594, 604-5). Nonetheless, as one of the first indigenous federations in the world, the FISCH represents a significant milestone of indigenous autonomy.

Finally, these developments occurred in a context of Ecuadorian state initiatives which both stimulated colonisation of the Amazon but also provided the legal framework through which Shuar people could claim title to the land they currently occupied. From the 1960s, CREA and other state agencies operated 'semi-directed colonisation' of the Amazon (Salazar, 1981: 593), with lands titled by the Ecuadorian Institute of Agrarian Reform and Colonisation (IERAC). At the behest of the new Shuar Federation, however, IERAC also worked to demarcate and title Shuar lands. These were organised as the collective property of the 'centros', which were the base administrative unit of the Federation, rather than of individual families, in order to speed up the process via single, large titles. Importantly, ownership of land was taken on by Shuar 'centros' as cooperatives, and not under a policy of indigenous land recognition per se, with the proviso that individuals could only sell land to others within the 'centro'. At the same time, FISCH channeled development aid to initiate a program of loans to Shuar 'centros' for the purpose of cattle-raising (Hendricks, 1988: 234-5; Rubenstein, 2001: 280). In this, FISCH was responding to IERAC policy that land could be reclaimed if it did not produce for five consecutive years, a measure directed at the great hereditary estates of the highlands, but one entirely unsuitable to the ecological parameters of the rainforest and heedless of the ancestral practice of swidden agriculture (Descola, 1981: 641; Salazar, 1981: 602). In short, in response to the existential threat of colonisation, the Shuar 'centros' appropriated colonisation's juridical tools in order to secure their own recognition. For these reasons, most Shuar people today live in small nucleated settlements, typically centred around a

chapel and a soccer or volleyball pitch, surrounded by communally titled territory that is apportioned to individual households within the ‘centro’ who work their plots blending swidden agriculture with raising cattle on pasture.

Figure 2: The Shuar ‘centro’ Kiim in 2013, seen from across the Yacuambi River, with its chapel in the centre



Such a schematic history should not allow us to forget the human element. The leaders responsible for managing the legalisation of ‘centros’ in both the Quimi River Valley and the Upper Nangaritza Valley both related stories to me of violent confrontations with mestizos and a hostile atmosphere outside their ‘centros’ during this period. These are not ‘historical’ events; because of its relative geographical isolation, Shuar territory in Nangaritza was only legalised in the first decade of this century. I encountered families in

Nangaritzza whose grandparents had come to the area fleeing mestizo colonization along the Quimi River. Then while staying in Shuar towns in the Quimi River Valley months later, an elderly couple described their first experience of Ecuadorian colonists as follows:

Emiliano – There were miners first. They came along the Zamora River [digging for gold]. My grandfather and uncle fought, and were sent running. They had to hide, and after that they wouldn't talk with anyone.

Daniela – When the Christians came we had to run like agoutis.

Emiliano – But first, they would come and talk, asking for chicha and cassava.

Daniela – They wanted to drink chicha. That's why they came. Then they started to rob chooks and pigs, carrying off whatever they could. That's when people became afraid.

Emiliano – They had to hide. The colonisers would carry off chicha and maize, chooks and pigs.

Q – And were the colonisers armed?

Emiliano – Of course.

Daniela – That's why our grandparents were afraid. They came to start fights and even kill.

Product of the harsh reality of violence and the shock of epidemic disease, the intergenerational memory of middle-aged and elderly Shuar people is coloured by the experience of social dislocation common to indigenous peoples. 'I suffered growing up,' said the previously quoted Daniela. 'We had no shoes, nor blankets, nor baskets, nothing. Now people have everything. Even the little ones wear shoes. They're practically wearing shoes while still in the womb. We were survivors. We didn't even have salt to eat with our cassava.' In a similar vein, her husband Emiliano recounted, 'When I was young, I had nothing. It was suffering. When I was as big as him [indicating a grandson], we had nothing, nothing. We slept on the ground. I had rags for blankets.' This depiction contrasts

markedly with what Philippe Descola and Anne-Christine Taylor found in much more remote Jivaroan households in the late 1970s, which at this stage was mostly autonomous from Ecuadorian society: men, women and children sleeping on raised beds with their feet warmed over smouldering fires (Descola, 1996: 43), and a diet of plentiful calories and protein (Descola, 1994: 210). This contrast between the testimonies of the contemporary elder generation in Zamora-Chinchipe and the lifeways encountered by Descola and Taylor around the same time but in a more remote region speaks to the widespread disruption of autochthonous lifeways and the dislocation of social units in the province in the latter half of the twentieth century.

Though the legal borders of Shuar territory have stabilised, the conflict itself has not been superseded. In November 2016, a group of armed Shuar men occupied a mining camp in Morona-Santiago and expelled its workers at gunpoint, before being forced to flee when the central government declared martial law. The camp is being run by the same Chinese company that operates the Mirador gold and copper mine in the Quimi River Valley (El Comercio, 2016). In a similar vein, a Shuar man living on the Quimi told me that several years ago, he confronted mestizos grazing cattle on land claimed by his family in the upper part of the valley and forced them at gunpoint to return to the nearest town. A few months after I finished up my research in 2014, the man was found murdered in a case that remains unsolved. The man was also a vocal opponent of the Mirador mine.

Figure 3: Disputed land in the Upper Quimi River Valley in 2014



Around the same time, a ‘white’ family in the provincial city of Macas, some 275km to the north of Zamora-Chinchipe, described to me in horrified tones the robbery of their son by two Shuar men at knifepoint. When asked whether the attackers were ever captured by the police, they replied, ‘They fled off into the jungle. How are we going to pursue them there?’ Though hysterical in giving the false impression of being hemmed in by impenetrable forest, it is true that communally-titled land is difficult to navigate without the requisite local knowledge and connections and that the presence of police on such land is highly contentious. Among Shuar people, the impression is widespread that the police represent mestizo society. Likewise, as illustrated by the fate of the man from the Quimi River Valley, the protection afforded to Shuar people by the forces of law and order

is only partial, for both geographic and historical reasons. Although the lands legally titled to Shuar communities are a discontinuous patchwork, the sense of a frontier between Shuar territory and the rest of Ecuadorian society is therefore very real. Once, seeing a campaign poster for the then President Rafael Correa while walking in a Shuar town, I asked a primary school-aged child who had taken to following me around if he knew who the man in the picture was. ‘Correa,’ he replied. Wondering if he knew that Correa was the president, I asked, ‘What is his occupation?’ ‘Killing,’ the boy told me.

In mid-2015, the generalised hostility toward the government that my young friend had absorbed erupted in the Shuar heartland of Morona-Santiago. The imaginary frontier between mestizo society and the jungle was punctured by Shuar protesters who overran riot police and besieged government offices in the provincial capital Macas for several days. When police initially tried to clear the protesters using their shields and batons, they were battered back themselves by Shuar men wielding ten-foot spears. At other times, the potential for conflict is belied by the coexistence between mestizo townspeople and the well-heeled Shuar community leaders and bilingual education system schoolteachers who do business in the urban world; as well as between the young people of all stripes who mix in the provincial cities in search of fun, work and money.

Quantitative Analysis of Interviewees’ Health-Seeking Preferences

The presentation of research data begins with the most objective, least interpreted elements gathered from the interviews: the preferences expressed by research participants between medical systems at the most basic level, citing the common justifications and associated keywords offered by participants to explain their positions.

This allows for the broad differences in stances between people who are part of different religious, geographical, political and economic communities to be delineated before researcher interpretation is drawn upon in order to explain the diversity of practices and their local significance. It should be noted that although the potential for differences in health-seeking behaviours depending on geographic location and economic practices (wage-labour vs subsistence) was perceived early in the ethnographic process, with research sites chosen accordingly, my awareness of differences originating with political and religious affiliation and discourse developed organically during my time in Zamora-Chinchiipe. As such, the way in which data precedes analysis in the sequencing of these chapters can be seen to mirror the order in which these patterns came to my own attention. The idea is, above all, to avoid the pseudo-literary style of monograph in which choice quotes from informants are selected by the author at will, like a succession of rabbits pulled out of a hat. While this type of monograph may be an effective way to provoke a sudden sense of understanding of a foreign culture, its relative lack of transparency makes it inappropriate for social-anthropological research aiming to represent intercultural health practices, intracultural diversity and the dynamics from which both are produced. Once adherence to the generalised positions is detailed, subsequent chapters will delve into the analysis of each group's engagement with medical practices as both indicative and generative of cultural change and Shuar individuals' worldviews.

Clearly the categorizations according to geography, economy, political and religious affiliation are not exclusive, and this mitigates the rather small sample size of sixty-one interviewees who were questioned on their health-seeking practices. With regards to geographic isolation, the interviewees are divided between residents living greater or less

than two hours travel from one of the regional centres—the small cities of Zamora, Yantzatza and Gualaquiza (the latter is located in the province of Morona-Santiago, just to the north of Zamora-Chinchipe)—where hospital care is available. This meant that only those Shuar living in Alto Nangartiza were classified as geographically isolated, a fact which reflected the high esteem in which these people were held as representatives of ‘true’ Shuar culture. On the economic level, interviewees are divided according to whether their household’s primary means of survival is mining (either waged or independent, so-called ‘artisan’ mining) or subsistence agriculture, with the latter not excluding those who occasionally sell produce (cattle, ‘naranjilla’ [*Solanum quitoense*], chickens, timber, cacao, coffee, ‘chonta’). Although such households do sometimes purchase food, most commonly rice, cooking oil, eggs and tinned fish, their primary sustenance was nonetheless an indigenous diet of cassava (‘yuca’), plantain, a variety of taro (‘papachina’, Shuar: *papach*; Latin: *Xanthosoma roseum*), chicken, duck, fish, ‘chonta’ (Shuar: *uji*; Latin: *Bactris gasipaes*), ‘aguaje’ (Shuar: *achu*; Latin: *Mauritia flexuosa*), various palm hearts and forest game (mainly agouti, paca and peccary). Religious affiliation was divided between the majority Catholics and the Protestant Evangelicals, a difference which provoked frequent outbursts of consternation on both sides. Finally, external political influence was assessed based on whether or not interviewees’ incorporated the discourse characteristic of the Pachakutik (PK) party and the international indigenous rights movement in their self-expression on the subject of health-seeking behaviour; and whether or not the ‘centro’ in which they lived was affiliated with CONAIE-PK (‘PK-affiliated’ in tables).

Beginning with the preferences of Shuar interviewees in Zamora-Chinchipe between clinical medicine and alternative options, there are clearly great differences between Shuar people depending on their location, political affiliation, religion and economic

position. The singular fact that a person is Shuar and lives on collectively titled indigenous territory seems to tell us little about their health-seeking preferences, and the worldview upon which these are based, at least without also making reference to other characteristics. This marked intracultural diversity is a significant complication to campaigns to extend state interculturality to the sphere of healthcare.

Table 1: Reliant on clinics and/or hospitals for healthcare

	YES	NO	AMBIGUOUS
Remote areas	4 (14%)	23 (79%)	2 (7%)
Waged miners	8 (67%)	4 (33%)	0
All miners	12 (71%)	4 (23%)	1 (6%)
Evangelicals	5 (50%)	5 (50%)	0
PK-affiliated	4 (12%)	27 (82%)	2 (6%)
All	19 (31%)	37 (61%)	5 (8%)

Table 2: Use clinical medicine, but see other options as preferable in certain circumstances

	YES	NO	AMBIGUOUS
Remote areas	16 (55%)	11 (38%)	2 (7%)
Waged miners	4 (33%)	8 (67%)	0
All miners	5 (29%)	9 (53%)	3 (18%)
Evangelicals	2 (20%)	7 (70%)	1 (10%)
PK-affiliated	19 (58%)	12 (36%)	2 (6%)
All	31 (51%)	24 (39%)	6 (10%)

Table 3: Reject biomedical services, or consider only as a last resort

	YES	NO	AMBIGUOUS
Remote areas	7 (24%)	19 (66%)	3 (10%)
Waged miners	0	12 (100%)	0
All miners	0	17 (100%)	0
Evangelicals	2 (20%)	8 (80%)	0
PK-affiliated	8 (24%)	22 (67%)	3 (9%)
All	9 (15%)	49 (80%)	3 (5%)

Just 31.1 percent of interviewees were reliant on biomedical services from clinics and hospitals in case of illness. A greater proportion, 50.8 percent, would seek out clinical medical treatment in certain circumstances, depending mainly on their perception of the cause of the illness. Finally, a not-insignificant proportion 14.7 percent of interviewees say that they avoid going to clinics at hospitals if at all possible, citing deep suspicions of either the capacity or intentions of biomedical practitioners and the nation-state providing these services.

Many Shuar people evidently have serious reservations about the model of state healthcare offered to them in Zamora-Chinchipe. This is, however, not a generalisable conclusion; it is a deeply-held conviction in some areas and a non-existent one in others. As Table 3 illustrates, in remote areas and in PK-affiliated towns, some 24 percent of interviewees reject biomedical services. By contrast, none of the interviewees whose primary economic activity was mining—all of whom live in the surrounds of the Mirador gold and copper mine in the Quimi River Valley (see Figure 1, north-east sector)—express

this same preference. Indeed, 70.6 percent of miners interviewed were entirely reliant on clinical medical services in case of illness. In the Shuar context, then, a model of ‘culturally-sensitive’ health provision which included ‘traditional medical practitioners’ alongside clinical professionals (e.g. Pigg, 1995) would likely be met with derision in certain Shuar communities. Indeed, the interviewees were especially divided in their opinions of the value of shamans, known as *uwishin* in the Shuar language.

Table 4: Consult and/or seek treatments from shamans

	YES	NO	AMBIGUOUS
Remote areas	18 (62%)	5 (17%)	6 (21%)
Waged miners	2 (16.5%)	8 (67%)	2 (16.5%)
All miners	5 (29%)	9 (53%)	3 (18%)
Evangelicals	2 (20%)	8 (80%)	0
PK-affiliated	21 (64%)	5 (15%)	7 (21%)
All	32 (52%)	15 (25%)	14 (23%)

An explanatory note, firstly: although this would seem an amenable question for direct yes/no answers, the number of interviewees offering ambiguous responses was quite high (22.9 percent). This can be attributed to the ambivalent ethical position of shamans in Shuar society: for those who believe in their capacities, they are considered capable of both causing and curing illness, with the power to do one a direct indication of the potential to do the other. As such, interviewees with whom I did not already have a close relationship were perhaps guarded in expressing personal familiarity with shamans and the details of shamanic practice.

Responses to this question differed to a similar extent as responses about use of biomedical services. While 62 percent of residents of remote Shuar towns consult shamans (and another 20.7 percent refused to confirm or deny that they do so), just 29.4 percent of miners would do so. For waged miners, the figure was just 16.5 percent. Amongst Evangelicals, two of whom were waged miners, the rejection of the validity of shamans was just as great, with 80 percent saying they would never seek treatment from them. As in the case of willingness to use biomedical services, the overall figure for the proportion of interviewees who consult with shamans (52.4 percent) is limited in its usefulness in isolation.

Table 5: Consider experiences during altered states of consciousness important for health

	YES	NO	AMBIGUOUS
Remote areas	17 (59%)	3 (10%)	9 (31%)
Waged miners	1 (8%)	11 (92%)	0
All miners	3 (18%)	11 (64%)	3 (18%)
Evangelicals	4 (40%)	4 (40%)	2 (20%)
PK-affiliated	17 (52%)	5 (15%)	11 (33%)
All	24 (39%)	18 (30%)	19 (31%)

Table 5 brings a further degree of subtlety to these results. It has become somewhat of an axiom in the literature of medical anthropology and international public health that the shaman represents a figure who mediates society's interactions with 'the supernatural'—or worlds beyond the immediately visible material reality—and is responsible for the cohesion of society when faced with the inexplicable (e.g. Scheper-Hughes, 1987: 16). As

was explained in Chapter 1, intellectual discussions of traditional medicine tend towards privileging either herbalism as a philosophically materialist, proto-scientific indigenous empiricism, on the one hand; or shamanism, on the other, as encapsulating the true profundity of indigenous cosmology and its ubiquitousness in the traditional healing practice of a given culture. When speaking of shamanism, the expectation is an individual marked out and set aside from his or her society. By virtue of dedicated adolescent rites, social isolation, the inheritance of certain attributes through family, or serendipitous events in the individual's life (Eliade, 1975: 76), the shaman becomes singularly adept at navigating the phenomenal experience of other worlds and guiding his or her otherwise naïve fellow human beings through the same experience.

What emerged in these interviews, by contrast, is that in Shuar society the experience of visions during altered states of consciousness does not depend on the involvement of a shaman. Rather, such practices are managed at the level of the individual, or the nuclear family. For his or her part, the shaman is considered adept at leveraging such states in order to diagnose patients, and then potentially carry out a cure, depending on how he or she perceives the nature of the illness. This distinction between the role of the shaman as an essential mediator with the supernatural and the Shuar context—a sort of democratic, plant-inspired religiosity according to which any Shuar individual can access perceptions of a reality beyond that which is ordinarily visible—is by no means unknown to specialists in the ethnography of Jivaroan language groups (see Brown, 1985: 59; Descola, 1996: 299-314; Rubenstein, 2012). Nonetheless, it is noteworthy here in bringing a further degree of complexity to this picture of Shuar health-seeking practices, which are enriched not just by clinical medicine and a traditional medicine all too readily divided between the material as herbalism and the spiritual as shamanism. For contemporary Shuar people, the latter

category includes not only the specialist interventions of shamans, but also their own spiritual practices oriented towards a complex of ideals including personal development, learning and socialisation (see Chapter 4), all of which associate health with values such as strength, hardness, luck, fortune and imperviousness to external threats and internal weaknesses.

The importance of altered states of consciousness was mostly evident among Shuar people living in remote areas: to 58.6 percent of them, to be specific, with another 31 percent giving mixed or qualified responses. As will be detailed in Chapter 4, the way they expressed their ideas demonstrated a clear genealogy with the descriptions of psychedelic vision-seeking and the *Arútam* complex of beliefs pieced together by Michael Harner (1972) from his experiences living among Shuar people some 60 years ago. It is this persistence of the ontology (and relatedly, the epistemology) indigenous to this territory that is one of the most marked features of intracultural diversity amongst Shuar people in Zamora-Chinchiipe today. Opposingly, among waged miners 91.7 percent stated that such experiences, which they were familiar with mainly through stories as well as, on occasion, their own halting experimentation, were not important to them and did not inform their preferences in maintaining health and curing illness.

Among Evangelicals, finally, 40 percent discussed the significance of visions seen in altered states of consciousness for their understanding of health and healing. This number was surprisingly high in comparison with the group's rejection of both vision-inducing plants, which they tend to refer to as 'drugs,' as well as of shamanism as a legitimate practice. In their responses, one can see how this attachment to visions, historically sanctioned in Shuar society as an experience of transcendent truth, is transformed rather than erased

by Evangelical proselytising, in a manner that in fact comes to resemble the Catholic tradition of revelation obtained through prayer, fasting and self-deprivation. Explaining these dramatic divergences between residents of remote areas, miners and Evangelicals will be the subject of Chapters 4, 5 and 6, respectively.

Lastly, Chapter 7 will tackle the influence of the common themes of the discourse of the indigenous cultural-revivalist political party Pachakutik on the way Shuar people in Zamora-Chinchipe think about and express themselves on the subject of healthcare and traditional medicine. In a form of Chinese whispers, many interviewees had developed the idea that the ‘gringo’ researcher staying in their town had come to carry out research on ‘nuestra medicina ancestral’ (‘our ancestral medicine’). Although the actual objectives of the research in developing a portrait of Shuar health-seeking preferences in the province for the purpose of intercultural health were always explained at the commencement of interviews, this sense that interviewees were expected to speak about, flaunt their knowledge of and celebrate Shuar traditional medicine often coloured the conversations that followed. Indeed, demonstrations of the knowledge and rituals associated with traditional medicine have been instrumental in legitimising claims to indigeneity elsewhere in the region (e.g. Jackson & Ramírez, 2009: 536). As the research process unfolded and the pattern was repeated, it became clear that this politically-loaded aspect to discussions of traditional medicine had to be made an explicit part of the study. The aim here is not to weed out ‘political bias’ from interviewees’ otherwise putatively neutral accounts of their varying health-seeking behaviours and the worldview which informs them. Instead, the idea is to consider this political discourse as but one example of a cultural vector—like geographical isolation, waged mining and Protestant Evangelism—which generates intracultural diversity and complicates any attempt to represent Shuar health-seeking

practices and develop an intercultural health policy for ‘the Shuar’ as a neatly delineated indigenous cultural group.

Table 6: Presence of PK discourse in the self-expression of users of various health-seeking modalities

	Interviewees who employ PK discourse	Interviewees who do not employ PK discourse
... and use medicinal plants	17 (81%)	26 (68%)
... and use clinics	14 (67%)	29 (76%)
... and use shamans	11 (52%)	20 (53%)
... and use visionary practice	10 (48%)	18 (47%)
Total	21 (100%)	38 (100%)

On a methodological note, the number of people cited as influenced by Pachakutik discourse can be considered an underestimate, if anything; because there was no way to reliably prompt this aspect of the responses without biasing them, and because in any case it was not a factor that I had originally intended to consider, only those interviewees who demonstrated this way of thinking during the interview of their own accord could be included. As such, the study actually measures the number of people who make use of PK discourse in their self-expression, rather than the number of people whose thinking may have been influenced by the discourse. Having said that, there is no reason to suspect that this would prejudice the figures in a relative sense for any particular subset of the interviewee cohort.

As for the figures themselves, the most immediately striking element is the similarity in health-seeking behaviour between interviewees who expressed themselves in the terms of PK discourse and those who did not. Indeed, with regard to recourse to shamanic healing and importance attributed to vision-seeking practices, the proportions were practically identical in each group. A slightly higher proportion of the non-PK discourse group were willing to make use of clinical medicine; this shows that the few interviewees who rejected clinical medicine outright tended to express their ideas by making use of themes of indigenous cultural revival and resistance to colonisation. The greatest difference (13 percent) was in use of medicinal plants, which are such an emblematic aspect of indigenous traditional medicine and non-western cultural expression as a whole. Even so, the difference was far from stark, such that we might tentatively conclude that the diffusion of PK discourse has had minimal causative impact on the health-seeking preferences of Shuar people in Zamora-Chinchipe.

Table 7: Pachakutik discourse notable in interviewees' responses

	YES	NO	AMBIGUOUS
Remote areas	8 (27.5%)	19 (65.5%)	2 (7%)
PK-affiliated 'centros'	11 (33%)	20 (61%)	2 (6%)
Non-PK-affiliated 'centros'	10 (36%)	17 (61%)	1 (3%)
Waged miners	3 (25%)	9 (75%)	0
All miners	4 (24%)	13 (76%)	0
Evangelicals	4 (40%)	6 (60%)	0
All	21 (34%)	37 (61%)	3 (5%)

A further surprising element emerges when the presence of PK discourse in interviewee responses is correlated with the cultural vectors (geographic, economic, religious) already mentioned, as well as with the political affiliation of the Shuar centres of which each interviewee is a member. The most striking fact to be observed here is that the proportion of interviewees in communities affiliated with Pachakutik through the indigenous federation structure whose language matched the characteristic themes of PK discourse was nearly identical to the proportion who expressed themselves in that way in communities not affiliated with Pachakutik. Just a third of interviewees in PK-affiliated towns discussed their health practices in terms of a perceived need to revive indigenous culture and eschew the corrupting influence of mainstream Ecuadorian society. In communities not affiliated with Pachakutik, the figure was actually slightly higher, at 35.7 percent. One can only come to the curious conclusion that the political affiliation of Shuar communities has no independent influence on the way in which interviewees think and speak about health, medicine and illness.

Moreover, these proportions were scarcely greater than was found amongst waged miners (25 percent) and among all miners (24 percent), including the so-called 'artisan' miners. Even comparing these latter two sets, the figures are surprising, as Pachakutik endorses 'artisan' mining while opposing industrial-scale mining (in which waged miners are employed at the Mirador project) as its salient political position vis-à-vis Shuar people in the province of Zamora-Chinchipec. The province's Prefect (the highest-level of elected official in Ecuadorian provinces) belongs to the Pachakutik party, it should be noted, so the problem cannot be reduced to that of a marginal party without a sufficient platform to make its view known. As such it is difficult to comprehend the apparently low degree of

correspondence between Pachakutik's member communities and the language and way of thinking associated with the party.

Likewise, Shuar people's position vis-à-vis the economic ideology of Pachakutik shows no relationship with whether or not their perspective on health and illness and associated worldview is in alignment with and expressed through the themes common to Pachakutik's discourse. In other words, Shuar people who think and speak in the same terms as Pachakutik are no less likely to be economically dependent on mining ('extractivism', in the terms of Pachakutik). This raises the question as to the consistency of Pachakutik's political position against industrial-scale mining versus so-called 'artisan' mining with the rest of their discourse, at least for Shuar people, who do not appear to see a necessary contradiction between working in the mining sector and the desirability of maintaining their cultural independence. After all, pre- and early-colonial history suggests that there is no inherent incongruence between Amazonian cultures and economic specialisation, the extraction of precious metals and large-scale trading networks (Whitehead, 1994: 36-38). However, before delving into interpretation, it is time to first give colour to these statistics in the form of some examples of the common types of response offered to the above listed questions by Shuar people of the distinct subsets outlined so far.

The Discourse of Indigeneity in Interviewee Responses

The Pachakutik political party was founded in 1995 as the electoral wing of Ecuador's largest indigenous federation, CONAIE, as a means of channelling the support manifest in the 1990 and 1994 national-level indigenous uprisings, considered landmarks in Ecuadorian

political history. From 2006 until the confirmation of the 2008 Constitution, Pachakutik worked closely with the newly-elected Correa government, most notably in drafting the constitutional provisions affirming collective rights and the 'plurinational' and 'intercultural' character of the Ecuadorian state. The party has since become opposed to the ruling Alianza País government, predominately over questions related to models of development: where the government has supported large-scale development of agriculture and mining, Pachakutik generally favours small-scale production and decentralised ownership. In the Ecuadorian Amazon, the party's discursive focus is therefore on opposition to large-scale mining and oil projects and the defence of indigenous territory, often invoked in fiery rhetoric. The party also functions as an affirmation of indigenous identity, long derided in Ecuador, and its pre-elections event are less 'rallies' or 'demonstrations' as much as they are scenes of dancing and drinking to traditional styles of music which, especially in isolated areas, can turn into the biggest parties around.

Figure 4: Nangaritzza Shuar travelling to a pre-election Pachakutik rally in 2014



It has to be said, however, that while Pachakutik is in effect ‘the indigenous party’ in Ecuador, it by no means monopolises indigenous electoral support. Although the party controls the provincial government in Zamora-Chinchipe, the Correa government won a greater share than Pachakutik of the vote in most indigenous-majority areas across the country in the 2013 presidential and legislative elections (Sánchez Parga, 2013). As this present research makes clear, the common cultural inheritance shared by members of indigenous groups and affirmed by the Pachakutik party is just one aspect of indigenous individuals’ worldviews and political stances, which are shaped in multifaceted ways.

Considering the interviewees in terms of political affiliation, two of the communities (Kiim and Shaime) visited during the research ultimately form part of the CONAIE-PK

confederation. The other two (Yanua and Churubia), both located in the Quimi River Valley, were affiliated with an independent Shuar federation (FSHZCH) with mixed alliances, having supported the Correa government and the Mirador gold and copper mine (under the moniker of ‘minería responsable’ [‘responsible mining’], a commonly-invoked phrase in Ecuadorian politics), before participating in anti-government protests in June 2014, which were directed against the government’s mining and water laws. The cultural revivalist discourse distinctive of the CONAIE-PK movement was particularly notable in Kiim, a town which during my stay hosted a visit from dignitaries from the PK-controlled provincial government to mark the occasion of an annual Shuar festival which is now no longer widely celebrated. At the time of my research Kiim was the home community of the President of the PK-affiliated Shuar federation in the province (FEPNASH-ZCH). When the then President stepped down in 2013, his wife became the organisation’s Vice-President. Having said that, the PK-linked themes that were so central to interviewees’ discourse in Kiim were also evident in the interviews recorded elsewhere.

Interviewees’ responses were classified as expressive of PK discourse when they demonstrated one of a few attributes. This discourse is characterised by the theme of indigenous cultural revival, and this can take the form of an invocation of an idealised past prior to colonial contact, the denigration of the ways of life brought by that contact, and often both elements together. Shuar people often illustrate their perception of present-day corruption and decay in indigenous society via comparison with the ways of life of their ancestors; or just as often, with the state of other Amazonian peoples living in more remote regions: usually the Achuar, or the Jivaroan groups living on the other side of Zamora-Chinchipe’s border with Peru (composed of the Shuar, Aguaruna [‘awajunes’] and Huambisa [‘wampis’] peoples), an area much more remote from its own country’s centres

of political-economy gravity than Zamora-Chinchipe is from those in Ecuador. The point is not that these interviewees simply valued or wished to recuperate characteristically Shuar practices, but rather than their thinking was informed by an idealisation of pre-contact society shared with an influential, nation-wide political discourse.

The meme of historical revival is especially striking in light of the lack of importance attributed to history by Jivaroan peoples noted by past ethnographers. Philippe Descola and Anne-Christine Taylor, ethnographers who some forty years ago conducted research approximately 300km to the north of my own research area and within the same linguistic family, reported '[t]he remarkable indifference that the Achuar display towards the past [...] they get along very well without a historical memory, all recall of events that affected earlier generations being carefully erased by their spontaneous forgetfulness' (Descola, 1996: 223). In a regional study, Taylor noted that non-missionised, north-west Amazonians 'do not have any specific genre of historical discourse; in fact history as we understand it [...] is surprisingly absent from indigenous discursive forms' (1999: 237). This clearly recent emphasis on indigenous history, then, should be conceptualised as exemplary of the internationalisation of indigenous rights discourse and its permeation—as the present study makes clear—of even some of the remotest and most autonomous indigenous territories (see also Jackson, 1994; Ramos, 1994). In its Ecuadorian permutation, this discourse is shaped by primarily Kichwa assumptions, manifest in aspects of provincial-level governmentality under Pachakutik Prefect Salvador Quishpe, as well as elements of middle-class environmentalism associated with the MPD. These subtleties to the Pachakutik phenomenon and their impact upon the health-seeking practices and worldview of Shuar individuals will be explored in Chapter 7.

PK discourse was easily notable in the interviews because of its ostensibly tangential nature, as well as the uniformity of the theme. For example, when asked about the kind of treatment given by a Shuar healer who treated and cured her sick son, a Kiim woman said, 'We gave him only natural medicines, all the medicines that we cultivate as part of rescuing our culture.' She later said:

Sometimes they say that the baby needs calcium or other things so they can grow up healthy, but we don't use this, we just give them natural medicines. We put *chinni* on the [baby's] knees to make them strengthen. Nowadays, when the baby is sick they say, "Let's go to the 'subcentro' (clinic)." Before, we used to make a herbal wash for the child and give medications to clean out their stomach. We're rescuing these customs.

From this perspective, Shuar people are seen to be turning more towards clinical medicine (and other aspects of the outside world) not due to its intrinsic merits, but rather because of their own laziness or ignorance. In a similar vein, the previously quoted interviewee's sister commented dismissively, after quickly rattling off a list of more than a dozen medicinal plants that she uses, '[s]ome people go to the doctor even just for a stomach pain.' This misguidedness is considered to impact upon health in a broader sense than just the choice of medicines. As I was told by one of the two sisters:

I use ginger when I cook meat or chicken. It's better than using dressings for flavour. We don't know what kind of garbage they put in those bottles. I always say, 'In the countryside we have all the food we need, because God has provided it for us.' But the great laziness that we suffer from, the great laziness that kills us, is running to the store. Running to the store, instead of spending a little time on your land, and giving your children the food they need.

The respect for traditional indigenous practices is coupled with a disdain for what comes from the outside world, and its impact upon Shuar people's health.

My mother-in-law says that the air and the water is much more contaminated now than it used to be, and that's why there is so much illness. Before they used to live without illness. Now even the plants are different. They put in chemicals to improve the production, so it's not what it used to be. We work here without using chemicals. We just work, using our own strength we produce something healthy to feed to our children.

While PK discourse was particularly marked in Kiim, similar styles of commentary on the state of health in Shuar communities were forthcoming from PK-affiliated community leaders in Shaime, and from others in Shaime and its surrounds. Óscar Taish, who in 2014 ran on the Pachakutik ticket for an elected position on the council of a small Nangaritza municipality, said, 'We eat pasta, rice, tinned meat, and it produces illnesses. And for us this is quite worrying, because every day things are becoming more difficult.' Such concerns are well-founded—it has to be remembered that the western-style food that does reach these remote areas tends to be very high in salt or sugar used as preservatives—and this perhaps helps explain why this perspective is not confined to PK-affiliated towns. Ricardo Kayuk of Yanua in the Quimi River Valley, for example, began on the subject of traditional medicine by praising the knowledge of his forefathers, before lamenting the practices of people today. 'We have to eat rice,' he said. 'And they [Shuar people generally] buy "pollos cubanos" [the breed of chooks raised in commercial operations], which are just swollen up with lots of chemicals, and then make a stew. That's why we are so sick all the time, with all the sicknesses that there are. We consume so much sugar as well.'

A final aspect of Pachakutik discourse evident in interviewees' responses was the conceptualisation of healing practices indigenous to Shuar people as part of 'culture.' An example was a teacher in the formerly PK-controlled Directorate of Bilingual and Intercultural Education, who responded to a question about whether he would teach his

knowledge of medicinal plants to his children by saying, ‘Now, currently, because education has been advancing, the youth do not place much importance on culture.’ The implication is that students are somehow escaping from what is cultural in being taught a certain set of (non-Shuar) norms. This involves a curious assimilation of a foreign conceptualisation of one’s own practice, instead of seeing it as a self-evident enactment of knowledge. While a degree of self-reflexivity is inevitable in any engagement with the outside, the notion of ‘culture’ in modern western ontology sets up a dangerous asymmetry between a peculiarity to be examined and assessed, on one side; and on the other, a set of universals exempt from the same scrutiny. Philippe Descola sums up its implications as follows:

[T]he problem is that we do not conceive of cultures as complete systems of cosmology (worldview), ontology and epistemology. As Roy Wagner puts it, anthropologists working with the nature/culture division as an assumption do not consider that non-western cultures ‘contrast with our culture or offer counter-examples to it, as a total system of conceptualization; but rather, invite comparison as “other ways” of dealing with our own reality’ (2013b: 81, emphasis in original).³⁷

Such interviewee responses leave us with several questions to resolve if we are to comprehend state healthcare and indigenous health-seeking practice in the context of Pachakutik and the broader discourse of indigenous culture. What are the contradictions of advocating for intercultural health via the notion of cultural rights? How can Pachakutik face these contradictions as a party operating within an international framework of indigenous rights? What language and processes can the Ecuadorian state adopt if it seeks

³⁷ The citation of Wagner is drawn from *The Invention of Culture* (1981: 142).

to build healthcare as a branch of the ‘intercultural and plurinational state’ that is responsive to the worldview of its citizens, whoever they may be? Before these questions can be answered, however, we have to begin to understand the nature of Shuar health-seeking practices and the intracultural diversity which characterises the range of its expressions.

Health-Seeking Practices of Shuar Evangelicals

The position of twenty-first century Shuar people can be characterised as one of partial conquest, and this is reflected in their religious convictions. Like the majority of Ecuadorians, most Shuar people I met consider themselves Catholic. Yet their Catholicism tends to be idiosyncratic and syncretic to a point that would scandalise most of the world’s God-fearing Christians. One suspects that it is an open question as to who was being converted more between the Shuar and the pioneering Franciscans. Contrary to the stereotype of fanatics preaching fire and brimstone to any savage who persisted in pagan worship, the Catholic missionaries, at least, seem to have been surprisingly conciliatory. Perhaps they had no other option. In a revealing essay, James Boster (2003) shows that the indigenous notion of *Arútam* was transposed by missionaries to their own notion of God as if the two were equivalent. Missionaries taught that the diverse figures from Shuar mythology were ‘hypostases’ of the Holy Spirit (Boster, 2003: 170-1), and that the visions they encountered by fasting, hiking to waterfalls and consuming psychoactive plants, which they knew as *Arútam*, were themselves manifestations of God. This was the perspective held by a mission-educated Shuar man in Nangaritza who in 2014 told me, ‘*Arútam* is God himself. There’s no way to draw distinctions between them. In Shuar, it’s

Arútam and in Spanish it's God.' This perception of equivalence appears to be the logical outcome of the Catholics' proselytising strategy. The influential Salesian missionary Siro Pellizarro, who published numerous volumes on Shuar mythology while adjusting them to his own theological interpretations, argued that 'a colonizing Christianization which destroys mythic traditions instead of valuing them and purifying them will not improve the Shuar people' (quoted in Boster, 2003: 170). Shuar Catholics, then, are a people half-converted: they see murder and polygamy as evidence of sin instead of strength, but have no moral compunction against consuming powerful psychoactive plants as a form of personal spiritual practice.

Protestant Evangelism first entered this milieu with the founding of the Gospel Missionary Union mission at Makuma, Morona-Santiago in 1976. Evangelism has since spread throughout Shuar country via interfamilial connections, with its most ardent adherents working with crusading fervour but marginal impact. Their religiosity is grounded in a 'midwestern and southern U.S. fundamentalism' (Taylor, 1981: 669) that prohibits followers from involvement in any kind of 'drunkenness,' which is interpreted to include the effects of ayahuasca, datura, tobacco and chicha, as well as the beer and 'aguardiente' (sugar-cane liquor) obtained from mestizo society. The visions seen by consuming native psychoactive plants are referred to by Evangelicals as 'Satanic' or 'false.' Evangelicals also oppose any involvement with shamans, who they consider as consorting with Satan through their visionary practice. Evangelical religious beliefs are evidently a strong predictor of health-seeking behaviour and worldview in light of the uniformity of responses from the interviewees, which was greater for this group than for any other. With regard to the Evangelical cohort, there was a total of ten interviewees, seven of whom lived in Shaime and its surrounds and three of whom lived in Churubia in the Quimi

River Valley. The most distinctive features of Evangelicals' health-seeking practices were the rejection of psychoactive plants; the related rejection of the validity of shamanic treatments, which typically require shamans to consume these plants; and a general pragmatism between respect for herbal medicine and a willingness to seek out treatments at medical clinics.

Table 8: Health-seeking practices of Shuar Evangelicals

	YES	NO	AMBIGUOUS
Prefer clinical to herbal medicine?	5 (50%)	2 (20%)	3 (30%)
Use of or trust in shamanic treatments?	0	9 (90%)	1 (10%)
Attach importance to (Evangelical) visionary practices?	3 (30%)	7 (70%)	0
Use of or trust in psychoactive plants?	0	9 (90%)	1 (10%)

Of the three interviewees from the Quimi River Valley, the two men claimed to know nothing specific about medicinal plants and their uses. The third lamented, in our interview, that she had not been taught about medicinal plants by her parents; she said that both for serious illnesses or injuries and for everyday fevers and colds suffered by her children, the nearby clinic in the town of Tundayme was her first resort. By the same token, she had evidently developed a degree of knowledge on the subject of medicinal plants on

an *ad hoc* basis. She described, for example, using a certain plant to stem the bleeding when her brother was seriously wounded. She also gave scrapings of datura to a friend who had returned from hospital after being treated for a broken bone, but was still suffering from the pain and swelling caused by her injury. Regardless of the degree of knowledge they possessed on the subject, eight of the nine Evangelicals interviewed agreed on the value of treatments based on medicinal plants; the opinions of the ninth, an elderly man from Churubia, were difficult to gauge, as he considered medicinal plants the terrain of women.

The rejection of shamans and the hallucinogenic plants that are the visionary tools of the shamans' trade (but also have a social life outside of shamanism and healing) was the Evangelical group's strongest predilection. Where many other Shuar people noted the value they place on the visionary experience obtained via ayahuasca, datura and tobacco, all of the Evangelical men except two specifically commented that they no longer consume these plants since their conversion to the Evangelical sect. One of the other men was notably hesitant before finally denying that he had ever touched these plants as an adolescent before converting to Evangelism. The second offered only a short interview that did not touch upon the matter; he was intimidated by the interview process and seemed to have a limited capacity to express himself.

The power of religious conversion to wipe out traditional vision-seeking practice seems to be present even in the case of those raised in a traditional Shuar manner. This became clear when interviewing the old man who was the head of the family in Churubia. When pressed about why he had drunk ayahuasca and datura, he replied:

My grandfather used to give it to me, to make me strong, make me grow up, make me a man. That's why the old ones would give it [...] I drank it as part of our custom, to make you live well and for a long time. I don't drink it now that I'm an Evangelical. It makes you drunk, 'emborracha feísimo.' Getting drunk is a sin, they say.

In similar fashion, a middle-aged Evangelical Shuar preacher visiting Shaime during my time there said, 'I remember that before, before I left this behind, I used to drink *natém*. We drank it in order to receive strength, and to encounter a vision so that we would be able to keep on living for a long time.' Another described the multiple times he drank ayahuasca and datura (separately from each other!) as 'a very important experience. There one sees visions, the vision that one may see, of one's home, of gaining more experience and knowledge from a young age.' When asked whether he would continue drinking concoctions of these plants today, he replied, 'Well, learning the word of God one has to leave these things, these demonic things.' This is not a case, then, of Evangelical norms slowly eroding away any consciousness of past practices, but rather a specific and aggressive normative clash in which the Evangelical side has gained traction among some Shuar in the region. That is not to say that Evangelicals were willing to deny or belittle the importance of visions, dreams and altered states of consciousness during episodes of illness, or in life more broadly. The preacher described his conversion experience as a vision of being healed by angels while in a delirium brought on by illness; likewise, the Evangelical grandmother said that God could visit the faithful in dreams to heal them. As will be discussed in Chapter 5, Evangelisation brings not an abandonment of Shuar people's attachment to the significance of invisible realities, but rather a modulation of its rules of engagement and a changed dynamic of spiritual hierarchy and subjugation.

Of the four Evangelical women, three of them excoriated the practice of drinking hallucinogenic plants. The fourth simply had no exposure to such plants in her youth and did not mention any desire to try them. Only one of the women admitted to previous experiences with the plants before distancing herself from them based on her present beliefs. A lesser prevalence of use of hallucinogenic plants among Shuar women—or a lesser desire to proclaim having had the experience—is consistent with the notion put forward by Anne-Christine Taylor that ‘being an exemplary Jivaroan [is] a male prerogative’ (2014: 97). In light of this, and in a society like that of Shuar people, without formalised clans, religious rules or ritual structures, it is logical that this emblematic rite of passage would be more commonly foisted upon young men than on young women.

Only one of the Evangelicals (the Shaime man who was most reticent in expressing his ideas) would go to a shaman for treatment. The two brothers following the Evangelical faith described shamans as ‘Satanic’ and ‘working with the Devil.’ Both also emphasised the idea that shamans lie about their ability to heal in order to deceive people into paying them extortionate sums for treatment. In fact, for these two it was perhaps less the scriptural prohibitions and moreso the direct experience of being deceived by charlatans that was the more operative in their religious conversions, as the daughter of one of the men died despite her father pouring time and resources into her receiving treatments from various shamans. Put another way, one could say that it was this life experience which allowed the Evangelical norms to resonate with these men. The preacher, by contrast, made little reference to personal experience, simply describing shamans in conceptual terms as ‘an abomination.’ He also said that the ayahuasca experience is to be condemned because its hallucinations are ‘a Satanic vision.’ In Churubia, the old man described shamans as ‘liars,’ and the other two said that visiting shamans is ‘prohibited.’

On a final point, the preference held by Evangelicals between clinical medicine and herbal-plant treatments—their only alternative treatment option due to the generalised rejection of shamanism—was mixed. For the three residents of Churubia, despite some amateur knowledge about medicinal plants, clinical medicine was clearly their primary remedy in the case of illness or injury. In Shaime, however, there was marked suspicion and even hostility to medical clinics among some interviewees. One of the brothers argued that clinical medicines are ‘simply a business’ and suggested that injections and serums are used by medical personnel (and on a more general level, the state) to kill off indigenous people. He contrasted clinical and hospital care harshly with traditional lifeways in a style reminiscent of the cultural revivalist discourse characteristic of the Pachakutik party. Others were happy to vacillate in their preference between clinical and herbal medicine. One Shaime man criticised pharmaceuticals for being ‘chemical’ and ‘sedatives,’ but admitted to using them in certain cases. For him, whatever the medicine, the key element was prayer and faith in God. The grandmother made a similar point, calling clinical medicines ‘sedatives’ which only provide temporary respite, and preferred medicinal plant use in combination with prayer, fasting, faith and correct moral conduct. As for the Evangelical preacher and his wife, they commented that they trusted clinical medicine and had seen good results with it. Two of their four children had been born in hospital, which is rare among residents of the region. Finally, the former ‘magia’ practitioner and Evangelical convert Martina was entirely pragmatic when asked for a preference between clinical and herbal medicine.

Geographic Isolation and Traditional Ontology in Shuar Healing

In the case of the province of Zamora-Chinchipe, to speak of Shuar living in remote areas is to speak of the Upper Nangaritza River Basin. While there are communally-titled Shuar settlements surprisingly close to regional cities, Alto Nangaritza is the one area of the province where Shuar settlement predominates. To the gringo traveller apparently interested in learning about 'Shuar culture', mestizo townspeople in Zamora were quick to urge a trip to Nangaritza: 'allá es puro Shuar' ('It's 100% Shuar there'). At times one notices a strange mixture of admiration and resentment for their indigenous compatriots amongst mestizo Ecuadorians, especially in the Oriente (the eastern, rainforested half of Ecuador). It is not unusual to hear sentiments similar to those of the Zamora resident who told me about the Nangaritza Shuar, 'They are very racist. They don't want anything to do with us.' Such comments coexist alongside baldly discriminatory jokes that one needs to be wary of being turned into a shrunken-head or a bowl of soup.

Arriving in Shaime, however, it is evident that the local Shuar people have historically been quite willing to have 'something to do with' outsiders, perhaps more so than nowadays. Like other Shuar towns in the province, Shaime is a collection of owner-built houses constructed from machine-sawed timber boards and raised above clay earth denuded of vegetation. At some point in their history, the area's inhabitants were induced to come together to build a church and concentrate their dwellings in a small village, the better to attend church and approximate the appearance of a devout European congregation. The strategy creates its own complications for a people who previously had lived dispersed through the forest, with each household having its own supply of freshwater and forest game. The latter must have been much more accessible, being forced to navigate their

way between houses rather than, as is currently the case, being able to simply give a wide berth to a single great concentration of armed Shuar men, which is what Shaime represents to them.

As has been detailed, the Catholic missionaries were only partly successful in remaking Shuar individuals' worldviews in their own image. Aside from the small group of Evangelicals, Catholicism is a given, yet the relevance of sorcery, shamanic healing and altered states of consciousness arrived at under the influence of psychoactive plants was also immediately obvious in the interviews. Shamanism was considered more important to residents of remote areas than to any other interviewees. However, rather than operating a sort of alternate 'medical system' to the clinical healthcare provided by the state, shamans are considered essential only for a very specific purpose: curing illness caused by the sorcery of other shamans. The product of this bewitching is usually referred to in an indirect way, commonly as 'maldad' ('bad/evil thing') or 'daño' ('harm/damage'). Such an illness is not amenable to being treated by anyone other than a shaman, but it may not immediately betray this characteristic. Shaime resident Walter Wampash explained that sorcery may initially appear 'in the style of' ('al estilo de') a common illness, like 'diarrhoea, headache, fever, or some sort of insanity [sic].' However, because it is actually generated by a shaman, it can only be cured by a shaman; conversely, a shaman does not cure diseases that arise in the normal course of life:

- So an *uwishin* does not cure illnesses that arise in and of themselves?
- No. These are not cured by the *uwishin*. They are cured by western medicines or natural medicines.

The notion of 'maldad' appears related to but should be distinguished from Mediterranean folk beliefs surrounding envy and the evil eye ('mal ojo'; see Idoyaga Molina, 2016). Whereas the latter trace the origin of illness to the envious or resentful gaze of a fellow human being, the concept of 'maldad' as found among Shuar people is tied exclusively to the role of shamans. As Martina Tukupi of Shaimé replied, when asked if ordinary people's envy could make others sick, 'It's only with sorcery. One would have to be a shaman. Regular, free, clean people – no.' That is not to say that there is no cross-over between indigenous Amazonian and folk Hispanic ideas, which can be found quite broadly throughout Ecuadorian society and especially in rural areas. Interviewees would sometimes reference the cause of an episode of illness as the 'envy' of such-and-such a neighbour, or refer to a sick person as having been 'ojeado' ('evil-eyed'); however on further discussion, this would be hypothesised as having been actualised by contracting a shaman, who was the one to execute the magical attack. Similarly, many Shuar people accept the idea that 'maldad' can be diagnosed by passing an egg over the body of a sick person, then cracking the egg into a glass of water and examining the yolk. This practice, variants of which are common in mestizo society throughout the Americas (Castañeda, 1971: 306; Idoyaga Molina, 2006: 93; López, 2005: 26; Moss, 2014: 333), presumably arose at some point in the Mediterranean world's long history of raising chickens for eggs, which is a relatively recently adopted practice among Shuar people.

The functionality of 'maldad' explains why the most common preference in health-seeking behaviour in Alto Nangaritza was neither outright rejection of nor complete reliance on clinical medicine: for most people, each have their place, depending on the cause of the illness in question. A popular typology was the categorisation of illness according to its cause as either 'enfermedad de Dios' ('sickness of God', meaning 'naturally-occurring') or

‘enfermedad del hombre’ (‘sickness of man’; in other words, a sickness caused by a specific person). At this simplistic level of analysis—which presumes that diseases can be understood as universally consistent phenomena independent of the afflicted individual in question—the dichotomy mirrors research on traditional medicine that is wont to describe local aetiologies as dividing between the ‘naturalistic’ or ‘personalistic’ (Green, 1999: 15), as detailed in Chapter 1. To this, many Shuar people add the complication that an ordinary herbal or clinical treatment in fact makes a shamanically derived illness worse. This conceptualisation of ‘maldad’ and its relationship with other illness was most articulately expressed by Byron, a young man from Shaime:

When it is ‘enfermedad de Dios’, then just pills and traditional medicines is enough. When a person has done ‘daño’ against you, no matter how many pills and medicines you take, you won’t get better. Say you get an injection, it will just make you worse. For this reason, first you have to consult the *uwishin*.

The idea that herbal or clinical treatments may make an illness worse was also expressed by Ximena, a middle-aged woman from Shaime. Sorcery, she said, ‘isn’t something that can just be cured like that, with a remedy or an injection, because it goes against these things.’ This was part of the more general notion, expressed by the elder woman Dolores, that medicines can be ‘jealous’ and that employing more than one kind is harmful because they ‘go against one another’ (‘se va contra’ [sic]). This same notion that personalistic illness cannot be cured by pharmaceutical medicine, and may actually be made worse because of ‘jealousy’, has been documented among mothers on the Colombian Pacific coast (Delgado et. al., 2006: 249). However, it contrasts with the findings of José Antonio Kelly, who emphasises ‘the complementarity of biomedicine and shamanism’ for the Venezuelan Yanomami (2011: 141). Both Yanomami and Shuar people’s ancestral cultures include an

‘etiology that conceives of most illnesses as an aggression on a person’s ontological aspects (souls or vital images) by human or non-human agents,’ such that ‘shamanism operates in the sphere of causes (aggressors), biomedicine in the sphere of effects (symptoms)(Kelly, 2011: 141). Yanomami, however, appear not to contemplate the possibility of ‘jealousy’ between types of illnesses and their attendant remedies that makes correct diagnosis via an *uwishin* so important for Shuar people.

Of course, this style of reasoning, where the efficacy of treatments attempted is used to explain the original cause of an illness, lends itself to perpetuating explanations that employ the notion of ‘maldad’. A good example was put forward by Roberto from Alto Nangaritza:

– Let’s say that right in this moment I feel bad and I have an illness that can’t be cured by pills or other medicines. That’s the signal. If it doesn’t respond, we know to go to an *uwishin* and seek out a treatment. Then the *uwishin* will drink *natém* and examine you and say, ‘No, this isn’t an illness that could just happen to anyone. This illness is from a person ‘que te ha hecho daño’ (‘who has done you harm’). From then, the *uwishin* can heal you and make you feel free of it.

– Ok, so the *uwishin* is specifically for illnesses that have been caused by another person?

– Yes, and he can take away the ‘males’ that another person has done to you.

The same mode of understanding was expressed by Ximena Charip, from Churubia on the other side of the province:

– Is it difficult at times to tell between something that a doctor can cure and something that a shaman can cure?

– You have to see. If the illness is cured straightaway by a doctor, then it’s an illness that was put there by God. Then if it’s not cured by the doctor and the medicines from the hospital,

but instead it gets to work [sic], then you know that it's not a sickness for that. Then we have to seek out a shaman who can cure the person. If the shaman cures the person, that's how you know what it was.

This same logic of interpretation was attested to among the Achuar by Descola some forty years ago when he noted that shamanically derived illness 'is recognisable not from its symptoms but from its resistance to non-shamanistic techniques of healing' (1996: 236). It also mirrors common procedures for diagnosing illness as produced by sorcery in mestizo society (e.g. Ramos Cordoba, 2011: 125). Whether people turn first to herbal or clinical medical treatments, shamanism will remain a popular way to explain any situation where a person cannot be cured by other available means and falls through the cracks, so to speak, of the other models of illness and healing.

This indigenous conception of sorcery is a central reason explaining why few Shuar in remote regions of Zamora-Chinchipe rely exclusively on clinical medicine. A further factor has, however, more to do with the nature of clinical care in the region. The medicines provided by clinicians in the Shaime clinic, which attends to Shuar people from all of the Upper Nangaritza Basin, were regularly criticised as simply 'sedatives' ('calmantes') by local people. Martina from Shaime, for example, argued that the clinics 'give us remedies that work temporarily, but they aren't really good.' An interviewee from the same town, Rafael, said similarly that 'these [medicines] are just "calmantes". They have their utility, but then when the time comes one is left just the same, or worse.' Another, Ricardo, said:

[T]here are the medicines and the vitamins that we take from the pharmacy, but they're worth nothing to us. They don't cure us. Or if they do cure us, it's just for a while. It alieves you for a while, but within two weeks the same sickness is back. That's why to be cured, it's better for us to find some remedy that we can prepare at home.

Similarly, an interviewee from Kiim said, ‘My brother told me, “If you take that injection, it will just be a ‘calmante’ and you’ll wake up with the exact same problem tomorrow.”’ Altogether, the critique of clinical medicines as ‘calmantes’ was raised by a dozen interviewees in Shaime; though not entirely absent in the other areas of study, it was raised nowhere else with anywhere near the same prevalence.

This suspicion or critique of the nature of the medicines provided at state-run clinics dovetailed with a broader sense of suspicion and occasional outright hostility on the part of Shuar people toward clinics, as well as the Ecuadorian state and mestizo society. It was a common, throw-away comment for doctors to be referred to as ‘matasanos’: that is to say, ‘killers of healthy people.’ For example, when asked why his children were all born at home instead of at the hospital, Antonio from Shaime replied, ‘Well, the hospital, they just give injections and use serum, and they kill people that way. So seeing as we have our own products, we do not need to go there. Many people die at the hospital. So we don’t.’ Another Shaime resident, Justino, said, ‘And now, we have a government that is trying to exterminate us with these medicines. The government wants to give us injections so that we are normalised and don’t produce more children.’ Ricardo, also a young man from Shaime, said:

The colonisers want to do away with the race of Shuar altogether [...] So of course, when we go to the hospital, they help us, and then they give us bad injections and bad remedies and bad treatments, and we don’t realise because we don’t know what kind of remedy it is. Sure, we have some idea: ‘This is a remedy for fever’, ‘this is a remedy for allergies,’ but we don’t know exactly what these products do.

Segundo was another from Shaime who connected his anti-government political sentiment with his preferences between clinical and traditional medicine. ‘These medicines [pharmaceuticals] are nothing,’ he argued.

They don’t help for anything. It is like a phantasm, a drug, no, not even a drug, because a drug at least does something... God shouldn’t allow [it], but even He himself doesn’t realise what is being done to our poor people, our poor nationality, how we indigenous people are castigated. Traditional medicines will be all gone and they’ll put only their medicines.

One can see here a glimpse of the way the discussion about indigenous medicine and intercultural health is, for many Shuar people, entirely bound up with questions of rights over land use and ownership and resistance to further colonisation of their territory (see Chapter 7). It is also, as will be discussed in Chapter 4, fundamentally entwined with the capacity to use medicinal plants as part of what we would term spiritual practices, but are for many Shuar people central to their conceptualisation of the right way to live.

Others’ preferences were shaped by somewhat less sensational ideas, though nonetheless embedded in memories of profound experiences where the stakes were life and death. Roberto Taish, for example, described an experience of a ‘false positive’ diagnosis regarding the supposedly problematic position of his unborn son. Following a prenatal ultrasound, the doctors determined that the birth would be fraught and requested that the family relocate to the hospital in Yantzaza. However later, after a consultation with the mother-to-be’s sister, the family decided that the doctors were mistaken. Roberto’s wife proceeded to give birth to her first child without complications. Similarly, Alma Tunki’s suspicion of medical clinics is based on the unfavourable comparisons she makes between medical and non-medical healthcare. As treatment for the liver-stones she herself suffered

and later, the gallstones suffered by her father, doctors proposed surgery. This option was rejected because of the horror felt by the patients and their families regarding the idea of having their bodies cut by doctors, along with a significant dose of skepticism toward mestizo society.

We didn't want it to happen. So all of us, his children, met and decided to tell the doctor not to. They just wanted to do it to learn and be able to graduate in their studies, these apprentices. We are not going to obey. We'll tell them no.

In both cases, the patients were able to find relief outside the biomedical system. Alma was treated with a herbal preparation by an *uwishin*, while her father was cured with a medicine provided by a herbalist based in a nearby town. In a context where the legitimacy of biomedicine as an explanatory model is already highly contested, such experiences can lead to outright rejection of clinical treatment in favour of other options in future.

Finally, the Upper Nangaritza River Basin was the region where the perceived importance of traditional practices of vision-seeking was most evident. The practice of ingesting powerfully psychoactive plants—and the importance attributed to the practice—is profound enough to resist easy categorisation with the language we have at our disposal. Some interviewees spoke of it directly as a ritual of empowerment. Bolívar Chumpi, from Shaime, described to me the qualities of *datura*, oft-remarked upon by Shuar people through the province, as a poultice for treating broken bones and similar injuries. He then commented:

Even if nothing is broken, it can be drunk, in order to see visions, to be able to see what luck we are going to have, or if we are going to have luck or not, and in order to have more power

and strength. For this reason, we fast for three days, and then we drink it. One goes to the waterfall each morning.

For others, such plants were spoken of as akin to a therapeutic tool that provided insight into personal problems, leading to both emotional resolution and resolve regarding the steps necessary to face such problems. In this sense, Shuar people's use of hallucinogenic plants mirrors the paradigm of psychedelic drug-assisted psychotherapy advocated by the Multidisciplinary Association for Psychedelic Studies (MAPS), particularly in the treatment of addiction (e.g. Halpern, 1996; Mangini, 1998). In a similar vein, many young people and parents testified to the significance of visionary experience for adolescents in order that they might mature into a sense of purpose and dynamism in life; or else the practice could be viewed as providing a key to attaining knowledge in the most general sense. As the grandmother Alma Tunki said:

- Yes, that as well. The visions. It helps you to see. One sees everything. It shows you if you are going to get sick. It shows you everything in visions, the positives and the negatives.
- In your life, in your relationships?
- In everything. How we're sharing our relationships, what work needs to be done, everything.

This complex of ideas about psychedelic visions involving knowledge, health, strength, self-development, destiny and socialisation will be elaborated upon in the following chapter. By documenting this practice as the most profound example of ontological difference among Shuar people in Zamora-Chinchipe, we can understand both the need for interculturality in state institutions, as well as attempt to find what (if any) common ground there may be with the purview of public health as understood in the western nation-state system.

Mining and Materialism in Healthcare in the Quimi River Valley

Both the physical and the socio-economic landscape in the Quimi River Valley are marked by the Mirador gold and copper project, a large-scale mining operation expected to produce some 208,000 tonnes of copper ore and 535,500 ounces of gold over 17 years, worth an estimated total of USD \$10.6 billion. The company operating the mine is called Ecuacorriente (ECSA), which since 2010 has been owned jointly by the China Railway Construction Corporation and Tongling Nonferrous Metals Group, both Chinese state-owned companies (Sacher, 2011: 9-13). Alongside this economic opportunity, however, is the threat of industrial-scale contamination of the watershed, which has generated vehement opposition to the mine amongst some. That said, waged miners were present in both of the valley's two Shuar towns—Yanua and Churubia—and several others who did not work for 'the company' carried out their own, small-scale gold mining operations. Of the twenty-eight people I was able to interview in the Quimi River Valley, twelve were waged miners and another five were small-scale, so-called 'artisan'³⁸ miners.

Although the desirability for humanity of industrial-scale mining in the Amazon Basin is highly questionable, the support for the Mirador mine among many Shuar locals (and the Ecuadorian state) is not hard to understand. Of the Shuar people within the purview of this study, the residents of the Quimi River Valley near the Mirador gold and copper mine had opportunities for waged labour most readily available. The miners were employed on

³⁸ 'Artisan' miners work independently, using machinery that can be moved by just a few people to 'wash' soil on river-banks and hillsides in search of gold. The practice is politically contentious, supported by Pachakutik but prohibited by the central government, which highlights environmental damage from the alleged use of mercury by 'artisan' miners. In November 2013, an attempt by the Ecuadorian military to shut down illegal mining on a river near Gualaquiza triggered a firefight resulting in the death of a Shuar man and injuries to nine of the ten soldiers on patrol (Hoy, 2013). The political heat of the debate stems also from the tragic death of over 300 people following a landslide at an unregulated mine site near Zamora on 10 May 1993 (Torres T., 2004: 278).

a 15 days-on/15 days-off schedule, for which they were paid USD \$480 according to one interviewee, some 40 percent above the national monthly minimum wage (\$340) in Ecuador in 2014. This makes for a very favourable economic situation for the local miners: living on ancestral land, they are not obliged to pay rent; they have plenty of days free to contribute to clearing land for and maintaining the gardens where women grow the food to feed their families; and many also spend their free 15 days in ‘artisan’ mining operations for further income. By contrast, Shuar people living in Alto Nangaritza would work for several months to grow a harvest of several sacks of ‘naranjilla,’ which sell for \$40 each, or turn to logging or raising cattle to generate the cash they need for clothing, cartridges and building materials.

In marked contrast to the ideas and experiences that were the currency of everyday conversation in the Upper Nangaritza Valley, many of the Shuar people engaged in mining in the Quimi River Valley spoke in common-sense terms easily recognisable to a western observer. Common sense, of course, is one of the most maligned notions in the discipline of anthropology, such that the very fact of the prevalence of a western style of common sense among the Shuar people of this region constitutes the core of the problem for discussion here and in Chapter 6. When I asked Mateo of Churubia, for example, about his and his family’s actions in responding to illness, he replied:

Of course, when it comes to sickness, I am affiliated to social security and when my children are ill, I take them for medical attention. They’ve attended to us well there. We haven’t had any problems. [...] As you know, all the hospitals and medicines are free. This is what I can tell you. Before, my ancestors used to cure themselves, let’s say, when they suffered a snakebite; they had many medicines that they applied.

In other words, it was perceived as the obvious, responsible thing to do to take one's children for 'medical attention,' and it was taken as a given that this meant the local hospitals and clinics. Reference is then made, in the imperfect tense, to herbal medicine as something that the ancestors once did. This was the most common perception of medicinal plants: as a desirable practice, as something that worked, but also as something that has been left behind and a subject about which only one of the waged miners interviewed claimed to be knowledgeable.

On the subject of shamanic healing, it was normal to hear dismissals of the practice, paired with minimal interest in the question. As an example, Norma from Churubia said the following:

- I'm wondering if you've ever been to see a shaman, maybe for yourself or for treating your kids? For 'mal aire', let's say, or some 'maldad', or envy?
- No. To be perfectly honest, I've never believed in such things in my life: cleansings, all that. So I have never been; neither myself nor my husband.
- Ok, well I was just asking because many people mention these things in other towns.
- No. For whatever problem we may have, first we always go to the clinic in Tundayme.

Similarly, a young man from Yanua employed at the mine said, 'I've never been one to do this,' when asked if he had ever taken his young children for treatment from a shaman. A variation was the response from Mateo, who explicitly said, 'We don't have this belief.' Later, however, his refusal to give credence to shamans appeared to be more based on his dismissal of his own generation's knowledge. When asked about the existence of shamans who were able to cure, he replied, 'Not in this area any longer. Shaman shaman [i.e. true shaman], there's nothing of that here anymore. I mean, you hear them putting ads on the radio.' As will be discussed in Chapter 6, the explicit dismissals of ancestral knowledge by

Shuar residents of the Quimi River Valley suggests that the interplay of cultural inheritance and cultural vectors has produced a complex politics of belief and disbelief.

With regard to vision-seeking via altered states of consciousness, those who had pursued the practice mostly did so purely out of curiosity. Compared with people in Nangaritza, there seemed to be less of a will or capacity to contextualise the practice and experience within a broader universe of meaning, or even as a personal touchstone for comprehending one's own life questions. Revealing in this regard was the reference to visions as being like 'watching a movie,' or one man's desire to try drinking ayahuasca because his 'grandfather used to say that in his visions he saw lots of women.' At the same time, the danger here is to contrast these people's thoughts with an imagined past where Shuar knowledge was treated as pure and sacred. After all, traditional ethnography's fixation on cultural homogeneity could have easily precluded such profane sentiments as young men's appreciation of pornographic visions from reaching final publications, in preference for the more refined and professional knowledge expressed by shamanic specialists. For the moment, the point here is simply that while belief in shamans and vision-seeking among Shuar people in the Quimi River Valley was far from the generalised acceptance observable in Nangaritza, it should also not be characterised as a case of simple assimilation into the kind of materialism associated with secular rationalism in the western world.

Among the minority whose preferences mirrored those of people in Kiim and Nangaritza, their reasoning was much the same as people in those areas. They queried the efficacy of basic pharmaceutical-based medical attention as offering 'just sedatives.' They also separated their herbal medicines and pharmaceuticals in the category of treatments for

‘sicknesses of God,’ as opposed to the ‘sicknesses of man’ that are cured by shamans. Zoila, a young mother from Churubia, described a textbook example of a sickness suffered by her daughter which she attributed to the envy of a neighbour, and which she said worsened following clinical treatment before being properly resolved by a local healer. These same ideas could be seen among many of the so-called ‘artisan’ miners living in the valley, whose preferences between healing practices tended to be closer to those of Shuar people in the subsistence economy than to those of waged miners. Unfortunately, with a sample size of just five, there is little that can be made by way of comparison between the formally employed miners and their ‘artisan’ counterparts.

The next chapter is the first in a series of four in which each will address one of the cultural vectors described so far and critically interpret its impact upon the health-seeking practices and ontology of Shuar people in Zamora-Chinchipe. The series begins by discussing the maintenance of traditional ontology in health-seeking practices thanks to the geographic isolation of the Upper Nangaritza region; then moves to a consideration of the impact of Evangelism as a competing form of spirituality; then to the Quimi Valley and the fragmentary survival of native practices amidst the developing socialist state; and finally to the way the Pachakutik party and the discourse of indigenous cultural rights affects Shuar people’s relationship with ancestral health-seeking knowledge and practice. I argue that these vectors are just as important to explaining current practices and worldviews as the particularities of shared ethnicity, history and cultural inheritance of this population of indigenous people. The dynamics between these vectors and their interactions with this Shuar cultural inheritance account for the complexity of intracultural diversity among the Shuar of the region. When modified with attention given to the

particularities of local culture, the process of the study offers a way to model the evolution of indigenous culture and ontology in the context of engagement with western states.

Chapter 4: Traditional Ontology in the Sickness and Health of Twenty-First Century Shuar

The role of ontological commitments in health-seeking preferences tend to be subtle and complex, acting in continual engagement with economic obligations, religious injunctions and modernist or alter-modern indigenous subjectivities. However, so as to begin with the clearest illustration of the potential of a culturally-specific worldview to shape health-seeking practices, the first of the following four thematically oriented chapters focuses on the setting of most marked cultural difference in the present research: that of Shuar territory in the Upper Nangaritza River Basin (Alto Nangaritza) in and around the Shuar centre of Shaime. This chapter seeks to explain the data in Chapter 3 which showed that Shuar people in this remote region saw the least benefit in clinical medical services and, by contrast, placed the greatest importance on visionary practices for their health and on shamanic practice for the diagnosis and healing of illness. In so doing, it provides one example of an implicit critique of biomedicine based on cultural difference, with its roots in the ontological and epistemological specificities of the conceptual inheritance of Amazonian people. As such, this chapter may be seen as a proof of concept for the value of intercultural health (and state interculturality in general) to stimulate entirely new conceptualisations of and approaches to healthcare, or any other public competency of importance to a given political collective.

The chapter commences with the problem of sorcery or ‘maldad,’ the principal fear for which Shuar people consult shamans for advice, diagnosis and healing. Through the exploration of ‘maldad’ it becomes clear that for Shuar people in remote regions, sickness is not necessarily perceived, as it is in biomedicine, as a temporary deviation from the norm

occupied by individuals who are essentially equivalent, albeit with a distinct set of genetic and lifestyle-based 'risk factors,' typically conceived as a personal, individual matter in a way that conceals macro-level social problems (Namaste, 2012: 13). Rather, sicknesses termed 'maldad'—otherwise known as 'sicknesses of man'—originate in interpersonal conflict and power relations, both at the intracommunal, intercommunal and interspecies levels. The way in which these power relations function and the ideals of health and strength they establish are successively explicated in this chapter based on a series of individual testimonies of illness, healing and subsequent visionary practices aimed at the development of individual power.

Illnesses can be revelatory of our most essential beliefs about the nature of the world and our place in it, as they generate crises that painfully illuminate our divergent experiences of ourselves as both that which is most intimate and personal, and as inscrutable, disobedient objects. Jean Comaroff bravely but eloquently dubs these 'universal paradoxes of human existence... [which] centre upon the unity, and at the same time the duality, of mind and body, the ambiguity of self as subject and object, and the opposition of natural and social being' (1982: 51). Medicine, then, is an ideal terrain on which to study interculturality, dependent as it is on the profundities of our assumptions about the nature of reality.

Figure 5: Nangaritzza man with hunting-dogs, © Giordano Ciampini, 2014



In the context of Zamora-Chinchipe in the Ecuadorian Amazon, the Upper Nangaritza River Basin, which sits in the far south-eastern corner of the country, is the one region with a manifest difference between the cultures of the indigenous Shuar people and mainstream mestizo society. Thanks to the vagaries of geography, geology and the long history of Peruvian-Ecuadorian hostilities, the region remained very much isolated until just a few years before fieldwork for this project began, when the bridge crossing the Nangaritza River at Las Orquídeas was completed. This tiny settlement on the river's edge, located some two-thirds of the 40km distance between Shaime and the Nangaritza 'cantón' capital Guayzimi, was previously the end of the road. Shuar people from further up-river were obliged to travel to Las Orquídeas by motorised canoe along the rocky, shallow waters of the Nangaritza River so as to connect with the rest of Ecuador. Many, of course, did not have the means to do so. Mateo Yankuam, who I met in Kiim but who formerly lived far up-river from Shaime, described to me a six-day round-trip he used to make to buy medicines and other supplies; they would make a raft and float downstream, then sell everything they had brought with them, make their purchases and walk back up-river. The Shuar of Alto Nangaritza, then, of all the interviewees in this study, live and experience most deeply the complex of ideas developed autonomously by their ancestors; in comparison with the rest of the province, they are to a large extent economically autonomous, and have only experienced minimal subjectification as heathens to be saved by Evangelism and as working-class in their positioning with respect to capital, two points which will be the subject of Chapters 5 and 6 respectively.

Figure 6: Shaime and the Río Nangaritza from above, looking south



'Maldad', Sickness and Power in Alto Nangaritza

Of all the notions through which illness and healing is conceptualised in Alto Nangaritza, the most beguiling and the most liable to outright dismissal within the dominant rational discourses that govern biomedicine and public policy is that illness can be caused by the malevolent will of a specialist in such matters, whether acting at a distance or via the use of ostensibly mundane intermediate objects. As introduced in Chapter 3, this phenomenon was typically referenced as 'maldad,' but also as 'daño,' 'hecho,' 'mal hecho' and less commonly as 'hechicería,' 'basura' and 'porquería.' Often it arose in conjunction with mentions of the 'envy' of neighbours and family members as causative of disease, but broadly speaking this envy was not considered active in and of itself. At one point, I was

laughed at by my companions in Shaime for suggesting that my own envy and negative thoughts might make another person ill; 'you'd only make yourself sick,' I was told, amidst the hilarity. Instead, envy or any other form of ill will was understood as the motivation for a person to contract a shaman to 'harm' ('hacerle daño') another and make them sick with 'maldad'. Similar suffering was also held to potentially strike one's dependants or animals, particularly cattle, the exemplary object of material envy in these remote parts. In this sense, the deployment of envy as an explanation for disease among Shuar people is ostensibly reminiscent of the instinctive egalitarianism of many small-scale societies throughout history (e.g. Taussig, 1980: 20).

By the same token, although this explanation of 'maldad' as shamanically produced illness motivated by envy holds true as an ideal type, there were hints that it was, more precisely speaking, the most common manifestation of a more complex picture. The position of the shaman, which seems at first to be that of a specialist trained in techniques of which others are entirely ignorant, may be described more comprehensively as that of an individual able to perpetuate and cure 'maldad' by virtue of their position of exceptional relative power. This can be borne out by inference from discussions of 'daño' suffered by infants, those with the lowest relative power on the social terrain. Some examples were offered by César Santiak, the only professional shaman in Shaime:

[O]ne simply sees a chubby baby and gets excited, and causes the baby 'daño'. Or there can also be a negative energy that a person has, a build-up of negative energy. S/he picks up the baby and like that causes the baby 'daño'. The baby gets diarrhoea or something. Every person has the capacity to do this, even though they're not an *uwishin*, without strong energy since birth.

Others maintained that an infant could be ‘marked’ (‘*marcado*’) and become sick if cradled by a pregnant woman, and that mothers therefore had to be awake to the possibility that a neighbour who they allowed to hold their child may not yet be aware that she is pregnant. Similarly, one woman—a middle-aged mother of seven who lived far up-river in Nangaritzza in a house set well into the forest—said that infants can catch ‘bronchitis’ when a powerful animal passes close by the house. She proffered the example of the jaguar, but also agreed that the same effect could be provoked by a snake, fox or ocelot. The water-willow *piri-piri* (*Justicia pectoralis*) was administered by this mother as a prophylactic remedy to her babies for this purpose.³⁹

The weak position of an infant in relation to an envious neighbour, a pregnant woman or a powerful animal mirrors that of a shaman vis-à-vis an ordinary person. César Santiak related the following when asked about his capacity to harm others:

For example, if I wanted to do ‘*daño*’, I wouldn’t just do it right in this moment. Rather, one’s energy has to be prepared. If I were arguing with a person and their energy was low, I would dominate them and they would get sick.

Shaima resident Celestino Wampash explained his own experience of ‘*hechicería*’ in the same vein of relative power or energy:

- Does it [‘*maldad*’] always come from another person, or it is just something that happens in life?
- It is always from another person. I have a particular case, what happened to me. On one occasion, I was sick, feeling pain in all of this part.
- Your back?

³⁹ Intriguingly, the Peruvian Aguaruna, a related Jivaroan people, consider that one may acquire the *tsentsak* darts with which shamanic power is exercised via the ingestion of *piri-piri* (Brown, 1985: 60-61).

– My back. Like it was going to break. Afterwards I went to a shaman and he examined me and he gave me *natém*, ayahuasca, and he said to me, ‘Look, see which person.’ In that way, the person who has done wrong (‘mal’) by you becomes clear. It makes us see this. And we understand that this person is of bad faith. This happened to me. When a person of bad faith does wrong by a person (‘le hace mal a una persona’), it is very clear. So we go to the shaman. He does his treatment, and on the next day all of the pain has gone away, and one is left feeling fine (‘tranquilo’). For this reason, we believe in sorcery [...] When a person, a shaman, is of good faith, he doesn’t harm other people. But when he is of bad faith, we say that the power that he has is oriented towards doing ill (‘maldades’). And if he has a strong energy (‘una energía fuerte’) and that collides with a person who is weak, it produces sickness.

However, if all individuals possess a degree of ‘energy’ or ‘power’ that is invisible to the naked eye, where is such power situated, and on what field does it act? Within a paradigm of philosophical materialism, it would be easy to slip into a Cartesian categorisation of ‘maldad’ as a ‘spiritual’ illness set apart from the physiological terrain claimed by medical science as its field of specialisation. The shaman would then become essentially a professional specialist in ‘indigenous mental health’ adept in coming up with ‘culture-bound ways of coping,’ according to one proposal for recognising and incorporating cultural diversity in healthcare (see Constantine, Myers, Kindaichi & Moore, 2004: 115), which illustrates the fraught nature of accepting the position of ‘the cultural’ as leverage for rights. Such an outcome is not alien to potential mobilisations of the concept of intercultural health in Latin America, which has been defined by a leading advocate in Mexico as ‘the set of biomedical knowledge and practice applied in different cultural contexts’ (Campos Navarro, 1999: 76), mainly implying the use of foods, language and

furniture appropriate to the characteristics of local indigenous populations (Campos Navarro, 1999: 77-8).⁴⁰ Nonetheless, as materialism is evidently not an ontology shared by Shuar people in Alto Nangaritza, an intercultural state that accepts a definition of culture as a ‘total system of conceptualisation’—rather than a moniker denoting beliefs of lesser ontological validity—cannot then marginalise the treatment of ‘maldad’ as a trivial, ‘spiritual’ issue.

The division between the spiritual and physiological is alien to the ontology implied in many Shuar testimonies of illness and healing, particularly in Alto Nangaritza. Shuar people do use herbal remedies without making ‘spiritual’ interventions or reference to non-ordinary layers of reality, as when curing breaks, sprains, joint pain, prostatitis and kidney-stones. However, more fundamentally, even shamanically produced ailments and cures are reputed to originate and terminate in the body. For example, in a discussion regarding the firmness of the distinction between good and bad shamans, César Santiak said of the latter:

- They can hardly cure at all, because the body has learned to perform this ‘maldad.’
- So it has to be generated from the body?
- Yes, definitely. This is why [indigenous] doctors can get sick in their practice. It’s an energetic thing, no?

The centrality of the shaman’s body to their work is also evident in the notion that they are able to ‘suck’ the ‘maldad’ out of their patient’s body, draw it into their own and then either neutralise or dispose of it. This was a ubiquitous feature of César’s treatments, in

⁴⁰ Such initiatives are certainly useful in making existing medical spaces feel less alien to indigenous people, but fall short of contributing to the development of an *intercultural* healthcare that would benefit from a diversity of approaches grounded in epistemic and ontological pluralism.

which he would visibly vomit the ‘maldad’ out of his own body. The drawing into their own body by a shaman of an object or essence reputed to be causing a patient’s illness is a practice attested to by various Amazonian ethnographers, particularly among indigenous groups with a tradition of ayahuasca use (Descola, 1996: 333; Illius, 1992: 75-6; Langdon, 1992: 51; Rubenstein, 2002: 157; Whitten, 1976: 158), but also elsewhere in Amazonia (Santos-Granero, 1991: 280).

A Mother’s ‘Maldad’

The intimacy of the energies and energetic interactions whose dissonances and imbalances can result in ‘maldad’ are attested to in the following account from Martina Tukupi, a resident of Shaime. Martina had trained as a shaman in the aftermath of the death of her young daughter and a prolonged illness she herself suffered, both of which she attributed to ‘maldad’ directed at her family due to her father’s activities as a shaman. For Martina, the training was a means of protecting herself, and so she stayed on for six months with a Kichwa shaman from the northern Ecuadorian Amazon who had cured her of her lengthy illness and thus convinced her of his capacities. Her story serves as an introduction to a number of elements that are widely corroborated among Shuar people in Alto Nangaritza and those elsewhere in the province whose worldview is delineated by ontology indigenous to the area more than by other influences. In Martina’s words:

– So I spoke with this shaman. I had told him that I was tired of this conflict, and that I was always sick (‘vivo enfermo’ [sic]). So he said, ‘If you want, I will give you this power, so that you may become *yachaj* [Kichwa word meaning ‘one who knows’]. *Yachaj* means that you are very strong [sic], and when a woman takes hold of this power, the woman is even more

powerful than a man. So I had to stay there a while. We would drink *natém* as well as liquor. This shaman knew not just about *natém*, but about black magic ('magia negra') and white magic ('magia blanca'). [...]

– Did he always call some sort of spirit to help in curing?

– Yes. For example, when one has an active spirit ('espíritu vivo'), one makes a call [to a spirit], like: 'Heh, heh, heh, heh.' That was the rhythm for calling, the way to call. So then one had to be ready. The spirit, the power that it has—'Puh!'—a woman is presented to you, or a person. During the drunkenness, this person sings, and the way that it sings, one starts to sing in that way as well.

– So you watch, listen, and copy, or is it like it is you?

– It is inevitable that one then copies, and sings.

– Does everyone see this?

– Only one person. Another person may be drinking *natém* [as well], but only one person sees this.

– Would you see this while drinking *natém*, or while drinking liquor as well?

– Well, but I wasn't taught the songs. But what would happen is that my body felt... it was like I was becoming very large. I felt very sick. From there, I could grab hold of the sick person then and cure them very quickly. So this was a step that I learned. [...]

When I had recently taken hold of that power from the shaman, I went to leave for home, and the maestro said to me, 'You are leaving very well-protected. You must never hit another person, nor get into arguments, nor be aggressive ("brava"). Do not get angry.'

So for me, because I am 'brava,'⁴¹ this was directed against my husband. One morning, he complained to me about what I had been doing, and he said, 'If you continue, I'll declare you to the community [as a shaman], and we will separate.' When he said that to me, it made me

⁴¹ A popular adjective in Shuar country, understood to mean aggressive, independent and direct.

angry. I told him, 'I don't want you to talk like that. If you want to do that, then fine. I am just looking for a way to protect the family.' That is how I answered him. It made me deeply angry. It arose that 'energía' in me. He got up from bed. And as he was going down the steps here, he was struck with dizziness, and he went and lay down over there.

He was lying down, and I asked him, 'What's wrong?'

'My head hurts, it really hurts,' he replied. So I grabbed a remedy for him and I went and blew over him. This stopped the pain a little, and we went to tend to the cattle. Then as we were moving them, his arm fell down by his side, and he couldn't raise it up again. We came back to the house, and he was in a bad way and very faint.

I remember the shaman who gave me power said that I should not let myself be seen by any other shaman. [My husband] didn't really believe in these things. But in any case, we went to see the shaman [in Shaime]. So what I did was 'apply my secret ('aplicar mi secreto'), so that he wouldn't notice me.

The shaman drank *natém* and he was sitting there, and I was waiting to see if he would become aware of me. Eventually he said to [my husband], 'You have been arguing with an indigenous person. Those indigenous people are witch-doctors ("brujos"),' he said jokingly. 'You shouldn't get into arguments.'

'No, no, I haven't been in any arguments,' my husband replied.

'You have, you have argued with someone,' said the shaman. My husband knew, of course, that he had been arguing with me. It was eleven at night by this point. I was sitting there, and I noticed a cricket sitting on my arm.

'What's that?' [my husband] asked. I told him.

'Pass it to me,' said the shaman. 'Why is this inside the house, instead of outside?' he wondered.

This is what I had put onto my husband. It was a defence that I could have put onto anyone, and they would have become sick. And so, now that I'd taken it into my hand, I withdrew it.

So the shaman started to suck and suck at [my husband], but there was nothing there, not even a dart ('flecha'). That's the nature of black magic ('magia'); there was no dart, it was only air ('aire').

[My husband] said to me, 'Martina, what's going on? In my dream, I was watching you, and you had a flame burning from the top of your head. And then you said to me, "I didn't want it to be this way. I never wanted to do you any harm ('daño')." That's what you promised to me. So, Martina, tell me what is going on?'

'I don't know,' I replied. 'A dream is a dream' ('Sueño es sueño'). I hid this from my husband. And if anyone else had become aggressive with me, or had argued with me or wanted to hit me, that person would become sick. That is what the power was.

The Shamanic Diagnosis of Sorcery

For many Shuar people, especially in Alto Nangaritza, their physical being is intertwined with a normally invisible matrix of energies and influences which must be skilfully navigated if they are to be healthy and thrive. As can already be glimpsed in the testimonies of Martina and Celestino, ayahuasca (*natém*) is for such people a tool allowing them to perceive, understand and empower themselves within this web of influence, energy and relative power. 'Maldad' is evidently visible in the visions provoked by hallucinogenic plants, which Shuar people refer to as both 'sueños' and 'visiones.' Dreams and plant-induced hallucinations seem to hold near-equivalent ontological status in the traditional Shuar worldview. The shaman César Santiak once interpreted a particular

dream of mine as indicative that someone was attempting to afflict me with ‘maldad’, which suggests that a dream, like a hallucinogenic vision, is considered to be revelatory of external referents.

Shamans, of course, cannot dream and still be awake enough to examine their patients. As such, ayahuasca is indispensable in order to ‘see’⁴² and diagnose patients and to locate and remove ‘maldad.’ César Santiak spoke of ‘maldad’ as follows:

- What does it look like?
- It looks like a burning bullet. It will go through the system eventually, and if it is strong it will burn up the entire organism.

Yanua resident Ricardo Kayuk, who never practised openly as a shaman but was trained in the same way, described the appearance of ‘maldad’ almost identically.

- When you look at the patient, how can you tell what sickness they have?
- It’s clear. If it is ‘mal hecho’, the part where they are affected looks like it is alight.
- It shines?
- Yes. You see it while you are well drugged. So wherever it is that they are hurting is where you need to suck at them [...] So you suck it in then throw it away. You have to vomit it all away, then blow over them with perfume. You are taking out the ‘mal hecho’, so you have to know how to vomit it out, not take it into your body, or you’ll die.

Accounts from ordinary, non-shaman residents of Alto Nangaritza regarding the diagnosis of illness in ayahuasca shamanism corroborated those of Ricardo Kayuk and César Santiak.

⁴² The notion that ayahuasca shamans are able to diagnosis their patients by ‘seeing’ their illnesses is widespread across Western Amazonia, and is also reported by Kelly (2011: 143, 153) among Yanomami shamans using the hallucinogen ‘yopo’. See Chapter 6, ‘Perceptions of Shamanism among Miners and Anthropologists’.

For example, Ricardo Naanch described ‘maldad’ as manifesting as a sudden illness, for which one would need to seek out a shaman immediately.

The shaman will be able to say, “You’ve been ‘made ill’ (‘mal hecho’). I need to examine you while drinking ayahuasca.” [...] The shaman who is of good faith has to drink ayahuasca and look over you, he has to have tobacco, and blowing tobacco over [you] he can see everything. While doing that, he can see, “It was that man who did you harm (‘daño’).” Then if I have a little money, and the shaman I am seeing is stronger than the one who did me harm, then the shaman I’m seeing can cure me with his faith in God.

These testimonies regarding the use of ayahuasca in shamanism are reminiscent of the early conceptualisation of the potential role of hallucinogens in psychology and psychotherapy as akin to that of a ‘microscope’ (Metzner, 1998: 335),⁴³ in the sense of facilitating the visualisation of otherwise invisible phenomena—in the case of psychology, the inner workings of the human psyche—which are thereby then held to objectively exist. They also corroborate earlier ethnographic accounts of shamanism in the region, such as the life history of Alejandro Tsakimp, a Shuar shaman based in Morona-Santiago. Tsakimp told anthropologist Steven Rubenstein:

When I drink *natém* to examine an ensorcelled person, I see everything, as if the person is naked. I see the form of the skeleton, and I can see if the person will live or die. [...] I saw him carefully, and I thought, ‘This is the *tsentsak* that wants to kill him. This isn’t an illness; he got it through chicha and through concentration’ (2002: 163).

There is a close correlation between these accounts of shamanic diagnosis as based upon the examination of the patient while making use of an ayahuasca-induced state of

⁴³ Metzner writes, ‘it has repeatedly been said that psychedelics could play the same role in psychology as the microscope does in biology.’

heightened sensory perception. What is notably different, however, is the metamorphosis of the concept of *tsentsak* as the invisible agent of super-physiological illness into ‘maldad’ in the accounts of my shaman interlocutors some two decades after the time when Rubenstein’s fieldwork was carried out. In Alejandro Tsakimp’s account, his diagnosis was that the patient had become sick as a result of drinking ensorcelled chicha. ‘Concentration’ here refers to sustained focus while under the effects of ayahuasca; several Shuar men told me that they were able to perceive distant events or the answers to important questions through ‘concentration’ after drinking the brew. The term *tsentsak* (called ‘flechas’ by Martina when speaking in Spanish) refers, in a literal sense, to the poisoned darts fired from blowpipes that were the primary tool of hunters before the arrival of firearms, and are mentioned as a central shamanistic tool by Brown (1985: 60), Harner (1968: 30), Whitten (1976: 157-8)⁴⁴ and Descola. In the latter’s explanation, the shamans knowingly perpetuate the analogy with darts as a sort of layman’s approximation of a concept which ordinary people cannot be expected to perceive or comprehend (Descola, 1996: 333). One could therefore attribute the shift in metaphors from ‘*tsentsak*’ to ‘maldad’ to contemporary Shuar people’s greater familiarity with Spanish and the Hispanic concepts of ‘*envidia*’ and ‘*maldad*’ than with poisoned darts and hunting with a blowpipe. Likewise, the metaphor likening shamanic attacks to local weaponry means that it is not coincidental that the contemporary shaman César Santiak compared the appearance of ‘maldad’ to a bullet, and that Walter Wampash likened the attack of a powerful shaman to being shot.

⁴⁴ In a manner analogous to what we have been told by César and Ricardo, Whitten reports that Amazonian Quichua shamans in psychedelic trance see *tsintsaca* as glowing blue under the skins of their patients.

In a similar vein to the testimonies regarding the visible appearance of ‘maldad’, numerous interviewees concurred on the fact that the original perpetrator of ‘maldad’ becomes apparent under the effects of these plants. Ricardo Kayuk said that ‘[w]hen someone has suffered a “daño”, it is very clear. The person who has done it comes in defence, as clear as you are sitting here. They come to stop the person from being cured.’ Likewise, Mateo Kuash from Kiim said, ‘In the concentration one sees who has carried out the “maldad”’. Another interviewee, Fernando Tsakimp from Churubia, maintained that the same potential exists under the influence of datura. ‘This makes one see which people are opposed to you,’ he said. ‘Whether they wish you death or “maldad,” any of the kinds of “maldad” that there are. “Guantu” [datura] gives you all kinds of luck. Via dreams it reveals everything to you.’ Clearly Shuar people do not consider ayahuasca and datura to provoke mere hallucinations, nor even to facilitate an enhanced psychotherapeutic state that is helpful purely at the level of individual psychology, but rather as a means of perceiving distinctly real external phenomena.

The consumption of hallucinogenic plants is, however, more widespread than its use in shamanic diagnosis and the identification of perpetrators of ‘maldad’. Their role as a ‘microscope for maldad’ does not explain why these plants were mentioned so regularly in discussions on the subject of health and medicine, or why they are so widely consumed. Wilson Kayuk, the head of a large household in Yanua living outside the mining economy, described ayahuasca as not just a form of diagnosis but also as a sort of vaccination against ‘maldad’: ‘As we have this power of *natém*, we cannot fall into this trap of maldad. We protect ourselves from the bad faith of those around us.’ Similarly, Shaime’s Walter Wampash claimed, with regard to ayahuasca, datura and tobacco juice, that ‘[t]hese three drinks allow one to find/achieve (the) spirit (“lograr el espíritu”) and to be able to survive

and become stronger spiritually, and also to know.’ Some first-hand accounts of visionary experiences are revealing in terms of what they say about the nature of ‘maldad’ and the meaning of ‘this power of *natém*’ within Shuar ontology in remote regions of Zamora-Chinchipe.

Visionary Experience in Shuar People’s Lives

If sickness can be caused by a position of relative weakness with respect to those who might wish do harm, the close association between health and power is unsurprising. Moreover, the fact that shamans are considered the most dangerous figures with regard to ‘maldad’ testifies to the notion that power can be drawn from the visionary experiences provoked by plants such as ayahuasca, datura and tobacco and mastered by shamans. This notion was prevalent amongst interviewees from Alto Nangaritza, as well as some of those from the Quimi River Valley who lived outside the waged economy.

Roberto Taish, for example, a young man from Shaime, praised the physiologically therapeutic characteristics of tobacco, ayahuasca and the herbal infusion guayusa (Shuar: *waís*; Latin: *Ilex guayusa*), a relative of yerba mate. These plants, he said, could cure the flu, stomach aches and stomach bloating, respectively; however, ‘these things also help you with your power and your luck [...] it means that we don’t feel lazy or listless.’ Ayahuasca is a ‘medicine’ that ‘helps to acquire power (“coger poder”),’ but datura ‘is specifically for acquiring power. This is not something that is drunk for healing. Well, when a little is drunk as a medicine [in the case of broken bones], then yes. But its proper use is for acquiring power: you acquire power to have money, to have a good woman, to have a lot of chooks, or perhaps to have a lot of women.’ Roberto’s testimony includes two ideas that are

intimately related for Shuar people. The value given to the purgative attributes of guayusa and ayahuasca accords with the widely apparent ideals—particularly important for men—of austerity and resistance to physical suffering. In visionary practices, this often seemed to have dovetailed with the value placed on suffering for spiritual betterment within the Catholic tradition. In Walter Wampash’s interview, for instance, he described the measures that needed to be taken when drinking datura:

If one is going to use *maikiua*, one has to fast for 15-20 days: with the stomach empty, going to the waterfalls, to the rocks and high mountains.

– Can you drink chicha?

– You can drink chicha, but only very little, and less and less. More, you drink *tsaank* (tobacco), [because] the body has to feel cushioned, so as not to feel hunger. It is from such sacrifice that God sees that sacrifice and knows that the person is trying to achieve/find (‘lograr’) something, so that in dreams (‘sueños’), he will tell you something, he will let you find the dreams to which he has destined you.

When speaking of acquiring power, then, Shuar people imply both the experience of a vision as well as the purging of the body, resulting in its subsequent vitality and stoicism. This is an element that is consistent with other accounts of the importance of plant-induced visionary experience, even if it is often not the primary focus. Consider the much briefer account of Bolívar Chumpi, from Shaime, who said that one should drink ayahuasca and datura ‘in order to see visions, to be able to see what luck we are going to have, or if we are going to have luck or not, and in order to have more power and strength.’ Similarly, Fernando Tsakimp, from Churubia, said that datura ‘gives luck’ and ‘gives a man potency to live a long time.’

When phrased in such a way, it is made to seem that greater power is the automatic result of drinking such plant concoctions, which generates a very abstract impression of the practice. This is exacerbated by the reticence of some to speak about the details of their visionary experiences. An earlier anthropologist, Steven Rubenstein, who lived in Morona-Santiago for several years in the 1990s, reported that the only Shuar people who would reveal the details of their visions to him were those who had already seen them come true (2012: 51), and some of the Shuar I met shared this custom. Fernando Tsakimp of Churubia, for one, told me:

A daughter of mine drank 'guantu' as well, when she had a sore throat. Later she was telling her mother that it revealed many things to her and explained to her where she had arrived at so far. It is very, very good. Of course, she can't reveal right now what dream it gave her. It gave her a good dream and she has to reach that point that it showed her.

More commonly, interviewees would simply confirm that they had drunk ayahuasca or datura and express that they had faith that their visions would be fulfilled, while sidestepping any effort on my part to prompt further elaboration on the experience. This was particularly obvious in the interview recorded with the otherwise conversational Rafael Nantip of Shaime.

Fortunately, there were some who, for whatever reason, were willing to describe details of their visionary experiences. In these accounts, the sense of personal empowerment was not an abstract and automatic result of consuming hallucinogenic plants, but instead seemed to stem from a newfound perspective on themselves, their identity, their capacities and their place in time. Byron Santiak, a Shaime man in his early twenties,

offered an expressive account of the visions he experienced in adolescence, something he explored after having been cured of ‘maldad’ by a shaman:

– Let me tell you something, when you have suffered ‘daño,’ the symptoms are very clear.

– Have you felt this yourself?

– Yes. When I was young, I had problems with my vision. It was like a spider-web in front of my eyes. I was fine for my first twelve years, then this hit me. This web started to cover my vision more and more, and it stung like I had salt in my eyes.

– In one eye or both?

– In both eyes. It got to the point where I couldn’t see. I’d get headaches. At night-time it felt like a storm. My father took me to curanderos and they couldn’t cure me. Then I went to my uncle, who also drank *natém*. He was able to cure me. He cleaned out everything (‘limpiar’). He was able to save me. From here on my head, and here on my chest, he pulled out a little bug. That was what was harming me. From there, I never felt the problem again.

I drank a lot of ‘guantu’ (*maikiua*) when I was very young, and *natém*. After I was cured, at twelve years-old, I started to drink [*maikiua* and *natém*] a lot. When I drank ‘guantu,’ I knew that I was going to be conscripted [into the army]. I saw that. I also saw myself going to school and learning how to use computers, how to ride a motorcycle.

– And this motivated you?

– Exactly. All of these dreams (‘sueños’) are fulfilled. When you enter a program of study, for example, now that you’ve had the vision, once you begin, it’s easy. You pick up everything quickly. Drinking *natém* I also saw my wife. I was much younger, but I knew that I was going to marry her one day.

These things are not obligatory for people. *Maikiua*, this makes you drunk for three days, but it is really good. From very young, one can see what is going to unfold in your life. It’s very good to drink from a young age. People can’t put you off track easily. You have your own

talent.

– Like a self-knowledge?

– Self-knowledge. Just like that, it's very good to drink from a young age.

Byron is clearly quite responsive to my own suggested framings of his experience in terms of 'motivation' and 'self-knowledge.' Nonetheless, his is an invaluable account in that it leads from the original motivation for drinking to the visions themselves and then his first-hand experience of their materialisation. Drawing from this account, the widely reported characteristic of ayahuasca and in particular datura of providing a vision of one's future comes across as an abbreviated explanation. Instead, Byron spoke about how the foreshadowing of these personal feats in his visions allowed him to easily accomplish them when the time came. In this sense, the visions allowed him to see—before his time, as it were—his own place in the adult world modulated according to his own pre-existing desires and capacities, which were in turn modulated and concretised in the visionary experience.⁴⁵ There is no evidence to suggest that Byron perceived his vision as a pre-ordained fact; he specifically says, 'People can't put you off track easily,' a recognition of the possibility of failure. By the same token, although the vision is never a guarantee, there is a clear sense that one's personal strength is drawn from pursuing the fulfilment of one's vision. Living in alignment with vision is a source of power, while diversion from that vision is conversely a hazard and the origin of weakness and vulnerability.⁴⁶

⁴⁵ The role of hallucinogenic visions in adolescent development of identity here mirrors the Shipibo-Conibo concept of *caya*, what Bruno Illius terms 'dream ego' (1992: 66), which a person must be able to hold if they are to survive and which is dependent on their general level of strength and vitality. The dream ego is considered the counterpart of the spirits one engages with during hallucinogenic visions (Illius, 1992: 75).

⁴⁶ Again, visionary practices in Alto Nangaritza are closely related to those documented among other Jivaroan peoples several decades ago. Michael Brown described the Aguaruna conceptualisation of vision-seeking as follows: 'The person who does succeed in seeing the vision is doing more than seeing a preordained future. The future exists as a set of possibilities that are given shape by the effort to bring them into consciousness within the visionary experience' (1986: 60).

This broadening of personal perspective and attainment of a sense of purpose appears to be the source of the greater vitality and dynamism that is subsequently attributed by others as the direct outcome of the visionary experience. The desirability of these ‘positive side-effects,’ as it were, explains why the majority of interviewees related that their first experiences were arranged by their parents during their adolescence. Martina Tukupi rendered articulately this widely shared parental motivation. After giving young people datura or ayahuasca, she said,

You notice the difference in children that were lazy. They’re no longer lazy. They become different. They become active, no longer slow. They work and they’re no longer argumentative or capricious.

Similarly, Estalin Taasham commented the following, with regard to preparing datura for his children:

- It is for their studies, for their life, for the time to come, particularly their studies.
- So you want the child to become more dedicated?
- Yes. They are more dedicated in their study and their work. When once they were lazy, they leave all that behind. They become dedicated to a different path.

In contrast to the notion of an initiation rite that reveals to the initiate sacred information about the true nature of the world, Shuar adolescents’ visionary experiences tend to be oriented toward attaining a more individualistic insight into their own capacity to act within that world. It does not make sense to speak of the indigenous understanding of health and medicine in Alto Nangaritza abstracted from the notion of vision as a guiding life ideal, as well as a quasi-object, in possession of which one becomes strong, healthy and empowered and without which one is left weakened, marginalised and vulnerable. The

statement that hallucinogenic visions are essential to health is one way of framing the notion that they play an essential role in a person's life development and Shuar people's idea of the right way to live.

Power Vibrating on other Frequencies

In a society composed of such well-adapted people with a clear sense of their direction in life, one might wonder where illness and social conflicts originate. The key here is to understand that although visions are experienced in an intensely personal manner, they are not confined to the individual's psychology. In fact, vision for Shuar people is both an internal and an external phenomenon: in the latter sense, a vision implicates a variety of other entities each typically possessing its own vision, such that their interactions, resonances and discordances have dramatic effects that manifest constantly in the visible, everyday world. An experience of illness recounted by Freddy Santiak, half-brother to César and some twenty years his junior, provides an amplification of the scope of this field of relative power on which 'maldad' becomes intelligible and to which dreams and psychedelic visions provide brief but invaluable insights.

– I used to go fishing, all the time, going out to fish [on the river] at night. I was fishing so much, day after day after day. And there, the animal from the water harmed me ('me hizo daño'). I have still this mark on my body.

– What was it?

– It was the seahorse, as they say [in Spanish].

– I don't know what you mean.

– It was *Tsunki* ['The mermaid,' Freddy's wife affirms in the background]. I didn't realise

what was happening at the time. I simply heard a whistling sound, nothing more, on the other side of the wall [by the river]. It harmed me and I started to vomit.

– When you arrived back at your house?

– No, right there at the dock. So I started to vomit. It was like that. We called my brother, César Santiak. I fainted and I woke up in the house. This was when I started to learn about Shuar medicines.

Tsunki, a term that can refer flexibly to a class of spirits as well as a singular being of the type, are water spirits who inhabit the underwater realm in a way that mirrors the sociality of human beings. As one of Philippe Descola's Achuar confidants put it sometime in the late 1970s in an isolated region of Morona-Santiago:

'Anaconda is one of Tsunki's domesticated animals and obeys him in everything, just like a dog. A few years ago, Yuu [...] visited Tsunki in his house, and there were lots of anacondas there; he was very scared. This Yuu met Tsunki because he is a powerful shaman, an *uwishin*: he sees things that we cannot [...] Yuu says that in the water, the Tsunki have houses just like ours and that they are just like human beings in every way. The old Tsunki man was seated on a coiled anaconda and he had Yuu sit on a big tortoise that poked out its head to take a look at him with his round eyes' (1996: 143).

So if Tsunki are in essence human beings, 'embody[ing] all the precepts of ideal sociability' (Descola, 1996: 146), but a kind who live in an aquatically-themed alternate universe which mostly parallels but also overlaps in some way with the visible world of humans, how and why did Freddy find himself the subject of their animosity? Freddy continued:

What happened is, I was going out to fish every day. And as our ancestors said, our grandparents who lived here with us, they said, 'To Tsunki the coronchos [a common river

fish] are chickens. Coronchos are chickens for Tsunki' ('Para Tsunki son gallinas los coronchos').

So Freddy was met with the same hostility that Shuar people reserve for the pesky foxes and ocelots that attempt to steal their own chickens. As the archetypal shamans of Shuar mythology, the Tsunki may have become angry and struck down Freddy with an intangible attack of 'maldad.' Or perhaps 'maldad' is the only way to make sense of the human side of an experience which for Tsunki was the equivalent of firing a gun (which perhaps shoots poisonous sea-snakes) to scare off a chicken-thieving intruder. However its details are visualised, Freddy was clearly overwhelmed by a power which he could not accurately perceive, and which had a near fatal impact on him.

Figure 7: The Nangaritzza River near Shaime



To make sense of this experience and the broader phenomenon of illnesses attributed to ‘maldad,’ one has to understand traditional Shuar ontology as relying on the mutual implication of the ordinarily apparent physical world with other invisible and perhaps more fundamental layers of reality. Following Eduardo Viveiros de Castro, one could say that a clash of perspectives caused the illness of Freddy Santiak. In the formulation of Viveiros de Castro (1998) as well as Descola (e.g. 2013b: 132), the animist ontology of Amazonian peoples is said to invert western multiculturalism—in which the universal state of nature is opposed to the multiplicity of cultures—such that the universal state shared between all beings becomes human consciousness, in spite of the obvious diversity of physical forms of such beings as animals, plants and spirits. For the West, the fundamental element or substratum of reality is nature, for which culture is not an equal pair but instead one possible manifestation of nature. In indigenous Amazonian ontology, by contrast, ‘humans and animals [are] immersed in the same socio-cosmic medium’ (Viveiros de Castro, 1998: 473) within which their divergent physical forms are ‘a mere envelope (a “clothing”’) which conceals an internal human form, usually only visible to the eyes of the particular species or to certain trans-specific beings such as shamans’ (1998: 472). In this case, then, a being which Freddy would only be able to perceive as ‘a seahorse’ attacked him through a ‘socio-cosmic medium’ of which in his ordinary, waking physical presence he was not aware, thus provoking an illness that was severe yet without specifically correlated physical symptoms. Freddy reported vomiting, then fainting, then subsequently developing a fever and a painful swelling that moved about his body over several days before forming into a weal near his armpit. In an example of the pragmatic *modus operandi* of Shuar patients and the mestizo medical doctors who attend to them in Alto Nangaritza, Freddy ultimately consulted a doctor at the clinic in Shaime, explained the entire series of events and was

prescribed a balm which facilitated the healing of the skin condition and his return to full health.

Sorcery as Diversion

If power, health and strength are generated by living in alignment with one's vision, Freddy's experience makes it clear that becoming embroiled in an alien vision can be a perilous turn of events. This principle helps to explain some of the more elusive examples of 'maldad' reported by interviewees when asked about their experiences of illness. It also helps explain why 'maldad' could be directed against a family as a whole, given that one's vision necessarily includes those in the immediate personal sphere. Within this framework, an illness recounted by Sonia from Shaime falls into place. In her words, when asked whether she had ever had reason to consult a shaman:

– Well, we get married, and they say that crazy women look for other men, they say. I have imagined this as well. Yes, this has happened to me. As I am now, I'm with my husband [...] as I said, there are people with bad hearts ('de mal corazón'), and this person had been seeing that I was living well/right ('vivir bien'), and this person didn't like that I was living well, working... I don't know exactly. With this paper in the books of 'magia', as they say, a lot of young people learn them. I don't understand what it actually says in them. So this young man learned how to work with this, and it went against me and harmed me ('va contra conmigo y hacerme daño' [sic]). So I had problems and my husband told me, 'You are sick.' 'I'm not sick,' I said. 'I don't have any pain in my body to be sick,' I was saying. But he said, 'You're sick habitually ("habitualmente"). You need to see an *uwishin*.' And I kept saying, 'I am not sick. I don't have any pains at all,' I told him, and yet internally, yes I was sick.

So then, in order to find out, this ‘colono’⁴⁷ from Peru knew how to make a product they call San Pedro. Others, brothers who were always drunk, have said, ‘He set me right’ (‘Él me hizo bien’). So he did a treatment for me. And I said the truth, and to this maestro I said, ‘Help me, because I am like this, in my home.’ And he understood me well, and so he gave me this product to drink. I drank it, and then in the drunkenness of this, *many* things appeared to me. There it explained to me why I was like this and who harmed me (‘me hizo daño’), which young man it is, and why he did it. It told me everything, and I thought, ‘Ah, now I get it.’ This product, San Pedro, yes, it set me right. If I hadn’t drunk that, I wouldn’t have had any thought of staying here and living with my husband. I would have left all my babies and gone far away, I don’t know where, but this remedy stopped me.

– Was this the sickness, I mean ...

– This bother (‘molestia’), that I couldn’t live well/right, I wasn’t loving my husband, it felt ugly to sleep with him, I was looking at other people, like that. But I drank this remedy and I loved my husband again. Now when I find myself fighting with him, it’s resolved quickly and I’ll be back playing as though nothing happened. And now I don’t have any ideas about going far away, of leaving my babies, nothing. This happened to me.

In this case the illness, the ‘daño,’ is alleged to have originated with a young man who seems to have been a spurned lover of Sonia. The ‘daño’ was intended to break up the happy equilibrium of her life and lead her to seek satisfaction elsewhere, such that Sonia’s husband and ultimately Sonia herself concluded that she was ‘sick.’ Interestingly, the logic of the experience matches what we have seen thus far, even though the plant used—San Pedro (Latin: *Echinopsis pachanoi*), a cactus native to the Andes that contains mescaline—is not indigenous to Shuar practice. Although the story can be likened to a therapeutic

⁴⁷ Literally ‘colonist’, the word is used interchangeably with ‘mestizo’ by Shuar people.

psychedelic experience, Shuar ontology situates the causative element outside of Sonia's individual psychology and locates it instead with an enemy alleged to have used magical means to derail her reality.

Other interviewees reported very similar experiences, albeit under different names. Estalin Taasham, who lived a day's walk into the forest from Shaime, explained that the shamans may load an object with 'mal' such that it does not necessarily need to lodge in the body of its victim to cause harm. As with Sonia's experience, Estalin confirms that 'maldad' may aim at disrupting the intimate social sphere.

– Yes, [the object] carries the strength of the shaman who is doing evil ('mal'). Then one starts to become sick.

– So would you have to touch it?

– No. They would leave it in your house, or somewhere outside, and it does harm in the whole area. It could be buried just a little under the surface of the earth. It does harm to the family and makes couples separate.

– Has this ever happened to you?

– Five times it has happened to me, when I was living in Libertad. It was a man with a bad spirit ('mal genio') who did it. I think he did it to make my family fight, or to harm my family. Each time it was removed thanks to my brother-in-law. Once, he even used a human bone, placed in a bottle; other times teeth.

– So you found these objects?

– Yes, teeth and bones. Or sometimes they use the wool of an animal. Once we took away these objects, the sicknesses went away.

– And it was causing fights?

– It causes fights, it makes you feel terrible, like you cannot stay there. You want to go far

away and leave your family. That's how you feel. You feel unhappy. After that, we all decided to move here to get away from it.

A similar story was told by Mishell Kantuash, who was the niece of a renowned shaman and lived in Yanua, another interviewee from the Quimi River Valley who lived outside the mining economy and attributed great importance to visionary experiences. In her version, her teenage son's waywardness and disobedience was regarded as the result of magical interventions against her family that were the product of jealousy at their success.

My son doesn't live with me anymore, but I am taking him to see [my uncle] as well. He told me that they've done the 'porquería' to him, so I need to take him. He's going to get a treatment from him.

– It would be interesting also to see how he treats your son? Is he sick? [...] Or is it more than he is in with the wrong crowd ('andando en malas cosas')?

– He never comes home. He is always going around with his friends. He didn't used to be like that. My uncle told me, 'They given him "las porquerías de vida",' so that he becomes separated from me. He has practically been made ('hecho') like that, because my son was never like that. He always spent time at home. Now he doesn't listen and he fights with me, and he's always going out. It hurts me a lot because he was never like that. So I am going to take him there tomorrow.

– Do you think he will go?

– But he has to. Who else could treat him? And if not, it's not going to stop. I'm his mother, and I can have him treated. Anyway, while I'm selling plantains you can go on ahead.

– Is your son going to drink *natém* with your uncle?

– Yes. I'm going to make that happen, so that this 'porquería' that they have given him is all ejected.

So again, drinking ayahuasca is perceived as necessary to cure a ‘mal’ that has not made the target physically sick, but has instead created conflict in the immediate personal sphere. There is a contrast here between what many western users of ayahuasca would identify as a psycho-social issue to be resolved on an individual level via ‘deeper self-knowledge’ and ‘the elimination of so-called “inner demons”’ (Kavenská & Simonová, 2015: 354; see also Fotiou, 2010: 195) and Mishell’s view that the disruption of her vision for her family is the result of a negative external influence. This contrasting pattern of interpretations between westerners and indigenous Amazonians has been noted by Evgenia Fotiou (2010: 201) in her research on differing explanations for negative ayahuasca experiences between the two groups. In the examples offered here, ‘maldad’ as an externalisation of psycho-social issues appears to expedite the resolution of these issues in the visionary experience, while at the same time encouraging hostility between groups of Shuar people. In this case, it is debatable whether the ‘maldad’ was directed against Mishell’s son specifically. Her rationale was certainly that of group hostility as the underlying motive. The following exchange originated with my mention of my upcoming visit to the neighbouring town of Churubia:

– The thing is, people around here are not so good. I tell you this out of my humanity. I share blood as much with them as with you [i.e. not at all]. And the people there are not as good as we are. There are bad people, I tell you. There are bad people, more bad people, and some good people. [...] My son has his enemies here. It’s a little Shuar, who I’m talking about. Look, the people in Churubia are dirty. But it’s your decision.

– I feel like now that I’m in this area [...] So what you’re saying is that a person gave your son... something. Why? Why does it have to be that?

– That’s the law of things. Envy is like that. I’m going to tell you: I am the niece of [a

prominent shaman]. And so my cousins and my brothers are not just anyone. They drive cars. They have studied ('Son preparados'). My uncle has money. He travelled to Spain and worked there for 3–4 months. Then he comes back and lives here for 2–3 months, then goes back. That's why they want to harm ('dañar') my son. I know that he will be exactly the same. But my son fell into a trap.

In Shuar territory in the twenty-first century, the kind of regular, overt hostilities encountered by Philippe Descola and Anne-Christine Taylor among Achuar people in the 1970s have ceased. However the suppression of feuding with the arrival of the Ecuadorian state has quite likely encouraged shamanic attacks as the new primary vector for inter-group aggression, as well as encouraging the attribution of all kinds of misfortune to the shamanism and envy of others.

Health/Sickness, Power/Marginalisation

In such a terrain, the importance of health and medicine is not limited to the resolution of specific physiological symptoms. If illness is caused by weakness when faced with the ever-present threat of 'maldad' and the envy of others, then it is the role of medicine to continue strengthening human beings whenever they perceive the need for it.⁴⁸ I have referred to this ontology of health and illness as 'traditional' because it shares many commonalities with the worldview documented by anthropologists researching decades ago, in a society independent of if not unaffected by the outside world. Michael Harner documented the Shuar practice of vision-seeking and explained its cultural significance in

⁴⁸ Similarly, amongst the Shipibo and Conibo peoples, who also make use of ayahuasca, health in the general sense of vitality is connoted by the same word as is used to signify willpower and the capacity for logical thought (Illius, 1992: 64).

terms of men's desire to accumulate 'Arútam souls,' which can be acquired by encountering them as visions produced by ingesting datura and other psychoactive plants. According to Harner, Shuar people 'believe that the possessor of a single *arútam* soul cannot be killed by any form of physical violence, poison, or by sorcery' (1972: 135); 'the *arútam* soul is supposed to increase a person's power in the most general sense,' including increasing 'one's intelligence as well as simple physical strength' and 'resistance to contagious diseases' (1972: 139). A person able to obtain a second *arútam* soul 'cannot die of any cause whatever, including contagious disease' (1972: 136, emphasis in original). Anne-Christine Taylor described *arútam* vision-seeking practice among Achuar people as aimed at attaining a 'state of super well-being' (1996: 208). There is evident continuity, then, with the role of vision-seeking for protection against disease among contemporary Shuar people, particularly in remote areas outside the wage economy. However, given the reluctance of prior generations of Shuar people to reveal the details of their visions to ethnographers, we will likely never know whether their visions were operative in generating personal power in the same way as visions are for Shuar people today.

What is clear is that twenty-first century Shuar people self-consciously reinterpret their own vision-seeking behaviour in light of this history, recasting the quest for power and protection as violent dominance over others into an understanding of power in a form more relevant to their current situation. Emblematic of this perception was Walter Wampash, a resident of Shaime and an outspoken member in its collective organisation.

Now, currently, we are able to attain a spirit so as to achieve maximal power, in the mayoralties, the provincial government, city councils ('podríamos lograr un espíritu para lograr el poder máximo, como en las alcaldías...'). We have been able to attain this dream ('sueño'). In contrast, 50 or 60 years ago these things were used to attain ('lograr') spirit and

maximum power so that others could not defeat them in war. The ancestry of the Shuar nationality was warlike and vengeful in this sense. As such, they used to use it like this; and presently, we use it to achieve our greatest dreams ('lograr nuestros sueños máximos'). Political power is what we speak of now. Without spiritual power ('potencia espiritual') to achieve a politics, we would be nothing these days.

The central point here is clear and explicit: just as vision-seeking empowered and inspired the Shuar of yesteryear to face mortal struggles, today's Shuar people must seek out visions to enable them to succeed in claiming political power in order to survive. In Nangaritza 'cantón,' Shuar have won positions in the tiny municipal councils, while other former community leaders have gone on to claim salaried positions in the Pachakutik organisation. Further north in Morona-Santiago, where Shuar are more numerous, the provincial government has been headed by Shuar man Marcelino Chumpi.⁴⁹ Secondly, however, and more subtly, Walter's comments also reveal more about the nature of these hallucinogenic visions in traditional Shuar ontology. The dream or vision is not simply something that is experienced and then informs Shuar people's lives. It is also, in a sense, something that is possessed by the person who has experienced it, as an addition to the person who they previously were. Far from being a flight of fancy, a dream serves as a guiding vision which leads its bearer towards itself as a non-guaranteed form of destiny.

Other Shuar concurred that the empowering qualities of hallucinogenic visions are as relevant today as ever. Fernando Tsakimp's testimony corroborated that of Walter Wampash in expressing the centrality of visions to empowering Shuar people in

⁴⁹ The future of Chumpi's tenure as Prefect is unclear. He was convicted of embezzlement in December 2016 but is currently pursuing an appeal.

contemporary non-violent, political struggles. With regard to ingesting datura, Fernando reported:

[I]t gives luck, any kind of luck: to have a longer life, to have more strength, to be able to have disputes with friends or enemies. It's not for fighting; it's for arguing and debating, like students and lawyers do. [...] This is the bravery of the Shuar. When one comes to argue with you, they will feel cowardly and go away. This is the strength that we have, from 'guantu'.

These comments are implicitly addressed toward refuting the idea that datura is only consumed by those who are preparing to fight and kill. As such, Fernando is reclaiming their legitimacy for the world faced by Shuar people in the twenty-first century. In his interview, conducted in Yanua, Wilson Kayuk put forward the same idea.

Doing that, it gives you power. You can become a politician and advance. You could become a president or a philosopher or a doctor and advance in that way. In that way, we develop our inheritance as Shuar.

Again, this is a vision-seeking practice that is separated from shamanic practice; shamans are not omnipresently playing the archetypal role of 'mediator between the supernatural powers and man' (Hultkrantz, 1985). Wilson confirmed this individualistic characteristic of Shuar spiritual practice:

- I have one more question if I may. I have noticed that in this town there are no professional shamans. You use *natém* and you use *maikiua*, but there are no shamans.
- The power is there. You drink *natém* and that's where the power is. You see your future life and the generation that is going to come to be. One develops one's luck, to become a professional, to learn how to fly international tourist planes and be a pilot, this power, this gives you a luck. For example, you drink *natém* and in the midst of this power you can see that you will become a great professional.

– Is it the same with *natém* as with *maikiua*?

– The same. One learns. You are certain that you are going to become a professional. You are not going to become just any man.

Wilson's comments are irresistibly comparable to the impressions noted by Shane Greene of masculine life ideals in Aguaruna territory. '[A]ccording to a certain understanding of things,' he notes with respect to psychedelic plant-derived visions, 'without such a vision a man is just a man, doomed to a fate of lifelong mediocrity and obscurity that many men secretly fear' (2009: 80). To be healthy, then, is not simply to be free of illness; but rather, to be powerful and immersed in a continual process of realising one's potential.

We have seen, then, that for Shuar people in remote regions, the notion of traditional medicine is more expansive than a therapeutical model based on the treatment of symptoms in order to return an individual to a state of normal health. To speak of 'medicine' and 'medicinal plants' in the context of Alto Nangaritza is to invoke a range of ideas, some of which correspond more closely to what we might think of as psychotherapy, socialisation, empowerment and self-development, as well as seemingly inexplicable elements which it is tempting to gloss as 'magic'. Shuar people do speak of sorcery, but not as a disconnected or marginal practice but rather as one embedded in relations of power operating at individual and communal levels as well as on cosmic levels beyond the ordinarily apparent plane of reality. As such, sorcery in Nangaritza cannot be reduced to a simple fear of being envied, explained away as the result of an instinct of primitive egalitarianism or anti-capitalism (e.g. Taussig, 1980) that reflects 'widespread anxiety about the production and distribution of wealth,' as the Comaroffs (1999: 288) posit with regard to fears of witchcraft in southern Africa. Instead, the notion of sorcery or 'maldad' is an emanation of an all-encompassing worldview guiding Shuar people in the

right way to live, in the context of which 'maldad' can signify physical illness, psycho-emotional distress, familial conflict or even simply being waylaid from what is felt as one's proper life path. Shuar people's pursuit of visionary experiences to maintain a consistent consciousness of the future in their actions in the present represents one way that the promise of epistemic pluralism through state interculturality may be realised in the Shuar context. In particular, the notion that one's health and illness have deep roots grounded throughout the entirety of an individual's life and that its depths can be plumbed through internally directed hallucinogenic experiences may turn out to be a profound contribution to western healthcare.

Healthcare practices founded in profound cultural difference have unfortunately been relegated to the margins of the western political-economic system. The expansion of the system has brought more and more resources to its centres of knowledge, but at the cost of undermining the viability of independent cultures from which alternate approaches to knowledge may emerge. The ontological and epistemological commitments of Shuar people in Alto Nangaritza and the healing practices emerging from them are but an example of what state interculturality should aim to support. This would of course be a boon to indigenous autonomy over dependence on North-Atlantic forms of political, economic, social and epistemic organisation. What this chapter has shown, however, is that it would also be desirable for the pluralisation of knowledge production and the functioning of state social services across nation-states as a whole.

Chapter 5: Medicinal Plants and Evangelicals' Denatured Spirituality

The preceding chapter illustrates the stark differences in worldview and conceptualisation of health and healing that would both challenge any effort to implement culturally representative state healthcare, while at the same time carrying the potential for rich epistemic dialogue. However, such a project does not only need to consider the dramatic cultural difference between specific indigenous peoples and the scientific materialism of state healthcare systems constructed on the model of a modernizing European state. It also needs to take into account the differences within indigenous populations, a point that models of interculturality subtly based around culture as ethnicity tend to obviate. In the terms of this project's case study, it is not just when speaking of the Shuar population in the province of Zamora-Chinchipe as a whole that we encounter a problematic generalisation, for even in Alto Nangaritza there are minority positions that are clearly distinct from the rest of the population. While the health-seeking practices of Shuar people in this particular region are most strongly influenced by the knowledge and practices that are their cultural inheritance as Shuar people, as well as the geographic isolation that has facilitated its survival and autonomous development, among the Evangelical religious minority this inheritance has been attacked in some ways and transformed in others. The way in which Evangelism has both overcome and combined with existing health-seeking knowledge and practices in Alto Nangaritza, and the traditional Shuar ontology on which these are dependent, is the subject of the present chapter. It offers both an example of the complications inherent in speaking about culturally representative state institutions, as well as a case of ontological metamorphosis worthy of ethnographic analysis in its own

right. The manner in which Shuar people navigate between an indigenous animist ontology, an aggressively monotheistic religion and the scientific and philosophically materialist practice of state-sponsored clinical healthcare sheds a new light on the similarities and differences between these belief systems.

The chapter begins by documenting the character of Evangelism as a dissident worldview, particularly within Alto Nangaritza. The role of illness in throwing prior ontological commitments into uncertainty is highlighted, as is the way healing has the capacity to cement new structures of belief. The chapter's second section explains how Evangelicals' subsequent moral injunctions against certain healing practices problematise the notion of 'border thinking' as 'localised accounts of best epistemic practices' (Alcoff, 2007: 97) outlined in Chapter 2. The assumption that a specific culture's health-seeking practices represent a body of accumulated knowledge guided by criteria of efficacy does not hold in this case. The third section proposes to resolve this problem with the hypothesis that Evangelism represents a halfway position between the philosophical materialism of western science and the ancestral health-seeking practices and traditional ontology detailed in Chapter 4. Finally, the final section extends upon this position by explaining how Evangelical religion operates as one vector amongst many in Shuar territory and is only observable in its interactions with existing knowledge practices and with other cultural vectors.

Healing and Conversion: Illness as a Crisis of Ontological Commitments

As detailed in Chapter 3, ten of the sixty-one interviewees in this project were Evangelical, and seven of these lived in and around Shaime in Alto Nangaritza. As that chapter's

statistical analysis demonstrated, their strongest predilections were the rejection of both shamanism and the ingestion of hallucinogenic plants, while their willingness to engage with clinical healthcare or to prefer the use of medicinal plants was mixed. This chapter seeks to explain these preferences from the perspective of Shuar Evangelicals themselves. It would be easy to account for the rejection of shamans and hallucinogens as the direct outcome of the group's religious dogma; the testimony of interviewees like Aníbal Tseremp of Churubia, for example, lends itself to such a straightforward explanation:

Now that I am following the Evangelists, this is called excess, because it's like a drug. It's not a good thing if you do it when you know what it says in the Bible. For this reason, I have left those things behind.

However, given that the number of people adhering to the tenets of Evangelism is clearly much lower than the number of people amongst whom the same ideas circulate, it is worth analysing the way in which Evangelical ideas have managed to take root. In studying health-seeking behaviours, one gains a direct window into the way in which the point of crisis represented by serious illness creates leverage for conversion between belief systems. A pre-conversion episode in the life of Antonio Tukupi, recounted after an Evangelical service outside Shaime, is an example of this process:

Before I came to know Jesus Christ, I travelled around, and I thought that these people [shamans], through all of their sorceries and witchcraft ('brujerías y hechicerías'), were working on the side of God. One day, some sort of 'maldad' entered my daughter and made her sick. And they did so many things that they called treatments, things that only they understood, but they couldn't cure, and I was spending money too. I had to spend money to be able to save my daughter.

– They charge a fair bit, no?

– They charge a lot, and there are some who lie, and they say things that are completely satanic and they go around robbing and taking people’s money. These ‘brujos’ take money from those who are the poorest. There are ‘brujos’ who go around saying, ‘You are not going to be cured; you are going to die. You need this remedy.’ And then they take them for [USD] \$500 or \$1,000. So what happened? My daughter couldn’t get well. I took her to a ‘brujo.’ He was too much. He knew everything! But even he could not make my daughter healthy.

– Did you go to see a lot of healers?

– Yes. I went to one in Macas, Puyo, El Pangui, so many, so I know.

– And did they give you a lot of different explanations?

– Yes. They would say, ‘Oh, it’s like this; it’s your fellow human beings, they’re killing her,’ or whatever, in that way that they speak. But in the end, my daughter couldn’t be cured and she died, and went to another place, perhaps.

So I set myself to thinking a lot. I had been rejecting the word of God at this time. I was Catholic at this point. And I fell into conversation with a priest during this time. And I learned the words, ‘He who believes in me will no longer be condemned by God. And he who does not believe is condemned. And when you don’t have money coming from anywhere, call out to me and I will answer you.’

And so I was thinking and analysing everything during this time. And it says as well, ‘With prayer, your sick will be cured.’ So if God had died for my sin, why should I believe in a man who is just as sinful as I am [i.e. a shaman]? So I prayed to the Lord: “Lord, from now on I will reject these sorceries (‘brujerías’), because these are simply devil-worshippers (‘son puros satánicos’) who go around robbing money.” Jesus Christ healed and he never charged a cent! St John the Baptist baptised and never charged anything for it.

But the 'brujos' go around, and even just for a consultation they charge \$5. If there are two of you, they charge \$10. They rob a lot of money. I had paid \$150! They lie, they charge you and they take your money. So in 'brujerías' I won't believe anything. I have left this behind and I'm in the hands of the Lord.

Antonio's testimony illustrates the impact of the vagaries of sickness and health on individuals' fundamental beliefs. Before his daughter's fatal illness, he would certainly have already been aware of Evangelicals' prohibition against involvement with shamans and the intoxicating substances of which they make use. However, it seems that if even one of the many shamans whom Antonio visited had managed to cure his daughter, the conversion to Evangelism from Catholicism would never have taken place. It is a classic example of the role of illness as an intimate mystery that serves to foreground our inability to exercise control over even that which is most central to our existence. As Jean Comaroff (1982: 51) puts it, the paradox of illness is that our bodies become both self and other. In the context of a region of Shuar settlement dominated by the health-seeking practices founded on traditional ontology and its associated practices of vision-seeking and shamanic healing, the health-seeking behaviour of Evangelicals could be characterised as a dissident reaction to its inevitable failings.

While illness has the potential to trigger such moments of crisis, its tendency toward self-resolution in unexpected and speedy healing can also be harnessed to reinforce ontological postulates. During an Evangelical service outside Shaime in 2013, the apogee of the pastor's performance arrived in a recount of his own experience of severe illness.

I went to see the shamans, and they said that they had the medicine to cure me. However these were simply sedatives ('calmantes'). I was given a balm and I used it exactly as I was supposed to. However, my body reacted and got even worse. I threw it away and said, 'This

is garbage. From now on, I am only going to believe in God.’ And the miracle happened right then. I was cured right away. My illness went away.

Yet God reprehended me at the same time, and I was forced to stay in bed. During this time, I saw two angels. During my time as a Catholic, I never saw angels. And these angels were wearing such white clothes. The white that we see people wearing cannot be compared to what I saw. I heard the voice of the angels. They walked up to me and touched me. One said, ‘Lift up this sick person who is in bed.’ In the Catholic religion, they say that God will not speak to you, but I learned that he does.

Interestingly, the pastor used the very same term, ‘calmantes’, in his dismissal of the healing capacities of shamans as the majority of Shuar people in Alto Nangaritza do in expressing their skepticism with regard to clinical medicine. It is as though, whether for Catholics or Evangelicals, the expectation for a healing practice to be considered as founded on truth implies that the treatment is able to go immediately to the core of the problem and resolve it, rather than simply improve the patient’s condition in an incremental way. The pastor thereby challenges the legitimacy of shamanism and reinforces that of his own preferred alternative by claiming that prayer and submission to God have greater power over the never-quite-knowable terrain of our bodies. In this case, then, cultural change is certainly dependent on the slow diffusion of ideas via the global network of Protestant Evangelism, but is effected by a health crisis and the lack of efficacy of the previously preferred form of healing practice. In contrast, then, to Libbet Crandon-Malamud’s (1991) thesis that medical decisions are often made for political reasons and as assertions of identity, in this case a political decision and an attendant shift in identity occurs for a medical reason. The fraught period surrounding a search for healing can be compared to the moment of observation in quantum physics, when one option among a

pre-existing set of possibilities is finally concretised. In this sense, health-seeking behaviour is one way in which cultural change is made manifest.

However, although such dramatic moments of direct conversion clearly occur, the ethnographic scene among Shuar people in Zamora-Chinchipec is not, precisely speaking, one of knowledge systems in direct competition. As was occurring a century ago with the arrival of Catholic missionaries in Shuar ancestral territory, cultures and their foundational premises inevitably enter a dialogue out of which at least within the theatre in question, neither remains unchanged.⁵⁰ In today's ontological encounter, the Evangelism of Shuar people is coloured by their historically imbued expectation that the paramount form of truth is the transcendental experience of vision. The importance of visions to Evangelical Shuar was one of the curious facts that emerged in the statistical analysis of interviewees' responses, as presented in Chapter 3, and it remains true in spite of the virulent expressions of hostility occasionally heard from Evangelists regarding the methods of achieving visionary transcendence employed by their recently deceased ancestors. One of the most outspoken Evangelists in this regard was Elsa Tukupi, a middle-aged grandmother who lived an hour's walk further up the Nangaritzza River from Shaime. Elsa described a personal experience of sickness and healing as follows:

A spirit of the world ('espíritu del mundo') entered me, the witchcraft of a witch-doctor ('brujo'), doing 'maldad'. I was already on the path of being Evangelical at this time. So what could I do? The only thing I could do was cast my gaze up to God in heaven, praying and fasting. Then, in a dream, a 'Señor' arrived, just like yourself [a white man], the demeanour

⁵⁰ Recall Casper Jensen and Atsuro Morita's observation that 'different ontologies are often busily interfering with each other [...] ontologies are never hermetically sealed but always part of multiple engagements' (2012: 366).

and everything. He appeared to me and said that he was an Evangelist. He spoke to me and made exhortations.

'I am an Evangelist,' he was saying. 'I am the one who heals the sick. I don't heal with remedies, with anything.' And as he made these exhortations, I was struck down by a powerful wind. This cleansed me, via this dream. And after this, *pah!*, I awoke. My head had been hurting me: my head, body, belly, everything. Then, nothing! I didn't feel any pain at all when I woke up. All the pain left me.

Elsa's account highlights what might be called the permeation of the subconscious with the imagery of power of the external world. Just as for the Evangelical pastor, the arbitrary idea of whiteness as a transcendently powerful element informed a non-verbal, bodily experience of catharsis that occurred during a health crisis. A vision experienced by Estalin Taasham, a Catholic, after ingesting datura, demonstrated this same characteristic:

- No, I drank it [datura] when I was injured here [indicating his foot] and it cured me. In dreams I saw doctors coming to help me and the next day I woke up healthy.
- You applied it to your skin [also]?
- Yes, on the skin. That's how I was cured.
- What were the doctors like, that you saw?
- They were white people and they came here and cured me.
- Were they white men like me?
- Yes, that is how they were. They were the force ('fuerza') of the plant, that is to say the spirit ('espíritu') of the plant, which came and cured me. By the second day I was cured.
- And it was a bad injury? When you did it, could you walk?
- Yes it was. I couldn't walk. And with this plant I was cured.

Thus, despite their diverging methods, with Elsa having prayed and fasted while Estalin consumed a powerful hallucinogen, their healing visions were very similar. The principal difference lies in the character of their saviours: Estalin's were identifiable beings and cohabitants in his own world, who can be easily located as the spirit of a specific plant even as they took on the form of doctors in order to heal. Datura is widely referred to as 'the doctor' by Shuar people throughout the province. By contrast, in Elsa's vision, the white Evangelist seemingly arrived from nowhere in response to her supplication; his identity, motivation and provenance remained unknown to her.

A point worth clarifying: when Elsa asks rhetorically, 'What could I do?', she references the fact that the obvious recourse upon suffering 'maldad' would be to seek treatment from a shaman, if only she had not already distanced herself from their practice by converting to Evangelism. What this means is that, in contrast to the motivations that appeared to guide Antonio, the rejection of shamanism by Evangelists is not necessarily based on the conviction that shamans' pretensions at healing are a sham. Their opposition may be based on more complex grounds than dismissing the efficacy of their practice.

'False Miracles': Evangelism as a Moral Epistemology?

We saw in Chapter 3 that Evangelicals commonly claimed that shamans were 'Satanic' or 'worked with the Devil.' These terms in and of themselves, however, read as a base condemnation of evil that fails to do justice to the complexity of Evangelicals' contentions about the nature of shamanic healing. When I asked the Shuar Evangelical pastor about shamans' claim that they heal in collaboration with God, he responded as follows:

– No! Before, we used to believe this, but it does not say this in the Bible. Jesus says nothing about this. My sister, who has now been converted to Christ, she was performing this type of ‘magia.’ She tells about how Satan was using her as an instrument. And she would tell about how she would touch a sick person and they would be cured. But these are false miracles. Through false powers and Satan, many people are cured. And for want of reading the Bible, people get confused. It’s certain to them. They are convinced. But for those of us who have read the Bible, we realise that this is not the case.

– So you’re saying that they can cure through Satan?

– Yes. Satan performs miracles. However, they are false. God himself cures. I myself have been cured by God.

So even though Evangelicals justify their sense of the legitimacy of the Biblical God on stories of divine intervention to heal the sick, they are not dismissing shamanism by arguing that shamans cannot heal. Instead they argue that shamanic healing is somehow wrong or ‘false’ in some other way. This may seem incoherent, but the key is to accept that it is founded upon a distinct sort of epistemology to that which is intuitively logical to a secular western audience. Instead of judging the validity of a belief based on its capacity to predict and be consistent with observation, without heeding ethical considerations, some Shuar people evidently have a broader set of criteria to judge a belief’s legitimacy; or, more to the point, its desirability. The following passage in an interview which involved both Martina and Elsa Tukupi offers a glimpse of these criteria. When I asked their thoughts on Shuar ancestral beliefs, Martina replied as follows, with Elsa in agreement:

This power [Arútam] was Satanic. It was not from God. Our grandparents had the custom of going to the waterfall; they inhaled tobacco juice through their nostrils; they slept in the forest, at the waterfall. They wanted to catch a spirit (‘coger un espíritu’) and see God, as they

thought. In this drunkenness ('borrachera'), they found power. They would say, 'I encountered a jaguar, which presented itself to me, but I mastered it. It transformed into a person and spoke to me, so that I may live and so that I may kill my enemy. And now I am very certain/safe ("seguro") because I have to kill and nobody can kill me.' This power that they attained was not a power from God. It was a power of the Devil. So the people were very confused, because they called *Arútam* God. But God does not say, 'Kill your brother.'

The two women's interpretation is consistent with that of the pastor in the sense that they do not dispute the veracity of the practice they criticise: in this case, that of finding vision and power by ingesting hallucinogenic plants by a waterfall in the manner of their parents and grandparents. They criticise it on the grounds of moral desirability, not ontological legitimacy. This position does not change when killing is taken out of the equation; as the pastor's testimony makes clear, even healing the sick can go against their version of Biblical morality. These examples in fact call into question the project of comparative study of epistemologies itself: if there is no universal cross-cultural commitment to obtaining knowledge about reality that is unqualified with moral concerns, how meaningful is it to speak of epistemologies in the plural?

One way of explaining this apparent paradox is that Protestant Evangelism demands a particular way for human beings to relate to the experience of transcending the ordinarily apparent layer of reality. There appears to be a demand for the abnegation of spiritual agency in the way in which certain spiritual practices are either favoured or held in disrepute. This emerges in the position one is expected to adopt when exercising the central element of healing according to Evangelical beliefs: prayer. According to Elsa Tukupi:

I always tell my sisters, ‘When you need to be cured, go first to God.’ Because the Bible says the ‘maldad’ that enters your body can only be removed by fasting and praying. One has to pray. It is the same with the head of the church. He has to pray. It’s not that he as a person is capable of curing on his own; rather, through this person the prayer to God comes back down from heaven and heals. It removes the illness. But when one doesn’t have faith, one cannot be healed. For this reason, one must have faith in God. This is also an opportunity for you, because all of us need God in our lives.

What is notable here is the organisation of both an egalitarianism and a hierarchy in spiritual worth. An Evangelical pastor, or any kind of ‘head of the church,’ is not situated in a superior position to others with respect to spiritual agency, as represented in the Manichean quest for health and the banishment of illness.⁵¹ At the same time, this equality is the product of a permanent hierarchy of spiritual power with respect to God, the one and only morally legitimate force beyond the normally visible world. The limit of human spiritual agency is to petition God to heal, according to the Evangelicals, from a position of supplication and faith. Even then, God may legitimately toy with human hopes; as the pastor related, ‘Sometimes, God tests a man by sending him sickness. And through this illness, God disciplines, in order to know if God is in his heart.’ Thus, while not contesting the ontological veracity of other forces of healing which originate on normally invisible planes of reality, Evangelism establishes a very different, subordinate form of ideal human subjectivity with respect to such forces than does traditional Shuar ontology and the healing and vision-seeking practices originating in it. Evangelism’s ‘epistemology,’ so to

⁵¹ The Evangelical pastor stressed to me that ‘the Bible says, in Romans 7:23, “The payment for sin is death.” [...] The consequence of sin is sickness. Disobedience, it’s a sin. Disbelief, it’s a sin.’

speak, is thus imbricated with ethical concerns about the hierarchical order of the universe and the degree to which humankind should express its full capacities.

A similar finding on the hierarchy of legitimate agency in Evangelical thought can be found in Kimberley Marshall's thematically parallel research carried out among Navajo Evangelical ('Pentecostal') church adherents in New Mexico. Marshall argues that for this community of believers, 'prayers are requests'; moreover, 'the efficacy of prayers also lies fully in the hands of God, and unanswered prayers are often explained with reference to "the will of God"' (2015: 405). By contrast, in traditional Navajo spirituality, engagement with spirits existing on non-ordinary planes of reality was governed by 'social norms of reciprocity' (2015: 405). This difference mirrors that found between Shuar Evangelicals and the Shuar Catholics living according to a more traditional worldview. The former make petitions to an unknowable God, while the latter refer to vision-inducing medicinal plants as having 'a living spirit' or as 'doctor,' and as plants which 'cannot be collected just for the sake of collecting them.' In the same vein, Navajo Evangelicals consider 'all the good things in life' as 'blessings' which are received as 'gifts from God in response to petitions' (2015: 405). From a traditional Navajo perspective, by contrast, 'a state of blessedness is the responsibility of humans to maintain. It is the result of proper functioning of the world, which was set up in ancient times, and can be restored through ritual' (2015: 406). Though such notions of ritual and reverence for the past are absent in the individualistic practices of Shuar spirituality, as we have seen in Chapter 4 such ideals as virtue, strength, good fortune and resistance to hardship are to be achieved by fearlessly pursuing visionary experiences, and not by supplication before any omnipotent being(s). Moreover, these ideals, while they certainly have moral valency, are more valued as guideposts to the most effective way to live and prosper. Shuar Evangelicals, on the other hand, speak incessantly

of 'faith,' which is the explanation for good fortune and the required response to adversity; and are at times more concerned with the purity of their souls in the afterlife than they are with the effectiveness of their actions in the present.

Medicinal Plants, Materialism and the Disowning of Spiritual Agency

This paradigm does not necessitate an entirely fatalistic attitude toward illness that would leave human beings with no recourse except prayer. Almost all of the Evangelicals with whom I spoke supported the use of medicinal plants. For some, this was a matter of cultural pride and asserting indigenous identity, a subject to be addressed in Chapter 7. For others, treatment of illness with medicinal plants was seen as according with the intention of God in placing such plants on the Earth, as the Evangelical pastor and his wife confirmed. (These two positions were by no means exclusive.) This perspective was also evident in Kiim, a small town built around a church in which there were no shamans present. As one woman living there who was very knowledgeable about medicinal plants put it: 'Never say that I am a witch-doctor ("bruja") or that I am a shaman ("curandera"). Behind me, there is someone who intercedes on my behalf. There is the Lord, who left us the medicinal plants, then there is me.'

The way in which Evangelicals relate to hallucinogenic plants is revealing of the way in which medicinal plants and healing in general are situated in Evangelicals' worldview, as these plants are widely regarded as having physiologically therapeutic characteristics independent of the capacity to induce visions. Again, Martina and Elsa Tukupi's interview brought the matter to light most explicitly. After hearing about their rejection of ancestral practices of seeking visions of *Arútam*, I asked the following:

Q – Does this apply also to *natém*, *tsaank*, and *maikiua*?

E – We do not do this. Well... simply as remedies, yes. When one has a wound, to simply apply it [*maikiua*], then yes, but not...

M – For injuries, it can be applied.

E – For fever, one can also take the leaves of *natém* and bathe with them [the leaves are mixed with water in a bucket, which is then used to bathe].

Q – But they are not used for acquiring power from visions?

M – No.

E – This power from visions can only be given by God.

Q – Through prayer, for example?

E – For example, for myself, God has made me see. If I have a brother who is not walking in the path of Christ, God sends me a vision to show me. So then, I have to speak with him, and tell him, ‘God is saying that you are going in this direction, and you are putting yourself in danger. You need to take more care.’ If God gives a vision, it lives.

In other words, these plants with the capacity to provoke a spiritual or visionary experience have this characteristic specifically neglected by Evangelicals in favour of making use of only those phytochemical properties that affect the body. They did not consider that the plants could either explain the nature of an illness to them, as non-Evangelicals residents of Shaime say with regard to *ayahuasca*; nor did they consider that one should drink *datura* in order to experience healing at the hands of the spirit of that plant (the so-called ‘doctor’). Evangelical healing preferences thus manifested a Cartesian logic. For them, God is the only legitimate source of the transcendent knowledge that emerges from the layers of reality beyond the ordinarily visible world; practices that imply the intelligence, agency or intentionality of any other entity on these levels of reality are to be opposed as moral perversions, despite their potential efficacy.

As such, it appears to be the specific nature of Evangelical spirituality that encourages the Weberian ‘disenchantment’ of indigenous ontology, rather than the incidental secular attitudes of missionaries, as Elmer Miller (1970) suggested. Although theirs is obviously a religious worldview, in practice the aggressive monotheism of the Evangelicals serves as a halfway point between philosophical materialism and the animated cosmos of indigenous Shuar ontology. The majority practice in Alto Nangaritza of communicating with beings that exist beyond the normally visible plane of reality is even more rabidly opposed by Shuar Evangelicals than by state medical personnel, even though the latter dismiss the ontological validity of such encounters altogether. The former’s moral indignation contrasts with the calm agnosticism of the latter with regard to Shuar healing practices as a whole. In the words of one of the regular doctors at the clinic in Shaime, ‘We can hardly tell them not to use their own medicine. It’s not as though we have studies to say that the plants they use don’t work.’

By contrast, seeing ordinary invisible layers of reality as real, they become all the more frightening to Evangelicals, whose monotheism leads them to interpret all spiritual entities external to the singularity of God as demonic emanations of Satan. In such a worldview, one is left with simply the works of the Creator and humankind, to whom Creation was left to be shepherded.⁵² Given that the other elements of the world have no agency, personality or individuality of their own, they can be classified and manipulated according to their universal qualities and natural laws, with only the additional element of faith in the Creator himself required to activate them in the sought-after direction. With humankind left to its own devices between a distant God

⁵² This argument relating the western will to dominate nature to Biblical mythology has also been developed by Kichwa intellectual Luis Maldonado Ruiz (2010: 84).

and the materiality of the world, it is just one step further to do away with the element of faith altogether, putting man's knowledge of the Creation in the place of the will of the Creator as the prime mover. In this historical trajectory, Evangelism among Shuar people appears to be functioning in the same fashion as Protestantism in early-modern Britain, which disciplined folk religious practices by delegitimising minor saints and direct revelation (Green Musselman, 2006: 147-8). Ironically, then, it is possible that the spiritual practice of Evangelism does more to overhaul the ontology indigenous to Zamora-Chinchiipe than rationalised state institutions, whose epistemological confidence and pluralistic attitude leaves its practitioners unconcerned with the details of the specific motivations of their clients.

An indication of this ontological metamorphosis amongst Shuar people in Zamora-Chinchiipe, whether Evangelised or simply raised in the aftermath of extensive Catholic missionisation, is the aetiological typology of 'sicknesses of man' and 'sicknesses of God.' As detailed in Chapter 3, this widely shared categorisation separates sorcery and other illnesses caused by clashes of competing power and vision from what we would call 'naturally-occurring' illnesses. Ironically, while the former are cured by shamans, 'sicknesses of God' are cured by administering the correct medicinal agent, whether herbal remedies or pharmaceuticals obtained from clinical personnel. The association of God with what we could recognise as a 'natural causes' explanation is supportive of the notion that Christian proselytising can encourage materialism in the worldview of indigenous peoples by distancing animist peoples from exercising spiritual agency and encouraging active interventions on the material world combined only with passive spiritual supplication.

There is also historical supporting evidence for the proposition. In comparing this aetiological dichotomy with the conceptualisation of illness among the Achuar people encountered by Philippe Descola and Anne-Christine Taylor in the late 1970s, it would appear that not just the name but the entire category of ‘sicknesses of God’ arrived with the Christian missionaries. As Descola observed, ‘My companions have hardly any concept of there being “natural causes” for pain or misfortune. Instead, they usually consider them to stem from the actions of others, either involuntary or deliberate’ (1996: 235). With regard to the usage of medicinal plants, the most favoured aspect of traditional medicine in international development initiatives, Descola noted, at least for the Achuar, ‘[their] relative indifference [...] toward their plant remedies—in total contrast, it is worth noting, to the mythical image of the Indians of Amazonia promoted by western enthusiasts of “alternative medicine”’ (1996: 237). It seems quite likely, then, that at least for Jivaroan peoples, the will to use and learn about a diverse range of medicinal plants has in some ways been encouraged by missionisation⁵³ and Evangelism, as well as by the presence of indigenous identity politics.

One Vector Amongst Many

The impact of Evangelism in Zamora-Chinchipe should not be exaggerated, as Evangelism is but one of several cultural vectors that are influencing the worldview and practice of Shuar people. Even amongst Evangelicals, it should not be assumed that the hold of their ideas is total; that the cultural presuppositions they have inherited as Shuar people are

⁵³ A definite exception is women’s usage of contraceptive and abortifacient plants, whose former usage older Shuar women confirm, and which a Shaime resident told me had been explicitly condemned by a priest during her adolescence.

being erased; or that they are not being simultaneously affected by other cultural vectors. On the first point, the testimony of Elsa Tukupi manifested certain contradictions suggestive of only a partial transformation in the ontology she accepted. In her words:

My son too [...], he got very ill as well. I suffered for him. Due to my disobedience, my father in heaven has taken six of my grandchildren away from me. So I prayed to him: 'Father, please don't take any more grandchildren away from me. He is the only one you have left me. The others that you took away, you have them now. But leave him here with me.'

So I fasted, and when I slept I saw my grandchild with a needle inside him, tied around with a black thread. So I said to my daughter, 'Why does he have this needle inside of him? Why did you put this inside of him?' So I sucked it out of my grandson. And she said to me, 'This was put there by "magia"'. This means that he was affected by bad spirits of the world.

Once I took it out, my grandson was fine. And so I continued to pray and make requests to God. In the name of God, we can make treatments, using some remedies and praying to him.

This description of a case of illness and healing is nearly identical to the kinds of examples offered of shamanic healing by non-Evangelical Shuar. The only difference is that in the latter case the diagnostic vision would be received by a shaman under the influence of *natém*, rather than in a dream sent after prayer and fasting in supplication before God. Aside from that aspect, we see a healer perceiving a small, otherwise innocuous item lodged in the body of a patient, which is attributed as the cause of the illness and the instrument of an unknown, malevolent entity. Once the item is removed, the patient immediately recovers. Of course, Elsa has previously told us, 'When you need to be cured, go first to God. The Bible says that the badness that enters your body can only be removed by fasting and praying.' However, the ingrained autochthonous notion of human beings as agents of direct healing without the need for medicines has evidently become mixed up

with the notion of petitioning God to be healed, so as to suggest that following such supplication one can heal others as well.

Just as the impact of culturally inherited notions of healing and ontology is manifest in the responses of Evangelicals, so is the impression made by other cultural vectors, of which the most prominent are the mining economy and the discourse associated with the Pachakutik party and the broader global ideology of indigenous rights and the re-assertion of indigenous identity. Aníbal Tseremp, a waged miner and Evangelical from the town of Churubia, stated directly, 'We go to the doctor for any kind of illness.' When pressed on whether he pursued any ancestral healing practices, he replied, 'We don't apply this, because we have medicines and hospitals.' This preference for clinical medical attention was common amongst waged miners, none of whom rejected clinical medicine outright. By contrast, as we saw in Chapter 3, among Evangelicals in Shaime there was deep suspicion of state health clinics; one of the men insisted that the injections and serums used were designed to kill people. Similarly, there were Evangelical and Catholic interviewees alike who would inveigh against non-native foods as the cause of much of the illness suffered by Shuar people, while invoking the diet and healing practices of their ancestors as a model of health and healing in rousing assertions of indigenous identity.

As such, we might speak of cultural vectors as having a particular modality indicating their terrain on which their impact is focused. In the case of Evangelism, its terrain is ontological: it brings a moral charge to questions of ontology, such that even activities with observable positive effects may be condemned on ethical grounds. This was apparent in the Evangelical pastor's opposition to the 'false miracles' of shamans who succeed in healing their patients by collaborating with Satan, and Aníbal Tseremp himself provides another

illustrative example. When asked about his experiences with ayahuasca, Aníbal related the following:

- Did you just drink it out of curiosity?
- Yes. People said it was very good. One sees visions and I wanted to see too, to see if it was true, a sort of experiment. It is true, what they say. You see visions on a screen, the things that are going to happen and that have to happen. When one sees something, it becomes true [later]. It is true. That's what I can tell you.

Yet despite attributing this fantastical quality to the plant, Aníbal was nevertheless opposed to the use of it. As we saw earlier in this chapter, he had decided that '[i]t's not a good thing if you do it when you know what it says in the Bible.'

At the same time, despite its impact on ontological terrain, when it comes to the terrain of relations with the outside world and the organisation of time and labour, Evangelism leaves such matters essentially untouched. As such, it is imprecise to speak of Evangelism in broad terms as an agent of colonialism or acculturation. Evangelism is a significant complication to any project of state intercultural healthcare in Shuar territory because of the moral invective it reserves for practices and beliefs that are fundamental to traditional Shuar health-seeking behaviour. Its reach can be understood because of the leverage it finds among Shuar people who have experienced suffering and loss and seek a means to express a dissident response to the traditional ontology and practices that ought to have empowered them. As such, there is an oppositional stance inherent in their worldview that suggests there to be little potential for articulating their health-seeking preferences in shared institutions with those of Catholic Shuar in geographically remote regions.

In sum, the Evangelical presence would need to be considered by any intercultural health initiative undertaken in Shuar territory. Healthcare institutions operating according to the health-seeking preferences and traditional ontology of Shuar people living in remote regions could not be said to be culturally representative of Evangelical Shuar. At the same time, Evangelical health-seeking preferences are essentially oppositional; with their emphasis on administering herbal or pharmaceutical medicinal agents in conjunction with supplication before God, Evangelicals are not substantially different from mestizo Ecuadorians and other westerners in the kind of medical expertise they expect and require. This perspective is driven, as we have seen, by Evangelism as a response to failures in traditional healing, and in the subsequently morally charged injunctions against shamanism and all forms of agency on the plane of non-ordinary levels of reality, which are seen as the proper domain of God. In picturing the world as a material plane ruled over by a distant, singular deity, Evangelists are in fact only a small step from the worldview of philosophical materialism. As such, Evangelicals' health-seeking preferences do not demand the reformulation of state healthcare institutions along intercultural lines, although they could be expected to virulently oppose support for shamanism and visionary practices of education, socialisation and self-development on the part of Shuar-controlled intercultural state health institutions. By the same token, there are other regions of Shuar territory where geographic isolation and the ancestral Shuar cultural inheritance are not as significant as in Alto Nangaritza, and where the political and economic vectors that exert influence may find greater compatibility with Evangelism, as we shall see in the following chapter.

Chapter 6: Mining, Materialism and the Indigenous Amazonian Working-Class

Ethnography on the Quimi River: Shuar Life 'On-the-Grid'

Perhaps by virtue of his pre-existing expertise in other fields, Michael Taussig was more ready than most anthropologists before him to draw attention to social research's "objectivist fiction," namely, the contrived manner by which objectivity is created, and its profound dependence on the magic of style to make this trick of truth work' (1987: 37). It is a fact worth drawing attention to here as well, in the aftermath of two chapters synthesised primarily from the accounts of Shuar residents of the beautiful and remote Upper Nangaritza Basin. Social science, like any human endeavour, can be motivated by researchers' profoundly suspect, internalised analytical categories, which particularly for westerners exposed to environmentalist discourse includes a love of 'nature,' adventure and the challenge of going 'off-the-grid.' Such research sites may provide a more rewarding base for the study of cultural, ontological and epistemological difference than the minutiae of ethnographic studies of sub-cultures within western contexts. However, they also risk reproducing the very same dualism of thought—opposing civilisation to nature and indigeneity—that makes hiking through the mud three days' distance from mobile phone reception so viscerally appealing.

It was the awareness of this unfortunate fact and its role in the present study that drove the move in ethnographic location from Alto Nangaritza to the Quimi River Valley, to the north of the Ecuadorian province of Zamora-Chinchiipe (see Figure 1). From one of the most geographically and culturally remote regions of the country, where few residents had mastered Spanish, the focus shifted to an area where the money economy took

precedence over the subsistence economy, where only those over the age of forty spoke the Shuar language and where it was not uncommon to see satellite TV dishes on the roofs of indigenous peoples' homes.

There are two Shuar 'centros' in the valley: Yanua, a settlement made up of a single extended family with a population of about fifty; and Churubia, a legally singular 'centro' with three separate nuclei and a population of around 95 individuals, some 30 minutes' walk further up the valley. The present research includes 28 interviewees from the valley, 12 of whom were waged miners and another five of whom were 'artisan' miners. Of the 28, 14 were residents of Yanua and 14 were residents of Churubia. The difference in the pattern of responses between the waged miners and the other interviewees—particularly those few not involved in any sort of mining—was very obvious; in terms of worldview and health-seeking behaviours, most of the latter seemed to bear more in common with residents of Alto Nangaritza than with their own neighbours.

The socio-cultural terrain of the Quimi Valley is shaped by the Mirador mine, a so-called 'mega-project' of socialist development and international resource extraction to which busloads of workers would roll in before dawn and leave in the afternoon, along with the Chinese and Ecuadorian engineers and translators who arrived and left in pick-up trucks on their own schedule. All of this traffic relied on a road of pressed clay and gravel a lane and a half wide, which in turn relied on an 80 metre-long, two-lane wide concrete bridge built over the Zamora River in 2011. Although the mine was dependent on this labour force bussed in from elsewhere in the province, it also drew substantial involvement from local Shuar and mestizo men. As stated in Chapter 3, miners were paid USD \$480 monthly, some 40 percent above the Ecuadorian minimum wage, for working a 15 days-on/15 days-off

schedule. On workdays, they would leave home in the morning and return some 10 hours later, after completing the 90-minute round-trip to the mine on foot. This schedule allowed the men to make a living wage with ample time off, and this was typically spent on leisure, ‘artisan’ mining and maintaining the small gardens where their wives grew plantains and cassava near their homes. Although most households had some sort of garden, mining households primarily consumed store-bought goods, most prominently rice, beans, eggs and canned fish.

Figure 8: Newly constructed bridge on the road to Yanua and Churubia



Those who extended themselves into ‘artisan’ mining enjoyed an even stronger economic position, albeit without the protection of the law. Though a strong element of chance was involved, ‘artisan’ miners reported being able to collect a gram of gold in one to two hours,

which at 2014 prices equated to approximately USD \$150–\$300 per day, or roughly \$4,000 per month, some 75 percent of Ecuador’s per annum GDP per capita. Though this work also necessitated locating suitable mining sites and shifting heavy machinery, as well as travelling to major cities to sell their product (trips which other Shuar people frequently joked were highly debaucherous), ‘artisan’ miners nonetheless sustained a very high income by local standards.

The economic prospects offered by mining are very fortunate for the current generation of young Shuar families of the Quimi Valley in light of the Balkanisation of their ancestral territory caused by mestizo colonisation. Both Yanua and Churubia are very small communally-titled properties completely occupied with houses, gardens, marshes, cattle pastures, corn fields and a soccer pitch. The territory could certainly be made more agriculturally productive, but that would necessitate overturning a land ownership regime that permits the older generation to dedicate space to cattle pasture while young adults control no land at all. Outside of these Shuar towns, the surrounding valley is already dotted with houses and farmland owned by mestizos, who themselves primarily maintain pasture and raise cattle. The arrival of mining in the valley, then, permits young Shuar people to remain on communally-titled land and live rent- and debt-free, even as it poses the threat of potentially contaminating the water supply to such an extent that living in the valley would become untenable.

This kind of consideration of indigenous people’s relations to land and capital are often absent in general treatments of the political emergence of indigenous peoples as such over the past three decades. Both academic research and political commentary tend to overestimate the autonomy of the indigenous peoples of Latin America, as though the

mere existence of indigenous land rights in the legal codes of the region's republics enables them to act as independent social units. Particularly in the immediate aftermath of the fall of the Berlin Wall and then the Zapatista Rebellion in 1994, this analytical simplification facilitated the conceptualisation of 'indigenous people' as the new revolutionary protagonists: invoked as a 'third way' supposedly outside of the classical Marxist contradiction determined by the relationship to capital and the capitalist world-system (e.g. Dávalos, 2016: 23; Mignolo, 2005b: 123);⁵⁴ and often simultaneously invoked as an environmentalist vanguard resisting the 'extractivism' of governments of a variety of ideological orientations (e.g. Gudynas, 2013; Picq, 2014), in a manner that makes no reference to any alternative economic modality that may be harnessed by indigenous people in order to supersede 'the extractivist development model' (e.g. Postero & Fabricant, 2015: 468-9). The fact that indigenous social units are cross-cut by various factors—what I have been referring to as cultural vectors—in a fashion that is usually very similar to that experienced by mestizo neighbours in their immediate vicinity is overlooked in favour of deceptive generalisations about the socio-economic reality and political role of 'indigenous people(s)' and the social movements and political parties claiming to represent them.

In seeking to explain the considerable divergence in health-seeking practices between Shuar miners in the Quimi River Valley and the Shuar of Alto Nangaritza, the present chapter aims to present a more empirically grounded and theoretically nuanced view.

⁵⁴ My concern is with Mignolo's positioning of indigenous groups as a resource of pure exteriority, 'a whole and entire world beyond the totalizing effect of the four modern meta-narratives' (2005b: 123), rather than with his geopolitics of knowledge critique as such. See also Domingues's critique: 'While the emergence of indigenous peoples' movements [...] is, appropriately enough, a key concern in Mignolo's work [...] placing such movements outside modernity is, however, mistaken' (2009: 124).

Taking the data presented in Chapter 3 as the point of departure, this chapter first presents miners' first-hand accounts and perceptions of shamanic healing and ancestral vision-seeking practices, which stand in contradistinction both to anthropology's skepticism of shamanism as a knowledge practice and to romanticised invocations of indigeneity as a contemporary subjectivity. The chapter then moves into a consideration of the prevalence of medicinal plant usage, the analysis of which illustrates the interplay of the coercive power of macro-economic conditions and the discourses and subjectivities of indigeneity and modernity/progress. In detailing the role of these exogenous cultural vectors in generating intracultural diversity, unavoidable questions are raised about the viability of interculturality when tacitly defined along ethnic (or so-called 'ethno-cultural') lines; about the complexity of reforming state institutions in the direction of cultural representativeness; and about the uneven necessity to do so in light of the impacts of varying material and discursive regimes.

Figure 9: House on Shuar communally-titled land near the Quimi River



Perceptions of Shamanic Healing among Miners and Anthropologists

As we saw in Chapter 3, interviewees in waged mining households tended not to participate in ancestral practices of shamanic healing, sorcery and vision-seeking. In response to a query about whether he visited shamans for advice and treatments, Facundo Kayuk replied, ‘I’ve never been one to do this.’ More pointedly, his wife Genesis Kayap said, ‘I don’t even know what a shaman is.’ Another miner, Aníbal Tseremp, replied, ‘I’m Evangelical, for the last 12 years. I practise what it says in the Bible. So I’ve left behind everything to do with shamans and “curanderos”.’ As mentioned in Chapter 3, when Norma Tsakimp was asked whether she had sought out a shaman for a case of ‘maldad’ or any other reason, she responded, ‘I’ve never believed in such things.’ Mateo Tsakimp said,

‘Look, for us, we don’t have this belief. I have a girl who is 12 years old now, and she’s never got sick with “mal aire”, or “mal hecho”, or “ojo”, all these witch-craft things.’ Jesús Tankamash was one interviewee who explained his views in greater detail, making reference to the general presupposition that shamans’ role is in the healing of ‘maldad’, or sorcery, rather than illnesses with a naturalistic aetiology:

When I was young, I drank [ayahuasca] with my late father. He was a good ‘curandero’. His healings were holy remedies. He said that one should believe, because ‘maldades’ do exist; in other words, ‘maldad’ of people, or ‘maldad de la calle’.

– ‘Maldad de la calle’, you said?

– ‘Maldad de la calle’; in other words, when people do sorcery (‘brujería’). It means when one person passes the ‘mal’ to another person. But I don’t know how that could be. I cannot believe it.

For his part, Gilbert Tsakimp, the young ‘artisan’ miner, suggested, ‘I would say that ten percent of young people now believe in shamanism.’ As related in Chapter 3, just two of the twelve waged miners interviewed said that they would consult a shaman in times of illness (five of seventeen when including ‘artisan’ miners).

Some anthropologists and social scientists may find this general consensus among interviewees in the Quimi River Valley reassuring. As Richard Rorty put it paradigmatically, ‘Western liberal intellectuals should accept the fact that [...] there are lots of views which we simply cannot take seriously’ (1991: 29). Yet while shamanism as a practice is typically not taken seriously, its undeniable existence as a social phenomenon has established it as a central problem to be explained away in the description and analysis of non-western societies. Thus we have early ethnographers’ characterisations of shamans as ‘at once dupe and cheat’ (Taussig, 2006: 221); Lévi-Strauss’s contention that a certain healer ‘did

not become a great shaman because he cured his patients; he cured his patients because he had become a great shaman' (1963: 180); Descola's portrayal of healing visions as the product of shamanic professional conditioning (1996: 334); Taussig's attribution of shamanism to 'the power of colonial differentiation such that magic became a gathering point for Otherness in a series of racial and class differentiations' (1987: 465); and currently fashionable explanations oriented around placebo- and mood-triggered responses to shamanic performance and 'narrative' effect (Miller van Blerkom, 1995; Taylor, 2003).

However, the 'problem' could easily be put differently. At least in speaking of ayahuasca shamanism in western Amazonia, there is significant coherence between practitioners in terms of both what they say they do and how they say they do it: specifically, that under the effects of ayahuasca, they are able to 'see' the illness and the part of the patient's body affected, and from there seek to remove it (Beyer, 2009: 178; Brown, 1985: 62; Descola, 1996: 236; Gow, 2001: 135, 139; Illius, 1992: 65, 68-69; Langdon, 1992: 51; Reichel-Dolmatoff, 1975: 94; Rubenstein, 2002: 163).⁵⁵ Some may find ways to discount the relevance of this significant internal epistemological coherence, which spans indigenous and 'mestizo' Amazonian populations across three countries. Yet even so, it would seem reasonable to conclude that shamans' ingestion of ayahuasca may result in a combination of acute sensitivity to environment and synaesthetic perception—both effects noted in clinical research on other hallucinogens (Johnson, Richards & Griffiths, 2008: 610-611; and Addy et. al., 2015: 429; and Carhart-Harris et. al, 2011: 1564, respectively)—such that the myriad of intuitions and observations made by a shaman about a patient may crystallise for the

⁵⁵ José Antonio Kelly describes a similar notion among Yanomami that shamans 'see' their patient's illness (2011: 153), an ability which appears to be tied to the consumption of the native hallucinogen 'yopo' (2011: 143).

former in the form of an overlaid visual impression of the latter. Moreover, through apprenticeship and experience these impressions, including the coloured shapes and objects perceived by shamans as located within their patients' bodies (as detailed in Chapter 4), may well be correlated with maladies and their respective remedies with reasonable success.

It seems equally true that a significant number of disingenuous Amazonians are willing to ape the mannerisms of shamanic healers in an attempt to extort obscene quantities of money from the desperate; at least, this was a common perception in Zamora-Chinchi. In the previous chapter, we heard how Antonio Tukupi was parted from his money in his desperation to see his offspring cured. With respect to shamanic apprenticeships, Franklin Kayap of Yanua told me, 'There are many who do this just to study how the other man does it, then they copy him and steal money.' He attributed this to the trials of a true shamanic apprenticeship, which at least according to Franklin could be expected to last 'six to twelve years.' That said, the possibility in itself of perpetrating such a swindle points to the persistent social perception of the potential value of Amazonian shamanic cures, even amidst of plethora of options including clinical medicine and herbalism. It should not be so hard, then, for social researchers to accept a degree of efficacy in Amazonian shamanic healing, and the reflexive focus on explaining away these beliefs is certainly unnecessary. So the question remains: why was there such consensus among the waged miners of the Quimi River Valley in their disbelief toward shamanic healing? The following interviewees' accounts of successful healing interventions by Shuar shamans bear further witness to the need to ask this question.

First-Hand Accounts of Shamanic Healing

Ximena Charip

The following story was recounted by Ximena Charip, a middle-aged resident of Churubia and wife of an 'artisan' miner.

Sometimes one has tumours on the inside, in the organs: for example, cysts, stones, tumours. This is why people get operations. One can also go to a shaman for these things, but the shamans of today cannot cure them. That's why one has to go for an operation.

But then, we often distrust these people [medical personnel]. I went for treatment for a calculus on the bone and I was sent to this hospital, then this doctor, then another city, but they could not do anything for me. They wanted to take the bone out, but I didn't want them to. I thought, 'It can't be right that I am fine and healthy all my life, and now this.' So perhaps there is a shaman-doctor ('medico-chamán'); let's try it out. Let's try everything else first.

So I came back from Cuenca and started to look for a good shaman who could examine me. What happened? The shaman said that I didn't have a calculus; that it was something else, a different disease that the shaman could cure. So I was cleansed three times [over three nights] and this round lump that I had disappeared, and to this day, I give thanks to God, and I have not been for any more treatments. After just the second cleansing, the lump was going down, and the shaman said that that meant it must have been swelling rather than a calculus. Now it's seven months later and I haven't had any problems. I was speaking to a friend who said that the swelling could have originated in the liver, so I'm going to go to the doctor to request an ultrasound to find out.

At the time, my bones, my ribs and my back were hurting and I couldn't do anything, whereas now I can. I can work, go to other places to visit my friends. I couldn't do this before. I couldn't even stomach food. I was getting very skinny, and I'd never been like that before. So that is

what I can tell you. Sometimes, because we do not believe in the shamans, we go to a doctor. But if I hadn't gone to a shaman to have him examine me, what would have happened? They would have operated on me, and then who knows? Perhaps I would no longer be able to live here on this land [because of the demands it places on mobility].

– I'm so happy to hear how it worked out. What was the treatment that the shaman performed on you? Was it just a cleansing, or did he give you some medication?

– He gave me a cup of...look, I don't know, something that he prepared. There are more plants and vines than I can even know about. He gave it to me to drink and told me to drink each day, and said that the pain would go away little by little. And believe me, we had spent [USD] \$3,000 already. Then this, which only cost us \$100, took away the pain. We were spending money in Cuenca, in Loja, in Gualaquiza where I was hospitalised. There was a doctor in Cuenca who wanted \$2,000 for the operation. Then in Gualaquiza they were going to do it for free, and they have excellent technical knowledge in Gualaquiza and receive it from doctors in other countries. Then some doctors said it was a huge calculus and that they could operate on me, but I might not survive.

This example conforms closely to the type of shamanic healing outlined previously. As Ximena went on to explain:

– What was the shaman's name?

– Fernando Jimpikit. He lives near Gualaquiza.

– Does he drink *natém* when he is diagnosing patients?

– Yes. When he drank, he focused on examining just me. When they drink, everything comes to them. Fernando told me that I had been done harm ('hecho daño') by people around here out of pure envy. My children are studying and my daughter was queen of the parish.⁵⁶ 'It's

⁵⁶ Ximena is referring to the beauty pageants held annually throughout the region in which local town officials judge young girls, who are often still in high-school.

because you're a hard-working person and you and your husband have earned plenty of goods,' he said.

– Did he tell you who it was specifically?

– Only that it was relatives of my husband. That was all.

In other words, a diagnosis made by a shaman under the influence of ayahuasca was followed by the provision of a herbal remedy, which effected a rapid cure of the problem. There is no obligation here to accept that Ximena's affliction was caused by sorcery, or the other common claim that shamans are able to 'suck' afflictions out of their patients' bodies. At its core, what we see here is an effective cure that avoided the prospect of surgery, with all its attendant complications.

The other side of the coin was also visible in Ximena's testimony, when she related a failed attempt to seek a cure for her son from a shaman:

– Had you ever gone to see a shaman before that?

– Yes. It was a shaman from Pastaza and he robbed us of \$2,000 when my son was sick. He did not even cure my son.

– He travelled here?

– Yes, he did. My son had a work accident when he was carrying heavy loads at a job near Loja. He had a swelling in his groin and could not urinate. They gave him medications at the hospital, but he just got worse and worse. So we took him out ourselves and went to visit a herbalist-doctor ('medico-naturista') in the city of Loja. This Señora gave him a natural infusion she had prepared and ten minutes later he was able to urinate. The Señora charged us \$6.

Matilde Yankuam

Matilde is a resident of the small Shuar town of Kiim, in the ‘cantón’ of Yacuambi, though much of her family lives in Alto Nangaritza. Kiim was constructed around a church that formerly had regular services, and Matilde herself was educated at a mission-school, which helps explain her reluctance to consult with shamans. Nonetheless, drastic times call for drastic measures. Such was the illness suffered by her son:

When my son came to visit us when he was sick, the medications didn’t make him any better and in fact he was getting worse. So I asked my husband, “If it is a sickness (‘enfermedad’) [as opposed to a ‘maldad’], how is it that he isn’t getting better?” Look, I’ve never gone into this, but I took my son to do this, to see a shaman (‘curandero’). He was of our own race, a witch-doctor (‘brujo’), as they say.

– An *uwishin*?

– Ahah, *uwishin*. So he looked at my son. He said that he used to work on the other side too, the counterpart of his own race (‘contraparte de la raza de él’), with the Ministry [sic] of Indigenous Health. Now he works with natural medicines.

First he said he had to do tests on him to be able to analyse his illness. He took my son’s temperature first and checked his blood pressure. He measured his weight and waistline. Then at night he performed a ‘mesada’ [setting up Catholic icons at a table and invoking spirits for healing] and ‘soplada’ [blowing perfumed alcohol over the patient]. We said, ‘Maybe it is “mal viento”, or “mal aire”’. So we went out that night to collect ‘cariamanga’ [a reed-like grass] and came back the same night.

On the second day he seemed better, but then that afternoon he turned bad again. The ‘curandero’ cleaned him. He gave him only natural medicines, all the medicines that we cultivate as part of rescuing our culture. Up to the present day I’m sorry that it was this that

cured my son. My son was healed this way, with three cleansings ('limpiezas'). My son always recommends this 'curandero' to other people now, because he didn't get better at all going to the clinics or taking their medications. [...] He was cured in four days of treatments.

It is unfortunately unclear in this case whether the shaman relied on an ayahuasca-induced state to diagnose the patient, although it seems quite likely that this was part of his practice, given the wariness toward him felt by Matilde and revealed in her use of the term 'brujo'. There is a curious opposition here in Matilde's praise of the shaman's administering of natural medicine ('the medicines that we cultivate as part of rescuing our culture') and her religiously inspired suspicion of the shaman himself and his methods. Nonetheless, it is clear that whatever his method, the shaman was able to accurately diagnose and resolve a health concern that was not being treated satisfactorily at local medical clinics.

Alma Tunki

Lastly, Alma Tunki, originally of Morona-Santiago but residing in Shaime at the time of the present study, recounts an ordeal that finally ended with her liver-stones being properly treated by a Shuar shaman. Estimating her age, the events must have occurred some 45 years ago.

I was 18 years old when I started to get sick. They could not cure me—nothing, nothing. And the nuns said to me—I was at a mission—they said, 'Go and have an operation in Quito.' Well I obliged them and did that. In those days, Ecuador had not 'dollarized.' I went with my husband to Quito and I saw the nuns. I was in a 'trámite' [making some sort of application to be treated] from Monday until Friday, and then the following Monday, again, for the blood and urine tests.

On the Sunday, I saw the nuns and they said, 'Are you visiting?' And I answered, 'Coming from a poor family, how could I just be travelling all the way here? It's because of my health.' And they said, 'What is wrong?' And I said, 'I have a problem with my liver. I have suffered from it for years.'

'And what did the doctors tell you? To get an operation? You'll have to do the "trámite",' like I was saying. 'You need an operation on your liver. You have liver-stones.' Then the nun said to me—she was a foreigner, like yourself, she was Italian—and she said, 'They're going to cut your body. Leave behind those natural remedies from your "Oriente" [Amazon] and have them cut your body.'

The next day, she told me to go back and said, 'I'll take you to the bus station myself. You will get an operation. Take this money so that you can go by plane... You can have the tests done in Puyo.' And in Puyo it was the same. They said, 'You have to go to Ambato.' If I go there, I thought, then I'll be sent somewhere else, still with the same pain. So I went to Macas [in Morona-Santiago] and from there back to my house.

But I was still feeling the same pain. My liver was swollen. A witch-doctor ('brujo') arrived and they called him. I was lying there, hanging in a hammock. The 'brujo' looked at me—he was from Cayamás—and said, 'Take her up to my house so that I can treat her there. Bring a chook and "aceite de arbolito" [an unspecific plant oil], and I will prepare her my own homemade remedies.' And that is what he did.

One night there, he drank *natém* and he blew ('soplar') using cedar bark. Then the next night, he gave me chicha to drink. Then another night, the last one, he gave me chicha. He also gave me the oil that he had blown over, and he told me to drink chicken broth early the next morning. Then the next day my body started to eject these captains, these bosses [sic], the stones, the rubbish from my body, which had already been formed from the evil ('mal').

– Were you vomiting these up?

– No... out the back. I didn't vomit. It was after I drank the oil and the broth. The captain came out and then the small ones, little green things. I went to see him and said, 'It was these things. These were the "mal" that was killing me.'

'Very good,' he said.

The nuns had told me to leave natural remedies and come and be cut open. And then it was just cost after cost after cost. But after this, my stomach was flat, like there was nothing inside. I felt very well.

– Did you eat anything during this time, or was it just *natém* and chicha that you drank?

– I didn't drink *natém*. Just chicha, chicken broth and the oil. That was how I was cured.

The pattern of an ayahuasca-provoked diagnosis and herbal remedy is by now familiar. The twist in this version of the tale is the extreme neglect visited upon a young, poor indigenous woman in 1970s Ecuador, for whom there was evidently no 'right' to adequate healthcare and for whom Shuar ancestral healing practices were her only possible recourse.

The Mechanics of Disbelief in the Quimi River Valley

For Shuar miners living along the Quimi River, then, shamanic healing is not just an ancestral practice and belief but also a social phenomenon the faith in which is reasonably buttressed by tangible, contemporary accounts of resolution of otherwise intractable health problems. In this case, how is it exactly that they disbelieve in and are willing to dismiss shamanic healing? The fact that certain shamans have failed to cure in certain situations is not explanation enough, for even the most resolutely involved in accessing shamanic healing and rejecting clinical medicine recognise that most shamans are

incapable of healing every patient they examine, due to the notion that in order to heal ‘maldad’, the curing shaman must be more powerful than the sorcerer who originated it.

As in the case of vision-seeking practices in Alto Nangaritza, the responses of the more effusive interviewees pointed to a greater degree of complexity, which lingered beneath the surface of the misleadingly straightforward dismissals on the part of interviewees who claimed to ‘not believe in’ shamans. Gilbert Tsakimp’s interview was a case in point:

Yes, but around here in Zamora, they say that the majority of the shamans who make *natém* don’t actually know. But then in Morona-Santiago and in Pastaza, where the ‘cofanés’ and the ‘huaoranis’⁵⁷ live, among them, and I’ve heard that the best shamans are from the ‘cofanés’ and the Kichwas, and they can do things that will leave you stunned. They are professionals.

This is clearly not, as Gilbert’s testimony initially reads, an unequivocal rejection of the capacity of shamans in general to heal, but rather appears to be a more focused critique of the state of knowledge of shamanism amongst Shuar people in Zamora-Chinchipe. ‘We see how people fall into the trap, listening to lies, paying too much money,’ said Gilbert. ‘If there were true shamans here, we would know them.’ His belief could be described as ambivalent: dismissing pretender shamans in his vicinity while remaining open to the possibility of shamanic healing existing elsewhere. Shuar people throughout Zamora-Chinchipe mostly had complex opinions on other Amazonian people living further into the forest, whom they tended to view with an admiration tinged with melancholy resignation that they would never return to such a state. Achuar and Huaorani were often described as ‘savage’ and ‘stronger’ than themselves, the ‘civilized’ Ecuadorian Shuar. Mateo Yankuam of Kiim described his fellow Zamora-Chinchipe Shuar as ‘like butter’ in

⁵⁷ The Cofán and Huaorani are indigenous Amazonian peoples.

comparison with the 'hard' and 'resistant' nature of the Peruvian Shuar and Aguaruna, who live in more remote jungle.

Gilbert's sentiment of seemingly suspended disbelief regarding shamanic healing was mirrored by Lucio and Mateo Tsakimp when they said, 'There is nothing of that here anymore,' with respect to what they would consider true shamans 'who know how to cure.' Their counterpoint was not a distant Amazonian group but in fact their own grandfather, who they said 'was very good at healing,' who 'could convert himself into a tiger [jaguar], or a boa,' and who 'could even call the peccaries, so they wouldn't stay a long way away.' As we saw earlier, too, Jesús Tankamash said that he could not believe in shamanism, but nonetheless considered that his father's treatments were 'holy remedies.' This suggests that time and distance serve twenty-first century Shuar people in Zamora-Chinchipe analogously in setting themselves apart from ideal expressions of 'Indian-ness,' which is itself a sign that broader Latin American discourses related to progress and ethnicity are finding leverage among Shuar people. This merging of temporal and spatial distance, according to Hale, 'creat[ed] a powerful composite image of the racialized Other' which was fundamental to Latin republics' narratives of progress through mestizaje (2004: 17). In both cases, what we see is an example of what Michael Taussig called the 'imputations of magic in Otherness', for 'wherever you go, the great "brujos" are elsewhere' (1987: 179): elsewhere, we might add, in time or in space.

For Taussig, it was this 'magic in Otherness' on which shamanism was dependent. Yet in studying shamanism in the context of interethnic relations in the Andes-Amazonian region, Taussig had already flown the coop, as it were, in terms of the relevance of his argument to contexts where shamanism exists as an endogenous social phenomenon and

knowledge practice. It is indeed true that in many cases shamans' reputations are enhanced by association with the exotic: whether in the form of the Orientalist fantasies of ayahuasca tourists (Ainsworth, 2014: 35-36) or the ideals of Indian-ness in mestizo society, in one direction; or the invocations of biomedical symbolism (Greene, 1998: 650) or of aeroplanes and other military machinery (Descola, 1996: 343-344; Illius, 1992: 73) employed by shamans to impress their indigenous Amazonian clientele.⁵⁸ Yet underlying this, there remains an elegance to the treatment practice of shamans who examine their patients and reach their diagnosis under the influence of ayahuasca and prescribe medicinal plant remedies on that basis. The ongoing practice of such a mode of shamanic healing in wholly Shuar contexts, without the need for drawing upon performative gestures and a symbolic repertoire, belies the notion that ayahuasca shamanism is dependent on the complex of interethnic social relations in which it is often located. In fact, as an explanatory gesture, the fine-grained ethnographic detailing of the symbolic relations in which shamanism as a 'situated' knowledge is sometimes embedded may function to discount its relevance as a knowledge practice capable of being employed across various contexts.

For Shuar miners, perhaps it is this *explaining away* (by locating it at a temporal, geographic or cultural distance) of shamanism, and the subsequent conceptualisation of shamanic practices as something magical and therefore impossible for oneself to practise, that is the very nature of disbelief when faced with the persistent social reality of practices whose ontological validity is contested. In other words, when the existence of proximate

⁵⁸ As Janet Hendricks argued following fieldwork in Shuar communities in Morona-Santiago, 'the [Shuar] notion of power includes the belief that foreign sources of power are more potent than Shuar sources' (1988: 219).

‘magical’ practices cannot be denied—whether it be located in the recent past of the Quimi River Valley, the ethno-cultural difference of Cofán people, or the geographical distance of Alto Nangaritza—it is the attribution of feasibility or believability as dependent on that distance which constitutes the act of disbelieving, a sort of ontological expansionism that serves to construct a frontier of plausibility and situate the practice in question on the other side. The millennial generation of Quimi Valley Shuar residents sit on the edge of this frontier, from which medical scientists, public policy analysts and other adherents of the nature/culture dichotomy with ‘proper’ alternative explanations of shamanic healing are well insulated. The global discourse on indigenous rights and ideals of indigeneity appears to be playing a functional role in this transformation of beliefs around healing among Shuar people in the waged economy, in the way it is set against the ideal of economic progress with which Shuar miners have come to identify. Ironically, in explaining shamanism as primarily operative at the level of symbols, metaphors and performance, anthropologists have contributed to constructing the ‘cultural’ variant of this procedure of disbelief-via-distancing which is now being internalised by some Shuar people as they adopt a modern subjectivity.

Distancing Oneself from Vision

The perception of the validity of plant-induced visions among miners in the Quimi River Valley was similar to their perception of shamanic healing. There was little offered by way of rationalising their disbelief; instead, disbelief functioned by situating the relevance of visionary practices elsewhere, particularly in the bygone era of past generations. As Jesús Tankamash put it:

My grandparents have lived here and sown many natural products. Our grandparents were also shamans. However today, excuse me when I say this, but I don't believe. The power from those times was very different. Think about 'guantu' [datura], for example. They drank this so that they could attain power. This is a powerful remedy. On the other hand, I am Catholic and very religious. I believe in God, and this God is much more powerful than any man. For this reason, I do not believe in witchcraft ('brujerías') or that shamans can cure. Our God is the best doctor. He is the only powerful one who can harm, construct and unmake and end everything.

Now my grandparents were also believers in God, but in a different sense. For example, there is also *natém*. This was the power of God and through this, they saw God. In that way, they received power and the Holy Spirit and they believed themselves to be powerful and brave. They were stronger than we are today. Today we young people have a lower energy and strength. We don't have visions because we have forgotten the customs of my fathers. Today we don't use these things. Instead, if I have cancer or sore bones, where do I go? To the hospital, the clinic. They apply a serum and remedies that are simply drugs, these products that we receive from them. 'You are simply numbing me,' I have often thought.

– In that case, why go to the clinic?

– Why? Because we have neglected this practice [that of their grandparents]. At times, we feel lazy towards this. With 'guantu' [datura], the spirit of this is very strong. One has to fast for three days.

In one sense, this testimony parallels the beliefs and perceptions of Evangelical Shuar regarding the validity of hallucinogenic visions. There is an open recognition that ancestral beliefs worked for the ancestors and had positive effects, yet the interviewee still feels the need to distance himself from them. One might speculate that where Evangelicals are seduced by the notion of God, as is the 'very religious' Jesús, miners are seduced by the

notion of progress, in the sense of struggling to reconcile the enjoyment of both ancestral practices of spirituality and the fruits of material and technological advance.

An apparently similar dynamic is at work in the thinking of the aforementioned Lucio and Mateo Tsakimp, two brothers who reside in Churubia and are employed at the Mirador mine. When asked about their experiences with datura (*maikiua*), they spoke in ostensibly glowing terms, before surprisingly concluding with the affirmation, ‘We no longer apply this culture’ (‘Esta cultura ya no aplicamos’):

LT – I drank it once when I was very sick.

Q – What was wrong?

LT – I fell from a tree, from very high. I had climbed high, two or three branches high at least, and I fell. I was 8 years old. It was 4 o’clock when I fell, but I did not wake up until 8pm that night. My mother prepared ‘guantu’ and gave it to me the next day. I was cured with this.

Q – So you applied it to yourself?

LT – Yes, all over, all over.

Q – And you drank it as well?

LT – Yes, I drank it. It cured me, it cured me. One becomes drunk and then sees how one is being cured. People come to speak to you. ‘Guantu’ is the doctor who comes to speak with you. It tells the person how they are going to be, how they will be cured. It is like a doctor. It speaks to you through the vision.

Q – So you are completely unconscious for a long time after drinking this?

LT – Of course: some two or three days unconscious. The drunkenness doesn’t just pass.

Q – How do you experience this? Is it like sleeping?

LT – Yes, it leaves you sleeping [‘te deja durmiendo’]. But inside, you know everything that you are seeing. The images come to you like on a television. Then eventually they leave and it passes.

Q – Are you aware of your body though?

LT – It's like you are sleeping. You're sleeping, but you are seeing what is happening. For example, how can I explain it: it's like you are under anaesthesia. On the screen, you are seeing how the doctors are operating on you. However you don't feel any pain.

Q – Have you drunk it yourself, Mateo?

MT – I haven't. I've only drunk *natém*.

Q – So you see the doctor there?

LT – Yes, like a person talking to you. A doctor comes before you.

MT – A person comes to talk to you, a doctor, dressed in white. S/he speaks to you [no pronoun in original]. Sometimes s/he speaks in our language as well, the Shuar language. S/he tells you that s/he's giving you power, that you are like this, that s/he's making you like this, that you are not going to die, and how it's going to be, that's how s/he speaks to you.

Q – And this is the plant itself?

MT – The plant itself.

LT – The plant itself. That's how it happened to me. The power, the strength, is in that plant.

Q – So given that you've had this experience, do you then give *natém* and *maikiua* to your own children?

MT – No, no. We do not apply this culture anymore.

LT – If we speak of *natém*, it tastes very bitter, terrible. And one can have bad experiences, seeing the things that are going to happen to you. [...]

MT – When I drank *natém* with my grandfather, I just wanted to see sex and tonnes of girls. But after drinking it, I regretted it. Snakes everywhere! I am never going to drink it again, I thought. I told my grandfather afterwards, 'I can't stand seeing all these things again.' I also saw lots of people watching over me. Wherever I turned, they were there. I couldn't stand it. So I ran out of my grandfather's house. I couldn't stand it. I started walking home, but I ended up sleeping outside. It was such a dark night that I slept among the coffee trees. In

the forest, there are so many mosquitos, and every mosquito was talking to me. That's how it was.

Q – Sounds tough. So that's why you're not giving it to the next generation?

MT – Drinking it again was a frightening idea. I don't want to drink it again.

LT – Look, it's not the same epoch now. Before, yes, it was very different.

So again, we see this dynamic where the interviewees distance themselves from a practice (the *maikiua* healing) that they ostensibly see as praiseworthy. In no sense are they denying that the plant is curative, or even that one directly engages with the spirit of the plant while being healed. Yet still they turn away from the practice, which they revealingly refer to as 'culture' and consider to be no longer theirs. In these cases, the mechanics of disbelief parallel Isabelle Stengers's description of modern subjectivity as a stance of 'tolerance' which is 'instantly applied as soon as we hear, understand and accept that "we" are not like the others, those we define in terms of beliefs that we are proud, but possibly also pained, to no longer share' (2011: 303). This modern subjectivity adopted by Shuar miners illustrates on a micro-scale the way in which modernity authorises knowledge practices and marginalises others through application of the moniker of 'culture.' Within this subjectivity, waged miners lose the sense that it is possible and desirable to combine the knowledge practices that constitute their cultural inheritance with everyday economic activity defined by technological and economic rationalism. There is, moreover, an evident complementarity between the marginalisation of 'culture' in modern subjectivity and exaggerated ideals of indigeneity, which together serve to dissociate contemporary, Shuar people from ancestral knowledge and practice.

As for their rejection of *natém*, Lucio and Mateo Tsakimp explain their position to some extent with reference to the brew's acrid taste and its propensity to induce frightening

visions. Yet these characteristics are a constant, even in regions where it is consumed enthusiastically. One could argue that Mateo's complaints about his experience are indicative of the separation of the brew from the socio-environmental context of independent Jivaroan peoples, in which a life lived constantly embroiled in the minor discomforts of the rainforest and surrounded by potentially hostile neighbours, including animals, spirits and humans, fostered a culture in which ideals of a masculine selfhood defined by fearlessness and resistance to hardship were granted a central place (see Taylor, 2014: 97). Having the willpower to confront terrifying visions was the mark of the man and spoke of the capacity to remain steadfast when confronted with the very real dangers of the waking world.⁵⁹ In such cultures, it would be seen as disgraceful and a sign of weakness and vulnerability to complain about the discomforts of and frightening visions provoked by *natém* (Descola, 1996: 302-3), as Mateo does, and even more disappointing to deny that education to one's offspring (Harner, 1972: 91). By contrast, once survival becomes primarily dependent on showing up for work, as it is for Mateo, Lucio and the other waged miners, such socialisation practices lose their original impetus.

Yet there is a sense here that in striving to compose a *post factum* environmental determinist explanation for the rejection of ayahuasca in a modern economic context, it is merely the accoutrements of the practice being discussed, rather than the practice itself. Alto Nangaritza serves as an illustrative point of contrast. While success in hunting and in agriculture is still a product of willpower in the face of constant physical challenges, as it has been for Shuar people for centuries, endemic feuding has disappeared, to the extent that the implication between vision-seeking practices and the capacity to face mortal

⁵⁹ Among the indigenous Siona people in the Amazon of the Ecuadorian-Colombian border region, ayahuasca is also said to both require and breed strength in those who consume it (Langdon, 1992: 56).

threats has lost its historic relevance. Yet absent the alternate subjectivity produced by Evangelical religion or the discourse and subjectivity of modernity and material progress stimulated by participation in the waged economy, Shuar people in Alto Nangaritza seemed much more resistant to disowning their heritage as indigenous people. Consequently, they continued to pursue rites based around the ingestion of hallucinogenic plants, and in so doing were able to progressively reconceptualise the relevance of the practice for the twenty-first century. As we saw in Chapter 4, vision-seeking had been adapted away from a discourse of warfare towards notions of self-development and empowerment capable of incorporating contemporary experiences such as vocational education and political mobilisation. The comparison between the Quimi River Valley and Alto Nangaritza, therefore, demonstrates the interdependency of discourses and their attendant subjectivities if they are to transform health-seeking behaviour and their attendant ontologies. Turning to consider the use of medicinal plants, however, is more suggestive of the compulsive impacts of structural economic factors on the changing relationship to the use of medicine in everyday life, and on inherited culture broadly speaking.

Land, Plant Knowledge and the Predicament of Young Waged Labourers

As was noted in Chapter 3, clinical medicine was the foremost option in case of illness for households in the waged mining economy, though there were exceptions. Franklin Kayap, a Yanua resident who works at the Mirador mine and was consequently subject to the severe hostility of some others in the community, in fact had an extensive knowledge of medicinal plants and claimed to have some two dozen types cultivated. Churubia residents

Jasper Tankamash and Zoila Kantuash reported using botanical remedies for treating colds, flu, coughing, fever, diarrhoea, sore throats and swollen glands, stomachaches, parasites, cuts, breaks and sprains. They were also the exception in insisting on shamanic treatment in the case of 'maldad', employing an interpretive framework familiar from Alto Nangaritza. As Zoila put it, 'When it's not a disease that, let's say, God himself put there, then these remedies have no effect. [...] You need to see a witch-doctor ("brujo"). The "maldad" consumes the person quickly; it's not like a sickness ("enfermedad").' Despite the common disavowals of their relevance, the minority presence of these practices in the Quimi River Valley suggests that they were widespread in the province of Zamora-Chinchipe until relatively recently.

What was surprising about the extent of usage of medicinal plants by waged miners was not simply the general level of disinterest evident in their accounts, but also the fact that they considered their preference for clinical medicine to be so obvious that it required little explanation. As Mateo Tsakimp said (cited previously in Chapter 3), 'Of course, when it comes to sickness, I'm affiliated to social security and when my children are ill, I take them for medical attention' [my emphasis]. Miners typically saw their lack of knowledge about medicinal plants as perhaps lamentable, but also as an unremarkable fact of life. Aníbal Tseremp, for example, who like many assumed that I was hoping for a detailed description of the medicinal plants in the area, related:

I could not explain much about this to you. My grandparents knew about it, but they're gone. So I'm not very well informed on this. Yes, there are medicinal plants, for a snakebite, for example. Now we do not apply this, because we have medicines and hospitals. That is why I don't have much knowledge about it.

Others were less outspoken but conveyed the same message. Facundo Kayuk, a Yanua resident and father of two in his late twenties, reported that ‘we always go to the clinic, or the hospital. When it comes to natural medicine, we pretty much don’t know anything about it.’ He also said that his wife ‘of course’ gave birth in hospital, rather than in their home. Similarly, Norma Tsakimp claimed that ‘when it comes to finding medicines in the countryside (“campo”), we don’t have much chance to do so.’

This testimony was expressed in an area with very similar biophysical characteristics to the Nangaritza River Basin, with large areas of forest serving as a habitat for wild animals and where other interviewees reported making use of dozens of different medicinal plants. As such, the indifference toward medicinal plants is suggestive of two broader phenomena. One is that these households tended to have become accustomed to satisfying their needs through the cash economy. With the exception of two homes presided over by elderly women, which were permeated by the sour smell of fermenting batches of chicha which was so familiar in Nangaritza, all of the kitchens I saw in the Quimi River Valley were provisioned with store-bought goods. Indeed, it was a frequent complaint of the men I spoke with, when the conversation touched on ‘traditional ways,’ that their wives no longer prepared chicha (the men considered it beneath their dignity to do so themselves).⁶⁰ Although clinical medical attention is provided free of charge in Ecuador and as such is not an economic product per se, the subjectivity created by a wage economy in which men leave the home to work for a wage and women remain at home in the private sphere—and very much idle in comparison with Shuar women in the subsistence economy—would seem to lend itself to an increasingly clientelistic engagement with healthcare

⁶⁰ My own attempt to help in preparing chicha during my first fortnight in Nangaritza seemed to have been the funniest thing anyone had seen in weeks.

needs. Indeed, it was remarked upon by two of the waged miners interviewed as a positive aspect of clinical medicine that it is 'free', while the same was never said about the region's native medicinal plants.

The second broader phenomena made manifest in this indifference toward and absence of knowledge about medicinal plants is that for many of the miners in the valley, participation in the wage economy was itself a result of the historic experience of dispossession and dislocation. The aforementioned Norma Tsakimp, who was able to live in Churubia with her Shuar husband thanks to her own ancestry, had previously lived in the far north of the Ecuadorian Amazon, where her husband was working in the oil industry in the province of Sucumbíos. They subsequently moved back to a Shuar 'centro' on the urban periphery in Morona-Santiago, where her husband was raised, before he accepted a job at the Mirador mine and the two of them moved to Churubia. This personal history highlights the flaw in assuming a high degree of medicinal plant knowledge among 'indigenous peoples' and, on a more general level, their exteriority to modern discourses, subjectivities and economic forces. While it is true that Shuar culture is often generative of a high degree of knowledge about what we would call the 'natural' world—its elements and their potential relations with humans and one another—this cultural inheritance is not necessarily the dominant cultural vector for the current generation of young Shuar parents. In the communities along the Quimi River, the lives of these particular Shuar people are shaped to a greater extent by their obligations with respect to their position relative to capital, as well as the scarcity of land, itself brought about by a number of factors, predominately dispossession at the hands of colonists, but also the elimination of endemic feuding and the prohibition and subsequent loss of knowledge about contraception resulting from missionary activity. For Norma, after having spent many

years in the wage economy in the city, it is not surprising that the healing practices and native medicinal flora that are indigenous to Shuar traditionally occupied territory hold little personal importance. While her right to occupy indigenous land was passed to her hereditarily, the transmission of culture is far more complex.

The fundamental importance of structural economic factors in shaping health-seeking behaviours is manifest in the testimony of Facundo Kayuk of Yanua. Another waged miner who dismissed the relevance of traditional medicine, Facundo was at the same time explicitly critical of the presence of the mine in the valley. His engagement with the mining economy—and the subsequent building of a life that revolved around soccer, television and purchased goods—was a response to the necessities of his context, rather than a rejection of ancestral practices in and of themselves. In Facundo's words:

- I work with ECSA [Ecuacorriente, the mine operator].
- It must be difficult, when your father is so against the mine.
- How do I put this ... none of us like it. In one regard, mining is good, in another regard it is bad. It produces pollution. It pollutes the water that we drink and bathe in. One day it won't be like it is today. Sure, they say they are building tailings ponds, but what can they do with so much material that needs to be washed? The rivers are going to be contaminated. Then the animals will die and the plants will die. They can do rescue and reforestation, but not for all the living things there.

The unspoken element to this critique—the 'in one regard'—is that Facundo has no other options for providing for his family. Many in his position would find themselves seeking employment in one of the country's major cities; indeed, analysis of indigenous 'proletarianisation' has often assumed the dispossession of traditionally occupied territory followed as a consequence by indigenous urban in-migration (e.g. Hartwig G., 1978: 89–

90). For Facundo, the absence of any prospect of controlling his own land has forced his decision to tie his fate to his economic success, while all but disregarding the relevance of knowledge of his biophysical environment, including medicinal plants. A similar subjectivity seemed apparent with another young father, Asad Tsakimp. A resident of Churubia and 'artisan' miner, Asad replied to my questioning about healing practices by saying, 'But traditional medicine, what can I tell you about that? I don't really know. I just know that if I don't work I don't eat, so I have to do everything to get ahead for my family.' In short, what is evident in the Quimi River Valley is an indigenous working-class: neither entirely displaced urban proletariat, nor owner-occupiers of significant tracts of territory. While an unromantic portrait of a piece of indigenous Amazonia, there was nothing obviously distressing about this situation to Facundo and Asad themselves. Certainly Facundo was concerned about the possibility of water contamination from the Mirador mine; Asad, by contrast, rarely mentioned the mine during the several months we remained friends. At the time of fieldwork, the two were living rent-free and debt-free with young families, accessed free government social services and owned their own homes, well-stocked kitchens and plenty of toys: Facundo owned a DVD player and a television with a satellite connection, while Asad owned a keyboard and sound-system and played cumbia at local parties.⁶¹ Asad was also the only person I met in Ecuador who, upon hearing my response to the ubiquitous question of how much it would cost to fly to Australia, replied, 'That's not that much,' an indication of the degree of economic possibility afforded

⁶¹ This seems to be the appropriate point to mention that I was offered exorbitant sums for my research equipment—my voice recorder and camera—during my time in the Quimi River Valley.

by 'artisan' mining. This socio-economic reality mirrors the small-scale indigenous mining economy of gold and diamonds in Venezuela. As Luis Angosto-Ferrández comments:

[M]any indigenous peoples and communities across the world are actively seeking strategies to incorporate themselves into capitalism from positions of relative advantage that sometimes stem from claims to indigenous rights. [...] If no-return proletarianisation and/or forced dispossession can be stopped in this way, what is the objection to those processes, given the apparent lack of alternatives? In any event, in addition to contradicting the conventional wisdom that associates indigeneity with anti-capitalism, the existence of this reality obviously demands caution in the analysis of political processes (2015: 232).⁶²

Again, one might well lament the desirability for humanity as a whole in the existence of gold and copper mining at the headwaters of the Amazon Basin. At the same time, one can hardly fault the survival tactics of these particular Shuar people. Their successful positioning in the context of a developing social-democratic state is admirable, and if the cost is their loss of immersion in the practical knowledge and universe of meaning that has sustained traditional Shuar health-seeking practices, the loss is at least as much ours as theirs.

In considering the medicinal plant usage of Shuar miners in the valley, then, one could say that there is little imperative for the intercultural reform of the state toward greater cultural representativeness. This is not because of any kind of rejection of the legitimacy of medicinal plants, or even a preference for the real or imaged benefits of pharmaceutical medicine. The central issue was the pragmatic recognition of their own limited knowledge

⁶² For a similar case of a capital oriented strategy of autonomous indigenous development, see Ramos (2014: 44).

of such plants in combination with the way in which they related to the possibility of their use. On this count, the opinions of Jesús Tankamash of Churubia were revealing:

There are many different herbs, but we have forgotten them. One has to study a lot to be able to rescue this knowledge. One would have to make a nursery of each species, with each one named, but this would cost quite a bit of money. On top of that, if I want to sell these plants outside, I would need to find someone who already knew about all these plants, with their respective names. That is the only way we could say we truly know our culture and fulfil our duty as Shuar. We can tell you the superficial knowledge, but we cannot explain it to you in depth. We have grown up here, but we are not such experts. We have seen things while growing up, but we don't know everything.

This testimony contains several curious elements. Perhaps most striking is a theme that will be analysed in the next chapter: a sort of self-essentialising internalisation of indigenous identity politics to such an extent that it becomes possible to not know one's own culture: that is to say, one's own practices, worldview and 'horizon of intelligibility'. Beyond that, however, it is interesting to see that Jesús assumes that medicinal plants would necessarily become the subject of expert knowledge, rather than being part of an individual's base of knowledge about his or her environment that facilitates health and survival. One cannot help but observe the subjectivity of a worker in the wage economy in this assumption that any productive activity, healing included, should be performed by individuals who dedicate themselves to performing exclusively that activity and are remunerated accordingly. This expectation stands in stark contrast to the demands on those working in the subsistence economy to employ a wide range of skills. Jesús's testimony suggests, moreover, that such an expert initiative would be managed according to an economic rationale, with the necessary start-up investments and business plan for

sales to recoup those costs. His assumptions, in other words, reflect a classic proposition for an economically rationalist sustainable development initiative, rather than a project that could be achieved by pooling the existing time, knowledge and environmental resources of the collective. One might conclude, then, that between Shuar miners and mestizo Ecuadorian society, individuals' aims in health-seeking behaviour and the subsequent modality of their engagement with state healthcare is similar enough that there is little need to 'interculturalise' healthcare—whatever the mix of medicinal plants and pharmaceutical medicines in the *materia medica*—because of the significant degree to which there is a shared subjectivity relating to time, labour and knowledge between these groups.

The Development and Rationalisation of Shuar Communities?

To what extent, then, does the entry of the mining industry into the Quimi River Valley represent a classically Weberian case of the disenchantment and rationalisation of a non-capitalist culture and worldview? Judging by interviewees' responses, there does appear to be a greater tendency toward a 'consumerist' engagement with state healthcare, in which responsibility for explaining, treating and making meaning out of illness is abrogated to a professional specialist, perhaps borne out of expectations of specialisation developed through personal experiences of performing specialised labour in the waged economy. These testimonies find a certain resonance with the work of 'post-development' critics such as Japhy Wilson, who describes development 'as a technology of power through which alienated social relations are actively produced' (2011: 1006). Wilson's critique itself draws on the Marxist critique of capitalist alienation, specifically

Henri Lefebvre who decries the ‘technocratic rationality that divides the organic unity of everyday life into isolated fragments’ (1996: 143). In other words, these critics would argue, in entering the waged economy Shuar miners are extracted from their former closed economic system—in which their survival depended on satisfying their own material needs wholly through labouring to transform the elements of their immediate environment—and subsequently experience alienation both in relation to the products of their own labour as well as the products they rely upon for their material survival. They are thereby less inclined, the argument goes, to seek to satisfy their own healthcare needs, having become accustomed to acting as the passive recipients of the specialised labour of others.

The application of this interpretive frame to the Quimi River Valley is flawed in several ways. Firstly, in characterising the capitalist economy as invading a formerly existent sphere of ‘organic unity,’ the critique of alienation in development portrays an exaggerated image of rupture when one could more accurately speak of a historical continuum moving toward rationalisation and specialisation. Shuar people outside the waged economy still ‘rationalise’ their economic behaviour in accordance with providing for their basic necessities via agriculture, hunting, construction, childcare, and so on. In historical perspective, one might even compare the close alignment between the fate of Shuar social units and the exponential growth rates of biological processes to the boom and bust cycles of contemporary capitalist economies: consider, as a simplified example, the investment of agricultural surpluses into raising fowl, leading to larger and healthier family units, which then consume larger portions of the natural resource base through hunting and house construction and ultimately find themselves in conflict with neighbouring groups. To assume instead an ahistorical and discrete ‘organic unity’ in non-

capitalist society is a fallacy borne of the structuralist bias in anthropology and the overuse of the ethnographic present.

By contrast, there is clear evidence that before the arrival of ECSA, Shuar people were already negotiating their involvement with globally embedded actors. It was by setting up cattle-raising cooperatives that the first Shuar federations enacted land rights claims, felling their own forest as a compromise with Ecuadorian state laws surrounding land reform and the colonisation of the Amazon (Rubenstein, 2001: 280). More recently, community associations, including one in Alto Nangaritza, have signed 'Socio-Bosque' agreements with the national government, according to which areas of communally-titled territory are demarcated as hunting-and-fishing reserves in exchange for cash payments, a case of what could be called the rationalisation of biodiverse space. This is a local manifestation of the global tendency toward 'the commodification of ecosystem services' (Roberson, 2006) under the rubric of sustainable development. Clearly then, Shuar people are not only cognisant of the rationalisation of productive activities, but have and are currently seeking to negotiate engagement on favourable terms with an economically rationalist world-system.

The critique of alienation, furthermore, relies on an imaginary of rationalist modernity that is more ideology than reality. It has been argued, in fact, that the magnificent intangibility of global commodity production and exchange and its impalpable governance stimulates popular sectors' reification and mystification of their life-worlds when compared with previously predominant modes of production (Comaroff & Comaroff, 2001). In the Quimi Valley one is more likely to see subtle transformations of belief systems, rather than disenchantment in the sense of wholesale erasure: for example, Fernando Tsakimp's

description of *iwianch*, traditionally a demon with a form ‘more or less human, although a good deal uglier’ (Harner, 1972: 150), as like slightly smaller versions of the gorillas he had seen in documentaries on television; or Genesis Kayap’s adaptation of treatments for ‘susto’ to ameliorating the shock felt by her young children when they saw a violent movie, where formerly the affliction was said to be caused by children’s sudden visions of the dead (Descola, 1996: 233). One could also point to the evidence of absorption of discourses of the ‘hyperreal Indian’ (Ramos, 1994) and of material progress itself, as demonstrating the transformation of the symbolic universe of Shuar miners rather than the instigation of a rationalist, utility maximising subjectivity.

Prospects for Interculturality on the Quimi

Though the health-seeking behaviours testified to in the interviews given by residents of Alto Nangaritza differed greatly in their ontological, epistemological and cultural suppositions from the rationalistic point of view occupied by biomedical healthcare and state institutions, the responses from Shuar miners in the Quimi River Valley were almost as different again from those of their compatriots in Nangaritza. In their perceptions of and engagements with shamanic healing, ancestral visionary practices and medicinal plants, most of the Quimi Valley waged miners were incredibly closely aligned with the common sense judgements made by westerners in liberal mass society regarding ‘personalistic’ illness, medicinal plants and the relevance of transcendent spiritual experience. Employing notions of ideal indigeneity reminiscent of global indigenous rights discourse, this group was able to separate themselves from identification with characteristic elements of ‘indigenous culture’ such as shamanic healing and

hallucinogenic plant-inspired spiritual practices. They situated the relevance of these ancestral practices away, either in time or in space, and saw themselves instead in accordance with subjectivities aligned with the discourses of economic progress, monotheistic religion, or both.

Even in the absence of subjectivities produced by these discourses, however, the tendency to move away from the ancestral complex of health-seeking behaviours was still present. The coercive impact of economic conditions was evident in these cases, particularly upon the current generation of young parents. These interviewees' everyday economic activities in the waged economy and the tacit assumptions they engendered around productive specialisation marginalised the relevance to them of ancestral health-seeking practices. Thus, working-class interviewees frequently lamented their minimal knowledge of medicinal plants and testified that they would of course consult with specialist medical doctors in case of illness; while the elder, economically independent Shuar people prided themselves on their knowledge and practice of traditionally Shuar health-seeking behaviour and derided the ignorance of the younger generation.

In sum, the study of this small region's health-seeking behaviour illustrates the interdependence of structural economic factors and globally diffused discourses (religion, indigeneity and material progress) and the attendant subjectivities of both. Where health-seeking behaviours are marked as distinctively indigenous and alternate subjectivities have been generated; or when the transmission of a specific practice demands the accumulation of knowledge through continual immersion in the biophysical environment to an extent not possible for those in the waged economy, these ancestral health-seeking behaviours tend to be abandoned. For this reason, the degree to which cultural difference

in the Quimi River Valley is significant enough to demand meaningful intercultural reform in state healthcare is dependent on Shuar peoples' capacity to maintain independence from the economic regime of waged mining, as well as from the discourses of Evangelism and material progress, which present alternatives to Shuar peoples' self-identification as 'truly indigenous' and, therefore, as appropriate practitioners of the distinctively Amazonian health-seeking practices of their recent ancestors. On a more fundamental level, however, the fact that many Shuar people seem to consider a putatively authentic indigenous identity as a necessity for the enjoyment of ancestral health-seeking knowledge practice is an emanation of the paradox presented by cultural rights. The manoeuvre of celebrating certain kinds of knowledge practices entirely by virtue of their cultural particularity—and relatedly, denouncing any involvement of outsiders in such knowledge practices as 'cultural imperialism'—serves ultimately as a barrier to the further evolution, diffusion and hybridisation of knowledge practices like shamanic healing in western Amazonia, which are the legacy of the diversity of human experience characteristic of the pre-globalised world.

Chapter 7: Medicine and Indigeneity–Rewriting the Multivalent Discourse of Indigenous Culture

Thus far, this study has analysed the range of Shuar health-seeking practices and their attendant ontology in a geographically isolated region of traditional Shuar territory (Chapter 4), before breaking off and evaluating the relative impact and interaction with Shuar traditional practices of a pair of what have been termed cultural vectors: Protestant Evangelism (in Chapter 5) and waged mining (in Chapter 6). Both of these vectors had a significant effect on health-seeking practice and ontology, as was made visible in the statistical portrait developed in Chapter 3, which permitted comparison with knowledge and practice in regions and interviewee cohorts not permeated by these vectors. These chapters sought to explain this statistical divergence in health-seeking preferences between Evangelical and non-Evangelical interviewees and between waged miners and interviewees outside the waged economy. The former, on Evangelism, considered the (in)compatibility between the autochthonous and the inbound ontology and proposed that the conflict was being generated via morally (rather than epistemologically) charged contestations of the traditional ontology upon which health-seeking practices depended.

Having established the nature of this clash, we were then free in Chapter 6 to explain the health-seeking practices of waged miners in the Quimi Valley, a more composite terrain of several interacting cultural vectors including religion, political identity and economy. In this chapter, it became apparent that health-seeking behaviours were not only affected by the coercive impact of economic conditions on Shuar people's survival strategies, and therefore on their day-to-day lives and experiences. These economic conditions also

stimulated the up-take of discourses and subjectivities of modernity among Shuar people, thereby leading them to distance themselves from ancestral health-seeking practices, a phenomenon observed even among interviewees who maintained knowledge of these practices and belief in their efficacy. In this disjuncture between ancestral knowledge practices and modern subjectivity, the political identity of indigeneity was in fact instrumental in these indigenous people's abandonment of the former and the adoption of the latter, in a manoeuvre of identification with modernity that recalls the oft-made point that identity is always affirmed in a relational sense against the other (e.g. de la Cadena & Starn, 2009: 204). Ironically, for these indigenous people the other was located with groups they identified as expressing ideal indigeneity, as celebrated in indigenous rights discourse and, indeed, in anthropology. This surprising conclusion regarding the local subjective impact of indigenous identity politics and the broader global discourse of indigenous rights constitutes one of the points of departure for the present chapter.

Alongside it stands the statistical grounding presented in Chapter 3. Table 6 of that chapter showed that interviewees who expressed themselves in the cultural revivalist discourse characteristic of the Pachakutik (PK) political party had no particular affinity for shamanism or visionary practices over and above those who did not express themselves in such a way. The PK-discourse group placed a greater importance on herbal medicine and a lesser importance on clinical medicine, but in both cases the difference was slight. Table 7 showed, moreover, that this discourse has permeated all of the Shuar communities in the present study, irrespective of the political affiliation of said communities with PK and the CONAIE confederation. Consequently, it would be untenable to attribute the absence of any statistical correlation between PK discourse and increased preference for emblematic 'indigenous' health practices to a supposed lack of reach of this discourse. This

is especially so given that Pachakutik has controlled the Zamora-Chinchipe provincial government since 2009.

The only logical way to account for both the potential of PK discourse to shape subjectivities and its lack of correlation with any specific trend in health-seeking behaviour is to propose the conclusion that its impact on Shuar behaviour and ontology is multivalent: that is to say, it is taken up in different ways for different results depending on the geographic and economic conditions with which it engages. The present chapter explores this hypothesis about the multivalent deployments of the discourse of indigeneity, detailing the ways in which Shuar people think through their own identity as indigenous in the exchange with an outside researcher and the consequences of the subjectivity they adopt for their engagement with traditional and clinical health-seeking behaviour and with the broader Ecuadorian society. The way in which Shuar people leverage, struggle with or distance themselves from themes of indigeneity in discussing healthcare preferences illustrates its relevance (or lack thereof) to them in responding to questions of life and death, and therefore to their deepest commitments about the nature of reality and human life.

The first section of this chapter will consider one of the ways in which indigenous rights discourse is mobilised by Shuar people in Zamora-Chinchipe: as an idiom invoking a history of resistance. For some interviewees, straight-forward interview questions regarding medicinal use prompted discussions that evolved into heartfelt accounts of struggles to maintain autonomy and suspicion of state projects and mestizo people, in a manner of invoking indigeneity that speaks to the work of indigenous scholars with a strong historical consciousness, such as Silvia Rivera Cusicanqui (2008) and Linda Tuhiwai Smith (1999).

These perspectives, most commonly expressed by residents of the geographically remote region of Alto Nangaritza, illustrated the importance to some Shuar people of achieving autonomy with respect to mestizo society and state institutions in particular, the question which lies at the heart of campaigns for interculturality.

Subsequently, in an effort to avoid uncritically portraying the most marginalised and oppositional Shuar as speaking with the voice of the people as a whole, the second section considers the effects of the discourse of indigeneity for Shuar people, and indigenous Ecuadorians more broadly, who have achieved a degree of political or economic power and social integration in the aftermath of the 1999–2006 period of political upheaval. This section addresses the distinctive characteristics apparent in mobilisations of the discourse of indigeneity from a position of relative power (relative to their more marginalised indigenous compatriots), including cases of occlusion of class and institutional interests. The way in which such interviewees expressed their claims through indigeneity tended to place greater emphasis on rights based on culture as opposed to rights based on history, as is more common in marginalised communities. They also expressed claims about the importance of ‘culture’ as such, a terminology that was entirely absent among those most immersed in traditional Shuar lifeways.

In light of this discussion of the role of the political capital of indigenous culture in explaining its multivalent operations, the chapter concludes with a critique of recent anthropological invocations of indigeneity. It does this by extending upon the argumentation of the previous chapter, drawing attention to the ways in which discourses of indigenous rights and idealised expressions of indigeneity can alienate indigenous peoples themselves. This concluding section also addresses the contested meaning of

indigenous identity in spaces, such as the province of Zamora-Chinchiipe as well as Ecuador as a whole, where multiple indigenous ethnicities co-exist. In this respect, the chapter is in dialogue with the minimal extant work on indigenous governmentality (Erazo, 2010, 2011), as well as with the numerous, more general political analyses of indigenous social movements and other actors in Ecuador and their role in national politics (Becker, 2010; Bowen, 2011; Jameson, 2011; Lalander & Ospina P., 2012; Ramírez G., 2010). Without disputing individuals' right to self-identify, I propose that given its multivalent nature, the use of indigeneity as a positive value judgment needs to be less associated with identity claims and reflexive esteem for 'culture' and more closely tied to history, whether the evaluations being made concern land rights, the ecological sustainability of socio-economic systems, or the relative sophistication of knowledge systems.

Indigeneity as an Idiom of Resistance

The first sense in which the discourse of indigeneity appeared in interviews with Shuar people about their health-seeking practices and preferences was as a register for invoking the history of their local region and its people's resistance to colonisers, mestizo Ecuadorian society and globalisation as a whole. This history would be framed around the assumption that 'pre-contact' Shuar society⁶³ did not suffer from poverty and health afflictions to the same extent as Shuar people today; and as such, had no need for the clinical medical coverage that is now provided by the state. At the same time, such

⁶³ I place the term in inverted commas because the rapid colonisation of the majority of Shuar territory in Zamora-Chinchiipe during the twentieth century was in fact the second-round of confrontation between Hispanic colonial society and Shuar people, the first having resulted in the colonists being repelled at the end of the sixteenth century. Nor was there any notion of 'society' or 'the public' in a Habermasian sense to be found among Shuar people during this epoch.

interviewees avoided reference to aspects of traditional society, such as endemic warfare and the kidnapping of women (Descola, 1996: 192-3), which have been superseded, thereby painting a generally negative portrait of their current situation by contrast with traditional life.

Figure 10: Driving cattle through the mud in Alto Nangaritza



A paradigmatic example of this manner of thinking through health-seeking preferences in terms of a historical consciousness of indigeneity and resistance to colonial society comes from Antonio Tukupi, an Evangelical man who lived about an hour's walk outside the town of Shaime. Antonio proposed that:

They [medical doctors] sell them [pharmaceuticals] because those are their orders. But we, as Shuar, have analysed this subject substantially, and our ancestors, our elders, never knew

of remedies such as these: pills, clinics, hospitals, injections. They cured themselves with their own medicines, those that they found, natural ones. That is how they cured themselves. They were strong and brave.

And by contrast, what are we? Our grandfathers, our ancestors, they never ate ‘cubanos’ [a breed of chicken raised for commercial farming], which are chemical. Nowadays, what happens with us? In recent years, we have changed our attitudes, we have become somewhat more civilised, and we eat everything: rice, chicken, ‘cubanos’, that the colonisers sell. And this instead of raising our own chickens naturally–‘pollos criollos’, the healthier ones, natural, without chemicals, and which only need maize, cassava and plantain, rather than feed.

The meaning here is clear and explicit: health problems originate with colonisation, and as such avoiding all facets of colonial society, including its food and medicine, is the best way to ensure Shuar people’s health and strength.

A similar example of an invocation of indigeneity as a paradise lost through the colonial encounter came from Óscar Taish, who was ‘Vice-Síndico’ of Shaime and also ran for an elected position on a Nangaritza municipality in the 2014 elections on the PK ticket. Óscar firstly puts forward the claim that Ecuadorian society has brought numerous health problems to Shuar territory:

And now, well, we are in this world, open, and there are so many illnesses, and perhaps our grandfathers never knew of so many. And now we are all involved, like one single family. One person goes out to the city, another returns, and there are so many health problems.

He then elaborates on this point by comparing the newly emerging health problems faced by Shuar people with the coverage provided by the public health system. When asked the

standard question on whether his children had been vaccinated at the local clinic, Óscar pondered on the issue as follows:

– It's an obligation now. If you want to have an identification card, you need to be vaccinated.

– What do you think about this?

– Well, if you don't have these documents you can't do many processes. Whether it makes us well or not, we have to do it. It's the same with avoiding rabies. We have to have our dogs vaccinated. We never knew of this before. For the sake of prevention, we have these things done. After all, the bats come, and with a bite rabies can spread. But then again, how many times have I been bitten by bats, and I've never been sick. I think prevention is a good thing. But then again, before we never had so many things like this.

Then we see sometimes that after being vaccinated the baby develops a fever, and they say, well, that is a symptom of the vaccine. So then they have to be bathed and they suffer. I think it is a preventative measure that they are doing. But then again, what vaccines ('qué vacunas')?! Our ancestors never did this, and they lived well ('vivieron tranquilos'). Possibly they did have problems with illnesses, but they lived, and possibly they lived longer and were stronger. And nowadays, despite all of these programs, we keep having more and more problems.

Here, Óscar's narrative creates a juxtaposition of viewpoints between the technical policy interventions of the Ecuadorian state's public health programs and Shuar people's own perspective on their sense of deteriorating collective well-being. This point can be read as paralleling the common criticism of pharmaceuticals provided by the clinic as 'calmantes' (sedatives), in that the overall engagement with colonial society is seen to have brought a

variety of problems for which the public health system is only able to provide partial or temporary solutions.

A very similar point is made by Ricardo Naanch when he outlines his own perspective on public health interventions from a standpoint of poverty and marginalisation.

You know, we have to work so much, and from this work comes weariness, and from this comes illness. So much tiredness makes illnesses emerge from you. That is why we go for check-ups. But then, there are the medicines and the vitamins that we take from the pharmacy, but they are worth nothing to us. They don't cure us. Or if they do cure us, it's just for a while. It alieves you for a while, but within two weeks the same sickness is back.

In other words, where medical science presumes that individuals' basic material sustenance is accounted for, and from there visualises illness as a deviation from the norm requiring a targeted physiological intervention, this testimony from Ricardo reframes the question of public health in the context of economic marginalisation and the baseline struggle for survival. It could also be interpreted as drawing on the Shuar notion, discussed in Chapter 4, that strength and sickness are at opposite ends of a continuum, where illness has been understood as the result of magical attacks emanating from those more powerful than oneself, and strength signifies imperviousness to both disease and physical aggression from others (Harner, 1972: 135-9). In this sense, it may be a logical extrapolation for Óscar and Ricardo to interpret Shuar people's suffering not as a circumstance that just is, but rather as the result of the deliberate action of others.

Ricardo then elaborates on the point following a simple question about his preference between clinical or herbal medicine:

I would prefer nothing from the clinic. Like when a woman is having trouble with childbirth, I'd rather have her supported here. We'll cook her a 'caldo de gallina' (chicken broth) and that's how she can gather strength. But it has to be a mature chicken, and 'criollo' rather than 'cubano' (a breed for commercial farming), because those ones are injected with all sorts of stuff. The 'criollo' is grown up right here and it has much more strength and hardness in it. That's why it is more valuable to eat. It's important for a woman to eat plenty of chicken so she doesn't get too skinny and become weak and get sick. Whereas if I take her to the hospital, she can get all sorts of treatments, but she won't recover at all. But with what I can give her here, she will recover.

Ricardo is expressing clearly a point that political systems worldwide rarely appear to have grasped: that is, that public health properly conceived would ensure the satisfaction of basic necessities before focusing on provision of pharmaceuticals, specialist treatments, vitamin injections and so on. For Shuar people robbed of much of their land and concentrated in abandoned mission towns with a strained natural resource base, economic precariousness is a reality that free clinical healthcare can only partially abate. It is from this broader sense of suffering from the engagement with colonisation that many Shuar people concluded that it would be preferable to make use of medicinal plants over clinical medicine—'that which is ours,' as so many interviewees said, or 'products from us Shuar, to be healthy,' in Ricardo's words—even as they also often lamented their own lack of knowledge about medicinal plants. Their conclusion should not be seen as ethnocentric in character. On the contrary, the preference for traditional over clinical medicine among this group seemed to be one part of a broader stance toward the Ecuadorian state based on a historical consciousness of indigeneity as resistance to colonialism, rather than being delimited to a strict, technical evaluation of the relative efficacy of different medicines.

Beyond this general preference for indigenous medicine, the discourse of indigeneity as historical consciousness could also be seen to generate radical opposition to the clinical medicine of the state health system. This attitude toward state clinics was a subset of the relatively common stance of outright hostility toward mestizo Ecuadorians and outsiders in general.⁶⁴ Again, in Ricardo Naanch's words:

Here in the clinic, they treat us all the time and they have lots of treatments, but we end up as sick as ever. These same treatments cause us even more illness later. So many injections, so many vitamins, they just cause more illness. [...]

The colonisers, they have a lot of envy of us as Shuar. The colonisers want to do away with the race of Shuar altogether, and produce purely their race ('la raza de colonos'), [like] the Colombians and others. They want to do away with all the native people ('Quieren terminarles a los nativos toditos'). So of course, when we go to the hospital, they help us, and then they give us bad injections and bad remedies and bad treatments, and we don't realise because we don't know what kind of remedy it is.

Sure, we have some idea-'this is a remedy for fever,' 'this is a remedy for allergies'-but we don't know exactly what these products do, and they could be doing us harm ('daño') too. So many people go to them to be cured, or they'll go to the hospital, but afterwards the same illness comes back. This isn't curing. It's the very hospitals and pharmacies that are giving us this sickness.

So when I get sick I don't go to them for cures. Well, for some sickness, for fevers, I do go, but for the rest I won't. I have to stay in my house and look for some product to drink in order to

⁶⁴ In Shaime, the doctor who served there had purchased an outboard motor to allow him easier access to the town by river, but it was stolen shortly after. Similarly, the school-teacher had had personal items stolen from her lodging in town.

make myself healthy. This same doctor that we go to here [at the clinic] to examine us, this same doctor can kill us. I've seen this.

There are so many injections available in the city, and that's where the colonisers are as well. The colonisers envy us, the Shuar race. The colonisers recognise us as Shuar, and we don't know the medicines, so we let them inject us. And then if we die, who's going to say anything? I have seen many people killed by doctors. I have seen it.

Again, through a discourse of opposition driven by historical consciousness of conflict with mestizo Ecuadorian society, preferences between types of healthcare are decided with much broader terms of reference than simply the properties and efficacies of medicines. The flaws in the way the public health system works for Shuar people are, moreover, interpreted as evidence that mestizo society has no interest in the well-being of indigenous Amazonians. Such attitudes account for the statistical correlation between use of the discourse of indigenous identity and a lower willingness to make use of clinical medicine.

These oral testimonies constitute local accounts which enter into dialogue with broader critiques of the role of public health programs in the context of poverty and marginalisation. Such critiques include numerous works by Paul Farmer (1996, 2003, 2004), for whom the public health consequences of poverty, marginalisation and structural violence constitute the central theme of his research. In a similar vein, an ethnography of a Colombian plantation town by Michael Taussig draws attention to the fetishisation of pharmaceuticals in health programs:

Those who went to these doctors would receive huge prescriptions for veritable cornucopiae of pills, capsules and injectable substances, and return to the same dirty water and food shortage that created the preconditions of the health problem in the first place (1987: 274).

Likewise, Ethel Wara Alderete draws attention to ‘sicknesses of poverty,’ arguing that the ‘health conditions of native peoples are determined in large measure by their low socio-economic position’ (2004: 65). She also points out, however, that development indicators often paint a misleading picture of these conditions, given that ‘categories of poverty or unemployment, for example, are inadequate in quantifying the material assets and resources of rural life’ (2004: 64). Consequently, a key feature of indigenous public health is ‘the conservation of traditional lifeways and culture’ (2004: 65), rather than solely technical interventions based on medical science. Alderete argues that ‘territory, family and social relationships, environmental problems, food security, spiritual strength and intercultural relations form an integral part’ of public health for indigenous peoples (2004: 66).⁶⁵

This intervention speaks directly to the points made by interviewees invoking indigeneity as a discursive frame for discussing health in the context of historical consciousness. The seemingly tangential responses of interviewees to the standard, focused questions on preferences between medical systems in fact implied a desire for recontextualisation of the debate about health and medicine. Segundo Santiak, another outspoken Shuar man and former community leader,⁶⁶ began by saying that ‘the only medicines that we believe

⁶⁵ They are of course significant to non-indigenous peoples, but are vitally important to maintain for indigenous peoples, who are so vulnerable to the effects of dislocation provoked by the colonial encounter.

⁶⁶ The way in which my mode of textual analysis of interviews—which are themselves public speech acts, at times undertaken with individuals with whom I had a minimal personal connection—privileges the more effusive interviewees is one manner in which gender bias manifests in the present study, as Jivaroan societies tend to place great importance on verbal force and eloquence in men, while valuing modesty and demureness in women (Descola, 1996: 193, 195). That said, where circumstances made private conversation permissible I was able to record lengthy interviews with some women, of whom Alma Tunki, Martina and Elsa Tukupi, Laura and Teresa Yankuam and Ximena Charip were particularly influential in the development of this thesis.

in are our own products' and 'what comes from outside doesn't compare with what we have. Ours is higher, and what comes in is lower.' However, he goes on to argue:

This is where we find ourselves, but our government... God shouldn't allow it, but even he himself doesn't realise what is being done to our poor people, our poor nationality, how we indigenous people are castigated. Traditional medicines will be all gone and they'll put only their medicines. And us, where will we be? [...] The government says there are no Shuar and there are no indigenous people in Ecuador, only mestizos.

For Segundo, the issue is not the minimal point that Shuar medicines are preferable, but the notion that the Ecuadorian state is attempting to wipe these medicines out so as to weaken the Shuar people and change the traditional way of life. Chapter 4 detailed the role played by medicinal plants in Shuar culture in a range of fields that westerners would categorise as including education, socialisation, spirituality and therapy. In this context, indigeneity as historical consciousness of resistance to colonialism implies a health-seeking practice centred on the defence of medicinal plants used to inspire visionary experiences of transcendence. To speak of intercultural health in this sense recalls the political significance of vision-seeking practices for indigenous North Americans in the late nineteenth century and early twentieth century as they faced the advancing colonial frontier (Niezen, 2000). Indeed, when Segundo expounds on the virtues of medicinal plants, with ayahuasca (*natém*) most prominent among them, his criteria are in no way limited to the physiological, but in fact merge these with personal and social values:

- Did your father [the town's foremost shaman] give you medicines from a young age?
- Yes, from the age of eight we started. With *natém*, with many products so that our blood may be strong, we may be valiant, have good energy ('una energía buena'), alkaline blood ('sangre amarga'), so that nothing can touch us. This is how we have been.

- Is this something you have done for your own children?
- Of course. Once they are eight or nine years old. This [experience] goes on and on and stays with them. Once they are eight or ten years old, you apply this, and from this age, they continue on following their visions, thinking very differently, of what they might have in time, what might happen when they're 24 years old, this is what we always see in these visions.
- What changes do you note in children when they have been given *natém*?
- A great difference! They think differently. They think of the development of the community.

For the Shuar people who understand their indigeneity in terms of a historical consciousness of resistance to colonisation, then, the principle of state interculturality is more pressing than elsewhere. Those Shuar who are most marginalised not only experience the greatest divergence between what they need to be healthy and how they interpret health in comparison with what the state public health system provides; they are also the most ready to interpret these state failings as deliberate policies of cultural and demographic aggression on the part of mestizo society. As such, autonomous management of the resources dedicated to public health is most important in these marginalised areas where consciousness of their indigenous identity is understood in terms of the history of colonialism and the experience of it as an ongoing reality.

Indigeneity as 'Culture': Class, Politics and Institutions

The preceding section introduced Shuar people's understanding of indigeneity in the sense of referencing the common experience of (still) being subject to colonialism,

dispossession and marginalisation. While it would be premature to minimise the relevance of that history to what it means to be indigenous in Ecuador, it is true that some indigenous groups are emerging from that history and beginning to prosper. For Shuar people, Pachakutik's control of provincial governments in Zamora-Chinchipec and Morona-Santiago, the existence of a network of 'intercultural bilingual' schools, the isolated work of environmentalist NGOs and the economic importance of 'artisan' mining in the region (see Chapter 6) have all contributed to opening up spaces which belie any strict division between colonial society and indigenous Shuar territory. While 'artisan' mining provides the greatest degree of economic empowerment for Shuar people, it is probably the presence of Shuar representatives in public-sector offices that has contributed most to legitimising the Amazonians' presence in urban spaces, which one nevertheless still sees contested in small ways, such as the graffiti in Zamora that reads 'Zona Cholos' ('mestizo zone,' roughly translated).

Figure 11: Statue outside Zamora police station. The banner painted on the wall to the left reads: 'In the soul, God, in the heart, Country, and in the blood, Police.'



The reclaiming of indigenous culture and identity in Ecuador since the uprisings of the 1990s, which could be seen as a manifestation of broader global trends toward recognition

of cultural and ethnic difference (Hale, 1997, 2004; Rouse, 1995; Yashar, 2004), has had its impact felt even in remote Amazonian regions. The conceiving of indigeneity in terms of culture arose in a number of the interviews recorded with those who made use of the discourse characteristic of Pachakutik and indigenous rights campaigns. In conversations on his family's use of traditional medicine, Celestino Wampash, a Shaime resident and teacher in the bilingual education department, lamented that 'because education has been advancing, the youth do not place much importance on culture. [...] What is ours must be maintained. All the knowledge and customs must be maintained, and the language at least.' Similarly, Edguin Yankuam of Wampishuk in Alto Nangaritza said, 'Sometimes we have to go to the health clinic in Shaime, or even to Zamora. But the important thing is that, like our forefathers, we have our cultural medicines.' Matilde Yankuam of Kiim referred to herbal medicine as 'natural medicines, all the medicines that we cultivate as part of rescuing our culture.' Justino Wampash from Shaime said, 'They believed in these things before. Now we are forgetting our own culture. We believe more in the pharmacy and that's where we go.' In each of these comments, there is an evident reification of Shuar culture as something that is potentially separate from themselves and more properly located in the past than the present, as though it were, in the perspective described by Néstor García Canclini (1992: 196), a piece of folklore on the verge of disappearance. This is in contradistinction to the possibility of Shuar people seeing their culture as the web of meaning within which all their actions and aspirations are located, constantly recreated in their actions and choices they make in their everyday lives.

That said, in all of these examples interviewees attributed significance to the use of Shuar health-seeking practices at least partly because of the value they attribute to traditional medicine as an expression of this reified notion of indigenous culture. At least, then, in

terms of this contribution toward encouraging the preservation and further development of knowledge practices, cultural rights discourse seems to be having a beneficial impact on Shuar people. However, as mentioned in Chapter 6, the fact that this empowerment is achieved through the language of cultural rights—in other words, rights founded on the claim of representing a distinct culture—has implications which have been described as ‘complex and contradictory’ (Cowan, 2006: 9). Framing indigeneity as a cultural difference—rather than a difference that references a history of autonomous social development and consciousness of the subsequent experience of colonialism, dispossession and marginalisation—implies dramatically different forms of redress. Cultural difference typically implies a minimal demand for recognition and inclusion (Hale, 2002: 485), while indigeneity as historical consciousness—or what Walter Mignolo calls ‘colonial difference’ (2000b: 740)—demands the right to control engagement with the colonising society from a position of autonomy and self-determination. This distinction can be explained by drawing attention to the confusion between culture as ontology—‘a total system of conceptualisation’ (Wagner, 1981: 142)—and culture as defined within modern western ontology ‘as more or less exotic ways of accounting for the state of the world that our own system of conceptualisation has established’ (Descola, 2013: 30).⁶⁷ While the former establishes culture as a complete set of unique, historically developed ideas with which to conceptualise and act within the world, the latter subordinates ‘the cultural’ to a putatively true, post-cultural western worldview. For this reason, the revolutionary potential of interculturality requires an ontological definition of culture. By accepting the framing of themselves and their difference from mainstream national society as ‘cultural’

⁶⁷ Note the parallel with the Ecuadorian plurinationalism movement’s objective ‘to demand the transformation of the mono-cultural nation-state and not to simply add their difference to the existing dominant normative matrix’ (Walsh, 2002: 29).

in the second sense, Shuar and other indigenous people risk being taken into account in ways that are entirely alien to and excluding of their own 'culture' in the first sense.

In part, this contradiction between valuing one's own historically developed knowledge practices through an interpretive frame ('indigenous culture') formulated by outsiders manifests in Shuar people's resentments of those holding institutional and political positions that are dependent on their identity as Shuar. Those who learn to represent Shuar people and culture within mestizo society are able to benefit at the same time as they distance themselves from immersion in the ancestral lifeways coextensive with that culture. One Shuar employee at the Office of the Bilingual Intercultural Education Department in Zamora⁶⁸ was forcefully condemned by some community leaders in Nangaritza because he was seen as profiting from speaking on behalf of Shuar people whilst spending most of his time in the town rather than in the jungle. Another Nangaritza man, a political official working for the Pachakutik provincial government, was held in contempt by some for leaving his wife and family to survive off the land without him while he lived and worked in the city. In both of these cases, furthermore, denunciations of these 'cultural professionals' were grounded in direct ethical judgements rather than any claim to holding a superior understanding of a reified and essentialised 'Shuar culture.'

Inferring from this line of reasoning, one could suggest that anthropologists would be seen as the most contemptible of those who speak about the lived culture of others. The previously cited Ricardo Naanch voiced his concern about researchers as follows:

⁶⁸ This office has since been merged into the Ministry of Education, but the Shuar teachers and administrators who managed intercultural and bilingual components of the education program were retained.

The colonisers come here as well, and they take photos. They take photos, photos, and photos, then they take them and sell them, and they are earning a lot. Even one's word, the words that one says, these are being bought. These words that are spoken here and taken over there, and that's the way he spoke. They take these words, and then they take away... how it was spoken, I don't know, I can't quite understand it. They take away the words and these words that one speaks oneself are reproduced much more and then you make big earnings from it. You make earnings from this, saying, 'He spoke in this way.' You take it back with you there and you have your earnings.

This suspicion toward researchers and 'cultural professionals' should not be construed as outright opposition to the alienation and development of knowledge embedded in a local context—what Charles Briggs calls 'rights to decontextualize' (1996: 459)—along the lines of the denunciations of 'symbolic violence' made by Ronald Nigh (2002: 451) against pharmaceutical bioprospecting research based on indigenous medicinal knowledge. In fact, during the research process I was continually encouraged to push on with the project by Shuar people who enthusiastically offered their own input. Rather, the issue that arises is with the alienation of knowledge to institutional contexts that are neither controlled by nor accessible to most Shuar people. This is an essential lesson for any attempt to develop truly intercultural, culturally representative state institutions.

Alongside the Shuar cultural professionals, the elder land-owners in the Quimi River Valley were the most ready to adopt the discourse of indigeneity as culture and to adopt the themes of idealised indigeneity employed in global indigenous rights campaigns. The same discursive themes were common to the two brothers who were the eldest men in Yanua (non-miners). The 'sindicó' of Yanua, for example, declared in the midst of an inspired monologue:

They say that the Shuar is lazy and that is why he is poor, and that in contrast the ‘campesino’ works hard, produces timber and makes change. But the Shuar have known how to protect and conserve the forest, so that animals don’t leave us when the water is damaged, the ‘páramos’⁶⁹ themselves. The ‘campesino’ doesn’t think of this. He thinks only of money.

The reference to ‘páramo’ is particularly revealing here, because of its evocative status in Ecuadorian political discourse as the source of the country’s water. This clearly has little historic relevance for Shuar people, but has evidently been adopted as a discursive theme by this Shuar leader following its repeated invocation by Andean indigenous political actors. Also notable are the claims about Shuar patrimony over and conservation of the forest, a theme that was invoked in similar fashion by the brother of the ‘sindicó’ following a simple question about the availability of medicinal plants in the immediate vicinity of his house:

There are medicines around this area, many different medicines. This nature belongs to us, which is why it hurts us when it is destroyed. There are edible plants from the forest that nourish us. So it pains us to see that our government goes beyond the Constitution and smashes us. We claim our indigenous rights based on the Constitution, but this government is harming the Amazon. We don’t want nature to be destroyed. This water is life, and not just for Ecuador, but for the world. Water has no price. Money makes the man, but water has no price. It’s a gift from God. [...] We are beings of the Earth, so very small in comparison with God. God didn’t send us here to destroy. We are here to protect nature. We care for the forest, for the animals. We are children of our ancestors, from here.

⁶⁹ ‘Páramo’ refers to a type of high-mountain tropical ecosystem above the continuous forest line and below the permanent snow line.

It should not be considered suspect in and of itself that these interviewees positioned themselves in such close alignment with the global discourse of indigenous peoples as stewards of ‘nature’, along the lines put forward by scholars such as Cavalcantini (2010), Maybury-Lewis (1992), Milliken (2010) and Posey and Overal (1990) and adopted by many indigenous organisations in their self-representation (Conklin & Graham, 1995: 697; Ulloa, 2001; Viatori, 2007: 112, 115). What is significant, rather, is the scarcity of environmentalist rhetorical themes among Shuar people generally, even among those who make use of Pachakutik discourse; and the fact that it was taken up most enthusiastically by these two Shuar men who had some of the greatest access to arable land and forested territory for hunting of any that I met in the province.

Figure 12: Cornfield bordering cattle pasture on Shuar communally-titled land in the Quimi River Valley



To point out in this way that indigeneity can have implications for individuals' institutional and/or class interests is not to privilege the material over the discursive or to say that all individuals' language and beliefs are necessarily cynically constructed façades disguising personal interests. As Arturo Escobar argues, 'There is no materiality that is not mediated by discourse, just as there is no discourse that is unrelated to materialities' (1995: 130). With regard to the particular interests highlighted in this section, the point is simply that there are certain subjectivities suggested or privileged by certain forms of discourse that are simply irrelevant to many individuals—particularly young people—as they go about the process of socialisation and material adaptation to the circumstances they have inherited. That is to say, in the context of Zamora-Chinchipe it is unsurprising that young Shuar people do not identify with the association of indigeneity with a discourse of environmental stewardship when their elders have not granted them any land for which they might act as caretakers. As a general, concluding point, then, this capacity of indigeneity to both facilitate individuals' negotiations of political and economic space within the existing order, as well as to act as an analytical tool invoking a historical consciousness of resistance to that order, demonstrates the discursive multivalency of indigeneity.

The Distinct Deployments and Rejections of Indigeneity by Shuar People

When analysing the variety of discursive options through which individuals may identify and express themselves, there is always the temptation to invent an imaginary clean slate to which individuals arrive and are able to make choices unencumbered by the choices of others. And while most would accept the Foucaultian notions that power and knowledge

are fluid and are re-expressed at every node in the networks through which they circulate, this by no means implies that every individual has sufficient power to reappropriate, reinvent and redefine discursive themes. As such, this chapter will conclude with a consideration of Shuar people's responses to the conceptualisation of indigeneity by two powerful discursive forces: firstly, indigenous governmentality as expressed by the Pachakutik party in Ecuador; and secondly, anthropologists as international authorisers of the social capital of indigeneity.

As discussed in Chapter 3, the oppositional discourse relied upon by Pachakutik during its origins in the indigenous uprisings of the 1990s became much more difficult to sustain as the possibilities of power approached in the twenty-first century. The party has wrestled with this problem since the aborted coup in 2000, in which then CONAIE President Antonio Vargas joined with the military in an attempt to replace President Jamil Mahuad. More recently, the alliance between Pachakutik and Alianza País during the 2007 constituent assembly and the first two years of the Correa government ended up provoking further soul-searching, leading to the party's current reluctance to enter into alliances with government. The conflict over oil at Dayuma, which prompted the resignation of Correa's Secretaría de Comunicación, Mónica Chuji, drew attention to the more fundamental contradiction for Pachakutik as a party of government: that is, that in striving to represent dozens of distinct organisations across the Andes and Amazon, PK-CONAIE was unable to maintain an internal consensus on the central dilemma for the Ecuadorian left between socialist development, on the one hand, and 'anti-extractivism' and unequivocal support for indigenous prior, informed consent, on the other. Correa's government opposed the latter, arguing that it signified an indigenous veto over national economic policy (Trujillo, 2010: 19).

This tension between socialist development and indigenous prior, informed consent manifested in the national debate over the cancellation of the Yasuní-ITT proposal, according to which developed nations would compensate the Ecuadorian state for leaving proven Amazonian oil reserves underground. CONAIE-PK was unable to come to a unified response to Correa's decision to go ahead with Yasuní oil extraction, with pro-government leaders in the central and northern Andes broadly in favour of developmentalist policies that channelled funds from natural resource extraction to infrastructure projects managed by municipal and provincial governments (Cano, 2014). Broadly speaking, the PK-led opposition in Zamora-Chinchipe and Morona-Santiago and the Ecuarrunari-led opposition in Azuay, Cañar and Loja were unable to win over their northern Andean indigenous colleagues in Tungurahua, Chimborazo, Cotacachi, Pichincha and Imbabura, where electoral support for the Correa government remained overwhelming in majority-indigenous regions (Sánchez Parga, 2013: 49). As such, PK-CONAIE was unable to exert itself in concerted mobilisations in the period from the aborted coup of 30 September 2010 until the August 2015 protests, which were held in response to the prospect of constitutional changes to permit indefinite presidential re-election.

This tension in finding consensus between the various indigenous sectors of Ecuador manifests in Zamora-Chinchipe in conflicts between Shuar and Kichwa-Saraguro groups.⁷⁰ Shuar people's identity as indigenous holds a confused position vis-a-vis the discourse and politics of Pachakutik. This dissonance stems from the dominance of the Kichwa nationality, language and worldview within the Ecuadorian indigenous movement as a

⁷⁰ This conflict is not only at the level of political difference. In August 2013, during my fieldwork in Nangaritza 'cantón', a dispute over land in the Yacuambi Valley near Kiim between Kichwa-Saraguro and Shuar people left four people hospitalised with machete wounds (La Hora, 2013).

whole, Pachakutik itself and the party in Zamora-Chinchipe in particular. Some 72 percent of Ecuador's indigenous population identify as Kichwa, as against the 8 percent identifying as Shuar (Martínez Novo, 2014: 412). Traditionally, key aspects of Kichwa culture include the pre-eminence of notions of time in which the past and the present co-exist (Greenway, 1998: 996), the complementarity between the four directions and between a variety of dualisms (Maldonado Ruiz, 2010: 84, 86) and the social significance of communal land tenure and the harvest. Each of these elements invoke necessary communal and ritual ties between human bodies, spirits, and features of the immediately apparent physical environment such as mountains, rivers and stars (Andrade, 1999). These relations are encapsulated by Christine Greenway as 'the geographical embodiment of spiritual forces and the spiritual embodiment of social forces', thereby leading each person to be enmeshed 'in hierarchical and egalitarian social webs that require reciprocal exchanges of goods, labour and ritual activities' (1998: 993). This can be contrasted with the minimal importance of communal and spiritual obligations between human and non-human entities in the individualist traditional Jivaroan societies; the relative absence of communal forms of religiosity and ritual; and the 'remarkable indifference' to the past and the passage of time of these 'amnesiac' peoples (Descola, 1996: 223, 225).

In particular, the contrast between the relative communality of Kichwa culture and the relative individualism of Jivaroan culture (e.g. Descola, 1996: 138, 223) makes the notion of an 'indigenous' governmentality that attempts to represent both highly problematic. The provincial government of Zamora-Chinchipe is headed by Salvador Quishpe, a Saraguro-Kichwa man whose family runs the largest store in Zamora, selling hardware and construction materials obtained from manufacturers in the Ecuadorian highlands and internationally. His government has instituted a project of development lending to

indigenous groups, which is oriented specifically toward financing the set-up of cacao or coffee farming. The caveat of this stimulus, however, is that it is expected to be contracted to communities as a whole, and not to budding individual entrepreneurs. During my time in Yanua, I was continually pestered to make extravagant loans, or procure them from the mysterious international sources which, as a white man, I was presumed to have at my disposal. I would often reply to this that surely support must be readily forthcoming from the PK-run provincial government. The 'sindico' of Yanua dismissed the possibility by explaining the aforementioned communitarian ideals guiding PK government lending. 'The Shuar are not like this,' he said. 'I am not going to work all day for another man's benefit.' The point was echoed by another man from Yanua: 'Everyone here has to work for himself. Here, we don't work united. Each one works individually.' These men's assertions match the impressions of Descola and Taylor four decades ago when they remarked on a neighbouring Jivaroan group that 'the Achuar have clearly never heard of primitive communism' (Descola, 1996: 41). Indeed, an Oxfam-sponsored study found that communally run commercial development operations have typically not been viable in indigenous Amazonian communities, pointing out that 'community is a social form of organisation structured as a political strategy to defend the land,' rather than an indigenous form of political organisation (Smith, 1996: 238-9). These collectivist ideas about the significance of indigeneity for development and structures of social and political organisation are widely disseminated by Pachakutik's political leaders and collide with many of the assumptions to be found within the cultural inheritance of Shuar people. As such, it is unsurprising that Shuar people have adopted a variety of positionings with respect to indigeneity, seeking to interpret it within a historical context of colonial resistance, taking up different aspects of its meaning depending on their institutional and

class positions, or at other times avoiding association with the identity or explicitly rejecting its relevance to their present-day lives.

Figure 13: Zamora-Chinchipe provincial government sign explaining a nearby construction project: the lower section reads, ‘We are moving forward “en minga” for development’; ‘minga’ is a term of Kichwa origin meaning ‘collective work project’.



These distinct deployments of the discourse of indigeneity by Shuar people in Zamora-Chinchipe contrast markedly with the often blithe celebrations by non-indigenous people of the liberatory and empowering potential of indigeneity as a discourse and identity. While anthropologists should be expected to pay supreme attention to the specificities of cultural difference and strictly avoid reinforcing the cheap tropes of indigeneity that proliferate in popular culture, contemporary Andean and Amazonian anthropology suggests that anthropologists’ professional credibility remains bound up with idealised expressions of indigeneity. Gabriela Valdivia, for instance, criticises Juliet Erazo’s work for

relying on too many ‘western’ precepts—such as sovereignty, property, governance, etc.—in pursuing her aim of producing ‘situated knowledges of how indigenous peoples form and defend connections to the land’ (Valdivia, 2015: 602). In essence, then, she is arguing that ‘situated’ indigenous knowledge should not include western precepts, even when the indigenous group in question—Kichwa Amazonians—have a long history of acting intermediaries between western Amazonia and the Andes (Taylor, 1999: 238; Whitten, 1976). This criticism is despite the fact that a central theme of Erazo’s work is the use of strategic essentialism in indigenous governmentality and their engagements with international donors (e.g. Erazo, 2010: 1018). In fact, Kichwa Amazonians’ manipulation of North-Atlantic tropes of ideal indigeneity, it could be argued, is a post-modern reformulation of their people’s historic role as traffickers of various forms of capital between indigenous Amazonia and the capitalist world-system.

In other works, the desire to put forth an activist anthropology that advocates for indigenous peoples completely confuses the analysis of indigenous peoples’ own application of the discourse of indigeneity. Nicole Fabricant, for example, sets out to document ‘the use of Andean historical memory as a cultural resource for political change’ (2010: 89) in landless workers’ activism in Bolivia, focusing on ‘ayllu’⁷¹ rhetoric as ‘a spectacle-driven, discursive and rights-based cultural heritage resource’ (2010: 94). However, in her enthusiasm to support activists’ ‘creative reassembly of parts of their Andean prehistory’ (2010: 95), Fabricant ends up allowing a noticeable degree of creative license in her own writing. At various points, she refers uncritically to ‘ancient Andean communities’ (2010: 90), ‘ancient structures’ of ‘reciprocity and redistribution’ (2010: 98),

⁷¹ ‘Ayllu’ is a Quechua and Aymara term referring to an extended family-centred community that owns, works and harvests land communally.

‘Andean ideals regarding social obligations’ (2010: 95) and ‘older ways of buying and selling land’ (2010: 103). Rather than using her skills and networks as an anthropologist to clarify the nature of the original referents being deployed by Bolivian landless workers—and perhaps highlighting their transformations in the process—Fabricant instead opts for an entirely discursive focus that ends up simply absorbing and repeating much of the movement’s rhetoric.

A similar critique could be directed at the work of Jean Jackson and María Ramírez (2009). These authors celebrate the Colombian Yanacona’s ‘reindigenization’ campaign, calling it ‘an extraordinary example of a community creatively engaging “the slippages, dispersions, and ambivalences of discursive and moral formations”’ (2009: 537), citing Povinelli here (2002: 29). They also praise the group’s success in playing up to the terms defined by international donors, which they refer to as ‘a community’s ability to articulate its interests and values in optimal fashion to powerful individuals and institutions’ (2009: 537). In so doing, however, they overlook the manner in which the discourse of cultural rights circumscribes campaigns for collective rights on ethnic grounds in ways that, even in the small theatre relevant to the Yanacona example, appear to harm the interests of both non-indigenous poor farmers (2009: 536) and local townspeople (2009: 529). Following their successful reindigenization campaign, Yanacona people were settled near the source of the river that provides drinking water to the town of San Agustín, meaning that the water flowing into the town became polluted. Although it recognises indigenous communal land title, the neoliberal-multicultural Colombian state does not recognise free drinking water as a general collective right. Yanacona empowerment, in other words, clearly came at the cost of neighbouring mestizos. In their support for the Yanacona, Jackson and Ramírez demonstrate no reflection on their own role in international structures of power,

particularly the way their reproduction of the social capital of indigeneity perpetuates an understanding of legitimate collective political action that is dependent on ethno-cultural identity to the detriment of broader collective struggles, in Colombia and elsewhere.

In all of these cases, anthropologists have gone out of their way to celebrate indigenous agency in reworking and redefining indigenous rights discourse, painting an overwhelmingly positive picture of indigenous peoples' invocations of idealised expressions of indigeneity. There seems to be very little recognition in the extant literature of either the multiple ways the discourses of indigeneity may be employed within the same indigenous group; the potential for idealised imagery of indigeneity to alienate indigenous people from a sense of their own indigeneity⁷² (see Chapter 6); or the deeper question of the desirability of the delimitation of collective rights to the criteria of culture and ethnicity. In this final sense, a greater degree of reflexivity regarding anthropologists' role as authorisers of indigenous cultural legitimacy in forums of state and international law seems advisable, as this would imply attention to the global context of cosmopolitan power in which anthropology doubtless maintains a functional place.

Culture as a History of Cumulatively Developed Conceptual Complexity

Although CONAIE has roots in indigenous collaborations with socialist parties, particularly in the highlands (Becker, 2008), and with missionaries, particularly in the Amazon (Rubenstein, 2001: 278), it has also risen to prominence within the context of a global trend

⁷² I was regularly told by Shuar people, even those who are entirely ethnically Shuar and live on indigenous communally-titled territory, that they are 'medio mestizos ya,' because they do not identify themselves with indigeneity as embodied in its idealised form by isolated forest peoples and by their own ancestors.

of international institutional support for valorising cultural difference and linking cultural rights to territory, a phenomenon eloquently documented by Charles Hale (2011: 186, 191). Thus, when Amazonian activists, political representatives and everyday individuals express the discourse characteristic of Pachakutik and global indigenous rights, they are not expressing an isolated affirmation of their own history, culture or identity; they are also expressing themselves within a global institutional context that reinforces tropes of an indigeneity defined by environmentalism (Conklin & Graham, 1995; Hames, 2007), shamanism (Conklin, 2002), and ‘hyper-real’ cultural manifestations (Ramos, 1994). One might tentatively suspect that this discursive shift emanating from cosmopolitan centres of power toward a new esteem for indigenous cultures might, as it filters outward, contribute toward a greater degree of pride and recognition for their own particular lifeways among indigenous peoples. To a small extent, this expectation is borne out by the data on medicinal plant usage among Shuar people in Zamora-Chinchipe.

However, when these people spoke about health-seeking practices and their attendant ontologies, not all of them invoked a sense of themselves as indigenous people in formulating their responses. Among those who did, however, as we saw in Chapter 3, there was no greater preference toward shamanism and visionary ‘spiritual’ practices, in spite of the slightly greater preference for medicinal plants over clinical medicine. The conclusion thereby suggested—that indigenous rights discourse as a cultural vector is multivalent, has no specific directionality or impact, but rather is taken up and deployed in a variety of disjointed ways, while being ignored by many of the people most immersed in ancestral ways of life—has been confirmed in this chapter, at least within the small arena of the study, through an analysis of the discourse of indigeneity that brought colour and depth to the statistical transparency of Chapter 3. Indigeneity was invoked, particularly in

the remote region of Nangaritza, as an idiom of historical consciousness and resistance to what was perceived as an ongoing colonial encounter with the Ecuadorian state. To speak about indigenous identity in this sense stimulated productive critique of state institutions as well as encouraging outright rejection of all facets of mestizo society and validation of elements of traditional society.

Other Shuar people spoke of indigeneity as ‘culture’, a discursive frame which, far from invoking indigenous resistance, allows for the easy categorisation of Shuar people within the worldview of non-indigenous people in terms of the minimalist celebration of cultural diversity implied by neoliberal multiculturalism (Hale, 2002; Žižek, 1997). Similarly, elder men who controlled large tracts of land invoked their indigeneity as validation of their capacity for environmental stewardship. Like those who invoked the value of ‘culture’, these men spoke in terms that have been formulated by and justify the marginal indigenous presence within the neoliberal multicultural system. For others, the lack of relevance of the discourse of indigeneity catalysed the impact of modernist subjectification⁷³ associated with technological and material progress and defined against idealised expressions of indigeneity. In this, I suggest, the applications of the notion of indigenous identity on the part of influential outside groups may have caused Shuar people’s alienation from identification with indigeneity, whether these groups were politicians promoting a Kichwa expression of governmentality or anthropologists validating ‘hyper-real’ celebratory ideals of indigenous identity.

⁷³ *Assujetissement*, following the same definition as Judith Butler (1997: 84, 90), though she prefers the translation ‘subjection.’

While I have here sought to take the politically contentious step of temporarily adopting a ‘metadiscursive’ subject position (see Briggs, 1996: 439) vis-à-vis the discourse of indigeneity, the study as a whole is very much implicated in the topic at hand in this chapter. To conclude that notions of indigenous culture and identity contain multivalent possibilities necessarily begs the questions as to which of these are embodied in this very research project. If one accepts an ontological definition of culture⁷⁴ and its implications for the intercultural, which is effectively a *sine qua non* for serious consideration of the present study, I argue that one should also take a historicist perspective on (indigenous) culture. This is not ordinarily the perception of the (neo)structuralism represented by the ‘narrow ontological turn’ (Kohn, 2015: 316), which has been subject to now familiar criticisms regarding the ‘flattening’ of indigenous diversity by theory, the denial of coevalness in representation of indigenous people and the obviation of the contemporary political emergencies they face (Ramos, 2012: 481, 483, 486). Yet there is no reason why the study of the range of human conceptualisations of the nature of reality needs to be pursued in an ahistorical, structuralist way; and no reason why its study should not make reference to the external religious, economic and political-discursive forces that I have termed cultural vectors and the changes they impact upon the ontology in question. Culture thus understood is not a phenomenon to be automatically esteemed in the liberal sense by which the capacity for ‘tolerance’ and ‘inclusion’ of external cultures is a mark of pride in ourselves (e.g. Rorty, 1991: 204). Culture should instead be esteemed by recognising it as a historically produced system of conceptual complexity to which degrees of sophistication can only be added slowly and cumulatively. This in turn means

⁷⁴ *Contra* a definition that accepts the modern, naturalist distinction between nature and culture and thus the differentiation between scientific facts about nature versus the culturally-specific beliefs of non-modern others.

acknowledging that culture can only develop over long, continuous historical periods in which ongoing intra- and inter-group communication is permitted by material conditions of economic sustenance and relative peace. Conversely, centuries of culture can be rapidly destroyed by the violence, disease and dislocation inherent to colonialism, which remains in living memory for many Shuar people. In fact, some would argue that it never ceased.

The knowledge practices that Shuar people turn to based on their health-seeking preferences are themselves dependent on cultures as systems of conceptual complexity. This includes both the medical science that had been in gestation during the period of civilisational continuity referred to as modern Europe and which developed rapidly with the material abundance of the post-war era in the twentieth century; as well as the autochthonous Amazonian practices of healing, socialisation and self-development represented by herbal, shamanic and visionary practices. These knowledge practices are likely themselves the legacy of the populous riverine trading peoples of the Upper Amazon (e.g. Porro, 1994), and perhaps especially those of the Ucayali, who were not subjugated until the late nineteenth century (see Santos-Granero, 2009: 22-25), or of the urban peoples of the Amazon River proper, who were much more numerous but whose civilisation collapsed sooner after European contact. For these latter peoples, archaeologist Anna Roosevelt argues that there is 'indisputable evidence of large-scale, very populous regional societies comparable to complex chiefdoms and small states known in other parts of the world' (1993: 260). Or, in the words of Claude Lévi-Strauss:

There [in Amazonia], where we believed to have found the last evidence of archaic lifeways and modes of thought, we now recognise the survivors of complex and powerful societies, engaged in a historical process for millennia, and which have become disintegrated in the

lapse of two or three centuries, a tragic accident, itself historical, which the discovery of the New World was for them (1993: 9).

This 'historicist' conception of knowledge practices and their attendant ontologies facilitates the comparison of systems of knowledge. It frees us from the obligation to somehow perceive and assess knowledge systems as more or less accurate representations of reality, instead allowing us to visualise knowledge practices as historically contingent upon particular socio-cultural experiences. By helping to explain when and how particular knowledge practices were developed, such a mode of analysis changes the question of comparison from one of better and worse, to one of recognising the particularities of each system and asking who such practices might be good for today. An intercultural state would allow Shuar people the institutional space and autonomy to answer that question for themselves, as well as bringing the benefits of epistemic pluralism to the broader society.

Chapter 8: Final Thoughts

The Difference between Valuing Culture and Valuing Knowledge

To briefly recap: this thesis has advocated for a radical interpretation of state interculturality that draws out the most fundamental epistemological and ontological implications of pluralising the cultural foundations of the state. It argued that biomedical epistemology cannot rightly be seen as a neutral, universal arbiter of the efficacy and suitability of health-seeking practices across cultural contexts. Its implication with the economic, legal and regulatory structures whose roots lie in the historical development of the industrial mass societies of the North-Atlantic world mean that its assumptions about the nature and production of medicines have come to appear arbitrary in the light of the cross-cultural encounter. Such a position can be viewed as an attack on biomedicine only by its most partisan backers, for the claim touches on biomedicine's universalising pretensions rather than on the evident complexity of its knowledge base and its sophisticated interventional capacities in health crises. Indeed, biomedicine's flaws are often of a piece with its benefits, especially notable amongst these being the ability to cheaply mass-produce and distribute medications worldwide (corporate attempts at intellectual property monopolisation notwithstanding).

If biomedicine is profoundly implicated in the socio-historical experience of Western Europe and North America, it cannot be presumed as the standard for knowledge and practice in healing in Latin America. How then to assess a culture's healing practices without deferring to any one set of epistemological and ontological assumptions? The project of placing the focus on popular knowledge in the cultural and epistemic

borderlands has its origins in this question. And indeed, where biomedicine arrives and is experienced in a context of colonial difference, as for example in Shuar territory in Alto Nangaritza in the far south-east of Ecuador, this ‘border knowledge’ approach demonstrates clear potential to assess healing practices in relation to one another, and to open up new conceptualisations of illness and new approaches to healing. This ranges from new materia medica—one thinks especially of the datura plasters shown in this research to be widely used for breaks, sprains and other injuries—to the insistence among those Shuar committed to an ancestral ontology that health is not a normal state contradistinguished from illness. Instead, it is understood as a point on a continuum that ranges from weakness and marginalisation to strength and prosperity, demanding a life of purpose, self-development and self-knowledge—‘the unfurling of the personality,’ in the words of the shaman César Santiak—as well as harmonious socialisation with respect to one’s family, neighbours and non-human environment, and steadfastness with respect to one’s enemies.

From a western perspective, the implications of this epistemology and ontology of health are far-reaching, suggesting new approaches to therapy, adolescent development and the aetiology of chronic illness as rooted in the particularities of individuals’ personalities, life trajectories and marginalised social positions. Indeed, the engagement with ayahuasca alone has encouraged so-called ‘bio-psycho-social’ approaches to diagnosis and treatment (Re, Palma, Martin & Simões, 2016: 238) and has influenced such thinkers as Gabor Maté, who has linked conditions such as asthma and addiction to insecure childhood attachments and emotional trauma (2011: 277). These impacts, moreover, have occurred without any systematic effort to invite collaboration with indigenous practitioners or to provide material support for the further development of their knowledge systems, which

is both their right as citizens of intercultural states and would also be but a small compensation for the historical and ongoing extraction of natural resources from indigenous lands.

Despite demonstrating these points, judged in the light of its initial intentions this project has had mixed success. Taking a popular knowledge approach to uncover a group of people's healthcare preferences in a way that goes beyond privileging any one health-seeking epistemology—and thereby finding out the composition of the set of health-seeking preferences of which the intercultural state should be representative—is evidently less simple than was originally proposed. The primary reason for this was the subtle conceptual implication of indigeneity as a space exterior to modernity and the western nation-state system, a methodological flaw in the 'border knowledge' approach that had ramifications throughout the thesis and in fact became its central problematic toward the end of Chapter 5, and in Chapter 6 in particular.

Shuar Evangelicals, a significant minority within the Shuar population, have a distinct and very particular set of health-seeking preferences based on their own interpretation of the ontological and epistemological assumptions transmitted to them by Evangelical missionaries and their own ancestors. Yet the group cannot be viewed as a discrete culture with an independently developed body of health-seeking knowledge and practice. Rather, their preferences in healthcare for the most part resembled a materialist position, with a central place granted to the natural laws of the ordinary plane of reality, alongside passive supplication before the higher powers experienced during non-ordinary states of consciousness. Their morally charged monotheism, in short, resulted in a progression toward the philosophical materialism of modernist ontology.

Consequently, the Evangelical cohort of interviewees prompted a further methodological consideration related to the (lack of) neutrality of the term epistemology itself. The group's generalised rejection of practices that they knew to be efficacious highlighted the cultural specificity of presuming a commitment to what is known to be true. The Evangelical epistemology is moralised; in that sense, it could be argued that it is not an epistemology at all. Consequently, the Evangelical Shuar sub-culture brings into question the notion that there is an empiricism native to the human condition, and which is therefore inherently present in traditions of healing in a manner that would signify their universal value and relevance, as was claimed by the ethnobotanists who led the ICBG Aguaruna and the ICBG Maya (see Chapter 1). While the non-Evangelical, non-working-class Shuar introduced in Chapter 4 share our own commitment to seeking a prosperous, healthy and happy existence in the bodies and lives in which we find ourselves, Evangelical Shuar did not demonstrate this concern with living out their lives effectively in the here and now of this earth. Instead, their primary concern is the avoidance of sin, with the pursuit of health and the vanquishing of illness as the subordinate goal. Although the latter is explicitly dependent on the former, as illness is said to be the result of sin, Evangelicals do not deny that the traditional Shuar healing practices they regard as sinful and avoid do also serve to heal the sick. The applicability of the 'border knowledge' approach of uncovering 'localised accounts of best epistemic practices' (Alcoff, 2007: 97) thus begins to fall apart, for it presumes a relationship between truth and practice or knowledge and practice which is neither universal nor exclusive to the western secular subject. Although Shuar people were often drawn to Evangelism because of flaws in ancestral health-seeking knowledge practice, their continued adherence to the religion was not based on any suggestion of epistemic primacy, but on its proclaimed moral superiority.

The case of Shuar waged labourers was distinct, yet had a similar impact with regard to this project's initial methodological proposals. Waged miners in the Quimi Valley dismissed shamanic healing and ancestral visionary practices, in spite of the successful experience of many Shuar people in the region with healing via this modality. Again, as in Chapter 5, their rejection of these practices was not based on the claim that shamanic and visionary practice was fraudulent or ineffective, as one would conclude when presuming a neutral epistemology on their part. Instead, their rejection of such practices was based on its perceived lack of relevance to their contemporary position vis-à-vis Amazonian indigeneity and ancestral culture. In a striking reflection of antiquated tropes from the history of the discipline of anthropology itself, these indigenous Amazonians could only understand shamanic and visionary practices as relevant in combination with a stance of exoticising temporal, geographic or ethnic distance toward such practices. Additionally, the use of medicinal plants was greatly dependent on class considerations; that meant, in this context, access to and ownership of land. Those working-class Shuar who were not regularly immersed in a biodiverse environment during their daily productive activities demonstrably preferred clientelistic engagement with clinical medical services in a manner more similar to mestizo Ecuadorians than to fellow Shuar people with different geographic and class positionings. In sum, even indigenous Amazonians seemingly on the furthest margins of the world-system are clearly cross-cut in a cultural sense by transnational forces that shape their morality, subjectivity, ontological commitments and everyday economic activity.

Reflecting on these points from Chapters 5 and 6, one is drawn to conclude that the central place granted to epistemology as the means to articulating a true and accurate worldview is itself a modernist-specific preoccupation. With not just the popular knowledge

methodology of this thesis but in cultural analysis more broadly, we assume that individuals have an innate drive to learn about the world through their experiences and to maintain coherence in the way they understand it. Yet based on the testimonies of those Shuar people influenced by Protestant Evangelism and waged labour regimes on the borderlands between ontologies, the assumption is not borne out. They tend, instead, to see certain ontologies not as inaccurate or unbelievable but as morally wrong, or as impossible to reconcile with their identity investments, subjectification or social positioning. For Evangelicals, the concern with the afterlife distorts the implicit understanding—shared by the secular west and ancestral Shuar culture—that the purpose of knowledge is to manifest tangible outcomes on the material plane of reality. For waged miners, we might speculate that their inability to reconcile ancestral health-seeking practices with a modernist enjoyment of the spoils of economic progress vindicates Judith Butler’s proposition that ‘identification is the resolution of desire’ (1997: 102), for clearly they sense that an artificial ‘choice’ has been made between material prosperity and ancestral knowledge and practice.

None of this analysis would have been possible if not for the degree to which the lives of Shuar people in Alto Nangaritza (and occasionally elsewhere, as with those Shuar who controlled significant amounts of land in the Quimi Valley) approximated the analytical framework of exteriority to coloniality presumed in the ‘border thinking’ of Walter D. Mignolo and Linda Alcoff. The ethnography of this region thereby facilitated comparison with those sectors of the Shuar population whose health-seeking preferences and fundamental ontological commitments were predominately shaped by the effect of transnational cultural vectors. This is not to suggest that Alto Nangaritza Shuar represent a static, authentic manifestation of the culture of the Shuar nationality. As we saw in

Chapter 4, Alto Nangaritza Shuar people's comprehension of illness and modes of redressing it draw on the mestizo Ecuadorian conceptual vocabulary of envy, with its roots in Hispanic and Mediterranean folk aetiology, as well as drawing on the imagery of modern weaponry, just as their ancestors employed the metaphoric repertoire of warfare as it existed in their own era. Having said that, the region's cultural trajectory can be characterised as one of continuity and adaptation, rather than of sudden breakages in the transmission of knowledge—as appears to be occurring in the Quimi River Valley—or forceful ethical condemnations of ancestral practices—as is evident among Evangelical Shuar.

How can we account for the fact that from a western perspective, there appears to be obviously more value in the epistemological and ontological engagement with Shuar people in Alto Nangaritza than with Evangelical and working-class Shuar people? Part of the answer lies in the fact that these two latter groups are so influenced by the same cultural vectors that have shaped the western world. As such, their health-seeking practices and general outlook on life are for the most part easily recognisable, even if these groups' relationship with the Shuar cultural inheritance is complex. It would seem that Shuar waged miners can contribute little in the way of new approaches to knowledge production, except to the extent that their economic activity works to build up centres of political-economic gravity and their associated centres of knowledge production in Ecuador and elsewhere. Likewise, Protestant Evangelical Shuar preach a worldview of materialism governed by natural (divinely ordained) laws that was of a piece with that of Protestant northern Europe until just a few decades ago. In this light, the value of cultural diversity in the sense of ontological difference and epistemic pluralism does signify valuing exteriority as implied by the term 'colonial difference.' This exteriority is not necessarily

geographic, as in the case of isolated Amazonian indigenous peoples; with reference to the Ecuadorian context, it also recalls Andean Kichwa communities with long histories of autonomous organisation. I am therefore suggesting that it is not to indigenous ethnicity per se that interculturality owes its responsiveness. It is this distinct socio-historical experience of many of Latin America's indigenous peoples during which layers and layers of conceptual complexity have been successively added to their healing and other knowledge practices wherein lies the greatest potential for intercultural collaboration. The caveat here is revealed by the Evangelicals: the value of epistemic pluralism is dependent on a common agreement between cultures—an 'intercultural common-ground,' if you will—that knowledge should inform and evaluate practice based on its implications in this life, and not in heaven, the wheel of karma, or elsewhere.

The Culture of the State in Ecuador and Beyond

An assumption made in this thesis that readers may have found unduly optimistic relates to the supposed pliability of the state; in other words, the notion that the state is sufficiently empty of fixed qualities for the goal of culturally representative state institutions in a country as diverse as Ecuador to be a possibility. Are states so wedded to projects of bureaucratic normalisation that they are incapable of culturally specific modulations in different locations throughout their own territory? To what extent might the implicit rationalities of states impinge upon or enhance the liberatory epistemic potential of interculturality? For advocates of the intercultural state, this question opens up a complementary line of investigation to the work of social and cultural anthropology that this thesis has for the most part pursued. It takes ethnography on a terrain of

significant cultural difference to comprehend the fullest implications of state interculturality; but the study of the way the Ecuadorian state and others might respond to the call for ontological and epistemological pluralism ~~would seem to~~ requires an institutional ethnography that is beyond the scope of this research. In lieu of venturing any grander propositions on the potential of states in general to become intercultural, I offer some observations on the prospects for state interculturality at the close of the Correa presidency.

For institutions of the state to be representative of the cultures—and those cultures' systems of knowledge—in their vicinity, they would need to be headed not by specialists in 'cultural competency' but by recognised experts in specific fields of knowledge within the cultural group in question. This would mean, for example, that Shuar people would develop the state's policies in the fields of health, education, justice, and so on, for state institutions operating on Shuar territory. As discussed in Chapter 1, however, the Alianza País national government is centralist in character and has demonstrated a willingness to compete with Pachakutik and other political parties for control of the various institutional apparatus of the state. Clearly then, AP is unlikely to hand over control of branches of state ministries that it perceives as its own to PK-affiliated indigenous organisations. Yet as we have seen, in Shuar territory in Zamora-Chinchipe the PK-affiliated communities were precisely those for whom an intercultural state's support for epistemic pluralism would be most meaningful.

The way around this impasse would seem to be for the relevant state competencies to defer to indigenous associations of educators, healers and law/lore men and women in a manner that treats them as providers of technical expertise. These associations would

then engage in permanent dialogue with state functionaries dealing with budgeting, contracting and other administrative considerations. Indeed, as fashionable as it is to be pessimistic with regard to the state, some highly conceptually sophisticated comments forthcoming from Fernando Calderón, Ecuador's former Director of Intercultural Health (a body under the Ministry of Public Health), suggest that such a policy may be politically feasible. Pointing to the work ahead in supporting indigenous health-seeking practices, the Director pointed to the development of 'legal and regulatory mechanisms that would permit its practitioners to be sponsored,' including 'their registration and certification [and] the development of appropriate technologies' (Calderón, 2010: 57). As with any profession, practitioners would need to be certified not according to the norms of the state, but by their own associations. The Director went on to emphasise that '[t]his will not only extend conventional epidemiological profiles, but also broaden explicative models of health-illness' (2010: 56). In other words, there is an evident understanding that the principle of intercultural health is conceptually enriching, rather than simply an opportunity to facilitate the expansion of public health programs in their current form. The Director went on to stress that it is 'our ethical obligation to preserve and sustainably develop [indigenous health practitioners'] sacred spaces, knowledges, technologies and practices, working to consolidate their declaration as the living cultural patrimony of the humanity of the future' (2010: 56, my emphasis). The notion of 'patrimony,' in particular, resonates with a historicist view of culture as accumulated conceptual complexity, which I have argued is most responsive to the value of epistemological and ontological diversity implicit to interculturality. In light of these statements, the problem perhaps lies less with any specific obstacle than with the inevitable institutional inertia when faced with the scope and ambition of such a task.

Critiquing Liberal Multiculturalism Post-2016

This thesis is largely a critique of the conceptualisations of the state and culture in liberal multiculturalism; as well as the way that its subtle Eurocentrism has facilitated its uptake as the political philosophy of choice for Latin American states that have done little to decolonise and become culturally representative. However, the close analytical attendance to and emphasis on cultural peculiarities required by the principle of state interculturality is typically considered suspect not only by liberals but also by Marxists, who are wary that such critiques of liberal humanism may embolden the ethno-nationalist right. Indeed, the invocation of the rights of ‘indigenous Britons’ by the likes of Nigel Farage (Morris, 2014) is, post-Brexit, no longer a laughing matter. Yet the reality is that those cultural groups that Marxists are wary of further empowering are not in need of a discourse of interculturality founded on the principle of the cultural representativeness of the state, as the intersecting privileges of white male supremacy mean that such groups already enjoy the option of culturally specific private institutions. Consideration of the incredibly well-resourced Mormon institution Brigham Young University in Utah would suggest that the enjoyment of culturally appropriate institutions in fields such as education and other arenas essential to social reproduction is currently itself a class privilege. Meanwhile, on a global level, migrant, indigenous and African-descended populations are not typically in a position to be able to establish and benefit from such private institutions, finding themselves instead policed, socialised and cared for according to the logic of putatively rational, ‘post-cultural’ state policies which allay these groups’ distinctiveness in the name of a universality that is generally a veiled Eurocentrism. It is in this intersectional sense that state interculturality is not just a pluralist position, but also a Marxist one.

Yet while the ethno-nationalist backlash need not make multicultural liberals of us all, it should alert us to the dangers of an intellectual sectarianism the equivalent of the political sectarianism that led some progressively minded US citizens to focus their criticisms on Hillary Clinton during the 2016 presidential race. For indigenous health practitioners and for economically and linguistically marginalised indigenous individuals who get sick, there are far worse things than a free healthcare service whose doctors have only basic cross-cultural competency training. Racism and a lazy neglect toward indigenous people are still common in Ecuadorian clinics and hospitals, and a fear borne of lack of access to medical technology still inflects Amazonian peoples' engagement with the public health system (Aguirre, 2016: 19-21). Sometimes the fear goes both ways: in April 2014, a Huaorani family reportedly brought a dead relative to a remote clinic in Pastaza province. The group responded with rage at the clinicians' refusal to treat the dead body and went on to spear two Ecuadorian government development workers to death (El Universo, 2014). Two years after Fernando Calderón was outlining the potential for intercultural health in Ecuador, Peru's Vice-Minister of Interculturality announced that over the preceding year and a half, eighteen shamans had been murdered in the northern Amazonian district of Balsa Puerto, allegedly by Protestant Evangelicals rabidly opposed to the practice of shamanism (Agencia Efe, 2011).

Nonetheless, the obvious threats to even basic liberal advances should not make us content to set our sights on small goals. As is now very evident on the political level, remaining perpetually on the defensive against parochial, partisan aggression eventually erodes progressives' capacity to make substantive policy proposals. To regard political movements such as that underway in Ecuador with hope and seek to add positive intercultural policy contributions to their endeavours is by no means a denial of the present

global challenges to even a minimalist, multicultural political program. One evening in Shaime, after the conversation had lingered a brief while lamenting the loss of ancestral practice among Shuar Evangelicals, a local man remarked, 'Between us we can also arrive at a condemnation of ourselves, of how we allowed this person [the Evangelical] to wane so much, when this person is a part of myself as well.' In the broadest historical sense, the ambitious goals of institutional autonomy for those indigenous peoples who seek it may ultimately be the catalyst for colonial societies to evolve beyond the fear and ignorance that both feeds base discrimination while also keeping our eyes closed to the value of the ontological and epistemological difference contained in such cultures. Explaining the advantages of state interculturality in such terms is likely a more productive strategy than continuing to make intellectual condemnations of racism and ignorance, which after all have no need of an intellectual foundation in order to thrive.

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