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Forms of Power and the Transformation of Peyote Healing: Rarámuri, Jesuits and Physicians in the Sierra Tarahumara, Mexico

The Tarahumara or Rarámuri (term of self-reference) were one of the first native American tribes to gain wide publicity for their use of peyote. Over a century ago, Carl Lumholtz (1973 [1902]: 355-379) furnished the first description of their beliefs and rituals that center on these sacred plants. He reported that the inhabitants of the community of Naráachi venerated several species of cacti with hallucinogenic properties, which they called *peyote* in Spanish and *hikuli (jikuri)* in their language. They particularly worshiped one type of peyote, *Lophophora williamsii*, as a “demi-god”, because it had “the power to give health and long life and to purify body and soul” (Lumholtz 1973 [1902]: 359). Since this variety did not grow in their territory, specialized healers regularly embarked on a trip of more than 200 km to the east, beyond Ciudad Camargo, to gather the cacti in the Chihuahuan desert. They also presided over ceremonies which took place at night and were dedicated to peyote. The healer sang, seated at the head of a cleared circular field. He accompanied himself by stroking a wooden stick rhythmically over a notched stick, which he pressed on an inverted wooden bowl acting as a resonator. Beneath the bowl lay peyote. The ritual leader, his helpers and those participating in this ceremony consumed a small dose of dry peyote, ground and mixed with water.

Subsequent discussion of Rarámuri peyote use has contributed to the impression that this or a similar form of peyotism constituted a widespread trait-complex among the Rarámuri during the pre-Conquest period (González Rodríguez 1982: 115-125; Velasco Rivero 1983: 104-116). In fact, Lumholtz was the first to incite readers to identify “the” Rarámuri with a monolithic peyote cult. He included the insights that he had obtained in Naráachi in the monographic section of his travelogue, in which he portrayed the way of life of the

Rarámuri in an idealized, generalized manner (Lumholtz 1973 [1902]: 235-390). Ever since, this community has been depicted as a center of the 'more traditional' Rarámuri who have been able to preserve an aboriginal way of life. This image of Naráachi and the reified peyote cult have, in the meantime, become a *leitmotif* in Rarámuri ethnographic research. Deimel, the ethnologist who has dedicated most attention to Rarámuri peyote healing, currently maintains that "at the close of the first mission phase, a center of uto-aztecan rituals emerged (in Naráachi), which have been largely performed without the spiritual assistance of a priest to date", and he affirms that the peyote rites "have been retained right down to the last detail for many generations" (Deimel 1997: 11; 1996: 25, my translation).

Many facts, however, are inconsistent with this essentializing view. Only several thousand of the some 70,000 Rarámuri currently take part in ritual healing with peyote. It is striking that they inhabit communities which, during the 18th, 19th and 20th centuries, were periodically missionized by the Franciscans and Jesuits. Consequently, the adherents of peyotism refer to themselves as *pagótame* (Span.: *bautizados* = baptized ones) and are considered as Catholics by the Catholic clergy. The friars condemned peyote use as "magical" and "diabolic" and were intent on suppressing it. This suggests that the current peyote practices are more likely to reflect participation in conflicts associated with neocolonial confrontation than stubborn adherence to an ossified tradition. The protagonists of this confrontation are Rarámuri peasants on the one side and Catholic missionaries and physicians, as representatives of global, hegemonial forces, on the other.

In Naráachi too, there are many indications that local peyote beliefs and practices have been altered. Since Lumholtz' days, all aspects of social life have experienced radical change. Currently men, women and children spend several weeks of each year in the cities of Chihuahua, and this migratory pattern has repercussions on family life, agricultural work, economic transactions, leisure, and religious life at home in the countryside. Most of the regionally-renowned peyote healers have spent many years living in urban centers. They are therefore well-prepared for communicating with Mestizos and hikers from the USA and Europe who are interested in neo-shamanistic cures and, in the meantime, likewise form part of their clientele. The inhabitants additionally now combine the cult of the spectacular peyote cac-

tus with one that focuses on the inconspicuous medicinal plant, *bakánowa* (*Scirpus sp.*, a bulrush, which likewise has hallucinogenic properties), a synthesis which has not yet been registered by Rarámuri scholarship. This also points to the necessity of examining peyote healing from a theoretical perspective which is sensitive to the ways in which the local peyote cult, the regional Catholic church and the state medical system have mutually influenced one another.

In this article, I explore the metamorphoses that peyote veneration has undergone in response to the intents to suppress it during the 20th century. I focus on two historical periods:

- 1) Starting in 1900, the Jesuits played a key role in integrating the Rarámuri into the ‘modernization’ process after Mexican dictator, Porfirio Díaz, gave the order of reinstating the Tarahumara mission. The Jesuits gained control of the economic and political affairs of various communities (*pueblos*) and were able to act as representatives of the Rarámuri *vis-à-vis* the outside world. This promoted the social and spatial enclavement of the Indian population within the Tarahumara – a rural territory encompassing the southwestern portion of the state of Chihuahua. When the Jesuits took up residence in Naráachi in the 1930s, they vehemently attacked peyotism. I assume that they thereby encouraged the community’s dwellers to engage even further in their peyote beliefs and healing techniques. As a result, the local Rarámuri placed a reformulated peyote cult at the center of their religious and medical system. This process has continued right through to the present day. Although, since the 1970s, a new generation of Jesuits, partisans of liberation theology, have been proclaiming that the Rarámuri are model Christians, they do not accept peyote veneration as part of the “indigenous Catholicism” which they attribute to the Rarámuri.
- 2) From the 1980s onwards, physicians in the government health system influenced the peyote cult by focusing on it as an opposed pole to ‘western’ medicine. Their activities form part of the Indian policy that the state government of Chihuahua is implementing towards the Rarámuri, as the foremost indigenous group within the state, in a bid to improve their social and economic conditions.

The majority population of Chihuahua, the Mestizos,¹ are taking advantage of these development programs to some extent in order to establish themselves as the foundation of the nation-state with their cultural inventory, value orientations and social classifications being the sole valid ones (Williams 1989: 436). The majority population, on the one hand, discriminates against Rarámuri, portraying them as “backward” and “uncivilized”, while, on the other hand, taking pride in them as “our Indians”. Mestizos thus pour scorn on the Rarámuri saying that they live in caves, eat mice and other ‘strange’ animals and indulge in veritable orgies at their religious ceremonies while consuming great quantities of corn beer. Yet, at the same time, Mestizos speak with admiration of their “superhuman” capacity to run long distances and of the magical powers they draw from peyote. Along these selfsame lines, employees of institutions specialized in Indian affairs, including Mestizo physicians, denounce peyote beliefs and practices as “obsolete” and “false science”, while at the same time succumbing to their fascination. In the face of barbarization and idealization, peyote has once again become a central arena of negotiation and dispute when it comes to controlling the ideas governing the body and illness.

In the sections that follow, I focus on the strategies which ritual specialists of the Rarámuri and representatives of the Church and the State employ in order to attain an interpretational capacity in religious and health affairs. In situations characterized by tension, Rarámuri have opted to employ secrecy, the instrumentalization of the polysemy of religious key terms, and compartmentalization on the basis of a dualistic view of society. These inconspicuous strategies have often been portrayed one-dimensionally as the defensive tactics of subordinate groups who have been faced with centuries of external interference. This applies to the discussion of the social functions of secrecy among the Pueblo Indians of the USA, who are renowned for their

1 In the relevant literature, the term Mestizo is applied indiscriminately to Mexico’s majority population who regard themselves as the product of a Spanish and Indian cultural tradition considered as characteristic of the Mexican nation. In Chihuahua, Mestizos refer to themselves as *blancos*, “whites” or *gente de razón*, a term that literally means “people endowed with reason”, when distinguishing themselves from *indios* like the Rarámuri.

restrictive handling of religious knowledge toward outsiders. Early scholars, among them Dozier (1961) and Spicer (1962: 199, 203-208), attribute secrecy to the negative experiences of the Pueblo when faced with programs of forced culture change introduced by representatives of the Bureau of Indian Affairs, protestant missionaries and ethnologists. Brandt (1980), by contrast, points out that there were two types of secrecy. Religious knowledge was primarily withheld internally (within Taos Pueblo) in order to maintain the community's religious hierarchy and theocratic political organization ("internal secrecy"). Although "external secrecy" was employed to uphold a social boundary, its foremost function according to Brandt (1980: 123) was to prevent community members not authorized to possess religious knowledge from obtaining this knowledge from non-Pueblos. Brandt therefore highlights how secrecy can be relevant for the internal generation of hierarchy. She also alludes to the fact that both types of secrecy mutually supported each other, according to the principle that the practice of domination in one sphere is never completely disengaged from another, and that discourses about power directed toward insiders and towards outsiders are intertwined.

In the following, I pick up her lead and seek to specify the contexts and periods in which agents resort to certain forms of secrecy. I therefore emphasize that secrecy is a historical phenomenon and not a timeless feature of face-to-face societies, non-industrial societies, or those who are only partially integrated in the nation. I have in mind, among others, Berger/Luckmann (1992: 119), who believe that it is mainly in "traditional societies" that widely understandable knowledge is institutionally controlled by concealment. They thereby forward an evolutionist theory of knowledge transmission. One should also, in my view, avoid portraying veiled forms of subversion as a characteristic strategy of subalterns in the framework of the nation-state. This is a shortcoming of Scott's (1985; 1990) notion of "weapons of the weak" or "arts of resistance" – terms he coined for strategies which agents employ consciously, although they do not express them programmatically. According to Scott, subordinate groups world-wide, such as slaves, day-laborers and peasants, resort to forms of veiled protest in situations of extreme asymmetry. Resistance is expressed on a daily basis in disguised form, via foot-dragging, slander, minor sabotage, arson, dissimulation and flight. Scott demon-

strates the deliberateness of these strategies by comparing two contexts, the public transcript and the hidden transcript. Whereas subalterns conceal the ideological background to their acts when interacting directly with power-holders, they articulate it openly “offstage”, when they cannot be directly observed (Scott 1990: 4). Carefully comparing both situations, Scott is able to reveal acts of resistance where others would only suspect acts of habit (for instance, Bourdieu). Scott, however, doubtlessly inclines toward the other extreme, which is to interpret all forms of resistance as signs of “creativity of the human spirit in its refusal to be dominated” (Abu-Lughod 1990: 42; Levi 1999).

To avoid this, in what follows I examine how secrecy, as a strategy to obtain interpretational capacity, has been formed in the course of interaction. It is pertinent to consider a process of mutual adaptation between forms of power employed by Rarámuri and those employed by missionaries and physicians. In this connection I propose that it could be helpful to link anthropological ideas about secrecy with those of political scientists concerning “the question of the control over the agenda of politics and of the ways in which potential issues are kept out of the political process” (Lukes 1974: 21). They take into consideration that “the most effective and insidious use of power is to prevent... conflict from arising in the first place” (Lukes 1974: 23; Scott 1990: 50-52). I will consider that secrecy might be likewise used by subordinates as a powerful tool to keep certain issues out of the sphere of public debate. From the medical affairs angle, the point at issue is that: “The power to name an illness, to identify its causes, is also the power to say which elements in the experience of life lead to suffering” (Feierman 1985: 75). Put another way: by withholding knowledge about their structure of relevance from outsiders, subordinates may effectively prevent them from determining which elements now define suffering in new situations.

In the first section, I outline the cultural variation with regard to peyote and *bakánowa* as symbols of worship and as medicine in the Tarahumara region. I then trace the specific historical encounters that induced Rarámuri to endow the peyote complex with new cultural meanings. I also examine, in particular, the circumstances under which certain interest groups were able to have their subjects included on the agenda and compare the strategies adopted by Rarámuri healers and representatives of the Catholic mission and the government with

the aim of obtaining an interpretative capacity in religious and health affairs. My sources are conversations with Rarámuri (patients, healers and catechists), Jesuits and physicians – all people who actively took sides in these historical encounters.²

1. Local variation of peyote and *bakánowa* veneration

Since the start of the 17th century, Rarámuri identity formation has been closely linked to the activities of the Jesuits. The latter gradually established control over a series of *naciones*, local autochthonous groups, which did not possess an overall political organization and spoke mutually unintelligible languages in some cases. Their congregation at the Tarahumara mission triggered a process of cultural and linguistic homogenization of the mixed population. They were subsequently categorized as “the Tarahumara” by the majority people of Chihuahua, the Mestizos. Most Rarámuri, however, continued to derive their sense of identity first and foremost from their locality and, even today, only a minority have internalized a tribal consciousness (Kummels 2001: 77). The late nineteenth century was a turning point in Mestizo-Rarámuri social relations. After the Apaches were conquered and expelled, the oligarchy of the state of Chihuahua, members of the Terrazas/Creel grand family, directed their attention towards the inconspicuous, pacific Rarámuri as their new Indian counterpart. In 1906, as part of a modernization project for the state of Chihuahua, state governor Creel issued a “Law for the Betterment of the Tarahumara people” (*Ley de Mejoramiento de la Raza Tarahumara*). He hoped that it would enable the “tribal group” which, according to him, lagged in a “state of decay and semi-barbarism” to attain the evolutionary stage of his own “white race”. Creel proposed dividing the communal lands in the mission communities to promote private property, installing a system of self-government, eradicating alcoholism and preserving aboriginal sports and pastimes. Meanwhile the Jesuits established themselves as the greatest rivals of the state government in Indian affairs. Although the missionaries were small in number, they

2 Since 1983 I have spent three-and-a-half years doing fieldwork in three Rarámuri communities, staying in Naráachi for a long period in 1993 and 1994. The field research and writing on which this essay is based was funded by the Deutsche Forschungsgemeinschaft (DFG).

gradually engendered important changes in the Rarámuri communities, since they lived and worked there on a permanent basis.

Currently, the bipartite ethnic ideology justifies the inequality of economic and political opportunities. Most Rarámuri combine agriculture, as smallholders, with seasonal wage labor. Thousands migrate to the cities each year, vending and begging in order to make a living, or are employed as harvest workers, such as on the Pacific coast. Mestizos in the Tarahumara region are at the apex of a clientelist structure in all sectors of the economy. The exploitation of Rarámuri labor and Rarámuri-owned resources is facilitated by the Mestizos' better access to capital and to the regional economic and political centers of power.

In accordance with the bipartite ethnic classification, Indian and Mestizo folk medicine has been ideologically dichotomized for centuries while, at the same time, being interlinked in practice. During the Colonial period already, friars and clergymen working in the Tarahumara mission professed a pronounced interest in indigenous remedies and medicinal concepts (González Rodríguez 1993b). At the same time, the missionaries perceived the indigenous ritual specialists and healers as serious rivals and attempted to undermine their influence by characterizing them as "sorcerers" (*hechiceros*). These indigenous specialists for their part sought to appropriate power symbols and ritual elements of the Catholic church in order to minister the new sacraments on their own.³ They did not reject the new religious symbolic order in toto but, instead, vehemently challenged the hierarchical order that was imposed.

At the beginning of the 20th century, there is evidence that Rarámuri and Mestizos respectively appraised each other's therapies while, at the same time, insisting on the distinctiveness of their individual medicinal systems. Mestizo city dwellers consulted Rarámuri healers regularly, since they held them in esteem as specialists of magic.⁴ Rarámuri for their part, obtained broad knowledge of Mestizo

3 Informe del padre José María Miqueo, Yoquibo, 7 de marzo de 1745, in: González Rodríguez (1992: 349).

4 A newspaper article illustrates this demand for Rarámuri healers in the city of Chihuahua: "A Tarahumar has turned up, who asserts he is capable of performing miracle-working cures. At the edge of town, on the prolongation of the Zarco and Cuauhtémoc streets – sites where the Indians coming from the Sierra meet – there is a Tarahumar who everybody knows by the name of 'healer'" (*El Heraldo de*

medicinal remedies in order to sell the Mestizos a wide range of medicinal plants that they collected. Mestizos also bought peyote buttons from these Rarámuri peddlers. They applied peyote to a different clinical picture (rheumatism), however, and administered it differently in structural terms (externally as a lotion to alleviate pain). This is a characteristic form of Mestizo appropriation of “Indian” medicinal herbs.

In accordance with this fuzzy boundary between Rarámuri and Mestizo medicinal systems, a great degree of ‘internal’ variation exists in respect of the peyote beliefs of “the” Rarámuri today. Since only a minority practices ritual healing with peyote, the first question that arises is: in which Tarahumara communities is this specific type of peyote use disseminated? When did it originate there? These questions must be extended to *bakánowa* as well, since this is now treated as a corollary of peyote in some communities. In order to specify the type of peyote use that is being investigated, I will first set out a scheme of the emic view of illness and healing, which is currently valid for a number of Rarámuri communities:⁵ Peyote or *bakánowa* captures the souls of a person in their dreams and holds them to ransom. If the person affected does not comply with its demands for food, then the peyote or *bakánowa* will consume flesh from its victim. After a healer has diagnosed, via his dreams, which plant is responsible, a man will absolve a series of three ceremonies, a woman four. At the ceremony, the patient is given a small cup of the dry cactus, ground and diluted with water (the dose is too small to produce a hallucinogenic effect). Parts of the body such as the head, face, breast, back, arms and legs are sometimes also washed with this solution the next morning. The

Chihuahua, February, 8th, 1928, private archive of Jesús Vargas Valdés, my translation).

5 The terms *jikuri* (peyote) and *bakánowa* refer to a wide range of plants. Identification varies depending on the community (Bye 1979). In Nárachi, *bakánowa* is identified with *Scirpus sp.* and peyote or *jikuri* with various cacti, among others *Lophophora williamsii*, which is the only species currently employed in healing ceremonies (Bye 1979: 27-29, 35-36; Deimel 1996: 12, 22). According to Bye (1979: 26) the identification of *bakánowa* with *Scirpus sp.* is most common in the Tarahumara. In Samachique, however, *bakánowa* is a “ball cactus”, *Coryphanta compacta* (Bennett/Zingg 1935: 136-137); in a community of the Barranca, El Cuervo, *bakánowa* is a “herbaceous vine”, a species of *Ipomoea* (Levi 1993: 381).

bakánowa healing follows a similar pattern, although patients do not consume *bakánowa*. They only undergo the washing of different body parts. A steer is generally slaughtered as an offering for peyote, while *bakánowa* only “demands” fowl. The respective healer receives a major part of the meat as his pay. On the basis of their different meat shares, peyote healers are considered to rank more highly than *bakánowa* practitioners.

Currently, the *bakánowa* healing ritual is widespread in the Tarahumara, whereas peyote healing is only performed in a small number of communities in central and northeastern Tarahumara.⁶ To my knowledge, only four of these communities possess resident peyote healers,⁷ while the neighboring communities were also dependent on these healers, calling them from great distances in some cases. The peyote healers of regional renown during the 1980s and 1990s came from Naráachi and Tehuerichi. In a number of surrounding communities, by contrast, all or some of the inhabitants vehemently reject peyote healing as a therapy (Kummels 1988: 130ff; Slaney 1991: 78-82).

Seeking to specify the time period in which different communities of the Tarahumara region performed either peyote or *bakánowa* ceremonies, and summarizing the data gathered by other investigators and myself, my tentative answer is: the area in which peyotism is practiced has contracted, whereas the area covered by *bakánowa* healing has expanded. At the start of the twentieth century, peyote use was widespread in most of the Tarahumara, whereas *bakánowa* use was limited to the Barranca to the west, close to the natural location of the different plants referred to as *bakánowa*.⁸ Towards the second half the

6 According to the data I have summarized, peyote ritual healing is practiced in the following communities: Aboreachi, Norogachi, Pahuichique, Tehuerichi, Baqueachi, Choguita und Basihuare. Healing with peyote is also reported for the Rarámuri and Tepehuan of the Barranca community of Pino Gordo.

7 The four communities are Naráachi, Tehuerichi, Choguita and Baqueachi in the northeastern section of the Tarahumara and situated closest to the natural habitat of *Lophophora williamsii* in the Chihuahuan Desert.

8 Further comparative fieldwork at a regional level is required to substantiate the proposed scheme. For the 1930s, Bennett/Zingg (1935: 291, 366-367) mention that peyote “is not universally used” in the Tarahumara, that peyote ceremonies were only performed in the area around Naráachi and that in the Barranca community of Samachique peyote had been consumed in former days. They state that *bakánawa*, by contrast, “is used almost exclusively by the Indians of the *barranca and the mountains nearby*” (Bennett/Zingg 1935: 295). At the beginning of

twentieth century, the area in which peyote healing rituals are widespread contracted, with the cult remaining confined to the north-eastern section. The *bakánowa* cult, by contrast, spread from the Barranca into most parts of the Sierra Tarahumara to the east. The point that interests me here, however, is not so much to trace diffusion but the birth of a new form of peyote-*bakánowa* healing complex during the 1930s in communities of the north-eastern Tarahumara, such as Narárachi. I propose the following explanation: Since the representatives of the government and the Catholic church attempted to suppress the spectacular peyote cult in the 1930s, Rarámuri partially side-stepped this cult and dedicated themselves to a structurally similar healing ceremony, having recourse to *bakánowa*. This enabled them to translate religious and medical concepts into action without having to fear retaliation.

2. Peyote beliefs in Narárachi in the late nineteenth century

I have chosen three crucial historical moments for a comparison in order to convey an insight into the historical depth and changing nature of the peyote cult. What changes occurred in relation to the handling of religious knowledge and the status of the peyote healers between the late nineteenth century, when Carl Lumholtz visited the community, the 1930s when the Jesuits took up residence, and the period of my field work covering part of the 1990s?

I will start with a number of observations relating to the position of Narárachi in the region. Although the community is depicted as a remote region of refuge, where Rarámuri have preserved a more pristine way of life, Narárachi was never a prototype 'traditional' community. Even though the Jesuits erected a *visita* there relatively late on, this served to integrate the locality into the Colonial Viceroyalty on a lasting basis in 1745. The Franciscans who re-established their missions in 1767 seized the opportunity and supervised the *visita* Narárachi intensively. They installed a cargo system with indigenous

the 1940s peyote healing was still being performed in Guachochi (Gómez González 1980 [1948]: 52-53) and up until the 1980s in El Cuervo in the Barranca region (Levi 1993: 387-388). Elder Rarámuri informed me that in the 1940s peyote healers still resided in Norogachi and in the neighboring community of Tatuichi.

officials and controlled the movements of inhabitants to neighboring *pueblos*, in which Mestizos and *españoles* lived, to work as day-laborers. The inhabitants of Naráachi already had recourse to a combined strategy with subsistence agriculture being supplemented by seasonal wage labor in the region's agricultural and mining enterprises. Men were periodically recruited for military service against the Apaches, who attacked the mission Indians to steal stock. Peyote was probably also venerated in Naráachi as a charm to promote successful hunting and for increasing knowledge (maybe a reference to its use in generating visions for purposes of supernatural revelation), as the Jesuit, Ratkay, reported for the Carichí community, located two days' walk away (González Rodríguez 1994: 229). There is no evidence that a cult similar to the one described by Lumholtz was practiced in Naráachi or its surroundings (which, of course, is not definitive evidence of its absence).

The circumstances under which Lumholtz reached Naráachi in August 1892 provide information on why he paid great attention to peyote veneration. As a matter of fact, Lumholtz had been most attracted by the Rarámuri whom he considered to be the most pristine – the *gentiles* (Span. = heathens) who live in the Barranca region. After failing to establish contact with them, Lumholtz continued his journey, reaching Naráachi by way of the main artery for silver transport, which extends from one of the most important mines, Batopilas in the Barranca region, to the city of Chihuahua. The man in charge of one of its stations, Andrés Madrid, proved to be an ideal informant due to his bicultural background. His parents were Rarámuri and his grandfather a “noted shaman” (Lumholtz 1973 [1902]: 219). Madrid had, however, been raised by Mestizos in Carichí and had adopted a Mestizo identity. As a representative of the government authorities, he gave orders to the Indian officials of the cargo system installed by the mission, instructing them to arrest delinquents and deliver them to state justice. He thus used it in the same way as the priests had done beforehand, as a system of indirect rule.

Lumholtz (1973 [1902]: 356-379) describes the sphere of the peyote healers⁹ as being detached from this political organization. He

9 Healers are generally designated *owiríame* (literally: the one who cures) and sometimes referred to as *machíame* (the one who knows) or as *enaróame* (the one

emphasized that they held central importance for healing the sick. Lumholtz (1973 [1902]: 311) stressed the outstanding position of the healer, the *owirúami*, in Naráachi: “Without his shaman the(y) ... would feel lost, both in this life and after death.” He makes mention of healers with different specializations and of different status. Healers had the capacity to communicate with a pantheon of several small cacti. According to Lumholtz (1973 [1902]: 357, 372-374), they distinguished six principal kinds, attributing to them different hierarchical ranks, properties and moral orientations.

Peyote was venerated by way of the ceremony that was mentioned at the beginning of this article, which included a special dance (Lumholtz 1973 [1902]: 368). Unlike the current peyote ceremonies, these seemed to have been directed to a major extent toward the community and, to a lesser extent, toward an individual patient (*ibid.*: 315, 318). Significantly, the healers were organized in a strict manner, possessing an internal board that exerted control over its members (*ibid.*: 312). This board also intervened, when a healer was accused of sorcery to exclude members (*ibid.*: 323). Its control of esoteric knowledge is illustrated by the following case: One peyote healer, Rubio, gave Lumholtz (*ibid.*: 377) information on both peyote and the songs used in the cult. When he even sold him specimens of various kinds of cacti, other healers considered this “a betrayal of the secrets of the tribe”. They “punished him by forbidding him ever to go again on a *hikuli* journey”.

In spite of the great value of Lumholtz’s account as a base line, his portrayal of the peyote cult as an internal matter for the Rarámuri with no influence from outsiders has to be called into question. He omits to say that, during this period, it was already common for men to engage in interregional commerce with medicinal herbs (Gerste 1914: 41; Bennett/Zingg 1935: 160, 291-292). Men from Naráachi had the reputation of being long-distance traders, combining journeys to the

who walks). Peyote healers and, by extension, *bakánowa* healers are both specifically called *si páame* (the one who rasps) or *asíriame* (the one who sits). In Rarámuri scholarship, the terms “curers”, “doctors” or “shamans” have been used interchangeably. I agree with Kennedy (1996: 147) who, in referring to the Abo-reachi community, suggests that the *owirúame* “is a blend of priest and doctor” and that he “rivals the priest”. In the case of Naráachi, this rivalry is more active and straightforward in nature than envisaged by Kennedy.

Barranca region to the west to gather or acquire herbs through trading with migration to the cities of the northeast to sell them. Based on this seasonal pattern of migration, the inhabitants of Naráachi obviously mediated between medical systems. It was probably during the 1930s that they combined their peyote beliefs with those centering on *bakánowa*, which is native to the Barranca region and is employed at ritual healing there. The fact, that neither Lumholtz nor successive ethnographers, such as Basauri, Bennett and Zingg, mention the use of *bakánowa* there, suggests that the combination of the two healing rituals dates from fairly recently.

3. The transformation of the peyote belief in course of missionization

During the phase of national conflict between the Catholic church and the government of Cárdenas, the Jesuits were compelled to close most of their missions in the Tarahumara. They then founded a residence in Naráachi, with the intention of settling there permanently and hoping to evade government intervention.

Several factors contributed to the missionaries viewing the peyote healers as their most powerful contenders and seeking to undermine their authority. They were sensitive to the central importance of the peyote healers, since they read Lumholtz's account by way of preparation for the field.¹⁰ Moreover, a new interest in the language and in cosmology served to move the focus onto peyote. The reason was that language abilities were at the heart of competition with both the government and the Protestants. The Jesuits thus conducted a self-critical, internal appraisal of their skills. Their order has been given credit for its excellent mastery of the indigenous languages ever since Colonial times. In contrast to this reputation, however, most Jesuits in the 1930s were far from being able to speak Rarámuri fluently. Some had translated Spanish versions of the Gospel into Rarámuri word by word. Lay brothers and priests read these texts mechanically without a

10 Personal communication, Edmundo Vallejo, Oct., 11th, 1993. My sources for this period are interviews with the Jesuits Felipe Gallegos and Edmundo Vallejo. The first was in charge of the school education of Rarámuri children as a lay brother in 1938, the second performed the same function in 1945. The perspective of the Rarámuri was conveyed to me by Lauro Carrillo and Gervasio.

real understanding of Rarámuri language. The Jesuits hoped to profit in controversies with the government concerning educational issues through a greater mastery of the Rarámuri language. What was at issue was whether Indian education was to be considered the privileged domain of the Church or the State. Missionary linguist, David Brambila, was the first to pioneer a more systematic linguistic study based on the mental models of the Rarámuri. He initiated these in Naráachi and tried to find out as much as possible about the Rarámuri world view in order to more effectively combat concepts that contradicted the Christian message – and particularly those related to peyote.

The Jesuits therefore engaged in conversations about religious matters with Rarámuri, perceiving of this as an effective means of evangelization. The Rarámuri, by contrast, interpreted these conversations as dialogues between equal interlocutors. The new interest in the language and in cosmology led to a situation in which Rarámuri were able to put subjects dear to them on the agenda for negotiation during subsequent symbolic conflicts. The Jesuits sought to convey an orthodox understanding of the Christian message by teaching adults and children the catechism, although drawing on the existing religious terms in the Rarámuri language. The Rarámuri, for instance, identified *Onorúame* – literally: the one who is father – as the creator god and the sun and viewed him as an ambivalent numinous being who inflicts illness when not given food offerings. The friars chose to simply ignore part of these meanings and, in contrast to this, promoted the identification of *Onorúame* in a determinate manner with the Christian God. This limited form of appropriation turned out to be a double-edged sword. Even Christianized and Spanish-speaking Rarámuri side-stepped or overtly contradicted the new interpretation. Characteristic of this is the self-confident attitude of Lirio Moreno, a former mission pupil who worked as a catechist. In front of lay brother Felipe Gallegos, he declared that the Rarámuri did not need any kind of religious instruction and contested their claim to firstness. Gallegos relates:

He told me that what we told them about faith they already knew. He knew it from his father who had already told him about *Sukristo* (Jesus Christ) and about the *Santos* (saints). And that the one they loved most was the *Sukristo*. But that, he emphasized, was something that his father had told him before our arrival.

It should be noted that the dwellers of Naráachi employ *Sukristo* as a generic term for several sons of *Onoríame* and his wife. At the same time, however, they also call Jesus Christ *Sukristo*. These multiple layers to the meaning of *Sukristo* correspond to their perception of the multi-faceted nature of human and deities' individualities. By instrumentalizing the polysemy of this term and other key religious terms in a similar manner to the Jesuits, even Spanish-speaking Rarámuri, such as Lirio Moreno, were able to remodel Christian concepts according to their own ideas while at the same time evading contradiction on the part of the Jesuits.

Linguist Brambila took advantage of his systematic interviewing of informants and influenced them in adopting a negative view of peyote. Brambila (1970: 19) projected his own ideas on the Rarámuri in general and claimed that: "...they dedicated to peyote something like an awe-inspired and anxiety driven cult. For nothing in the world would they risk vexing this cactus, to which they ascribe intelligence and supra-human powers, powers that in the rule are of a calamitous and revengeful kind." Brambila and his colleagues also demonized healers by indiscriminately designating them *hechiceros* or *brujos*, witches. The Rarámuri reacted by the same token. When influenza epidemics took many victims, the inhabitants blamed the missionaries for it, because they had hung a vessel with the disease from a pine tree. Interestingly, both sides discriminated against the religious specialists of their opponents, calling them malevolent, while at the same time conceding that their actions were efficacious.

Corn beer was a further key point of contention. The Rarámuri consumed it copiously at all their healing ceremonies and considered it to be a remedy. Brambila targeted corn beer by portraying the Rarámuri religious ceremonies in terms of a Witches' Sabbath. "These bacchanal nights are a veritable dance of the demons around a bonfire. The demons are not they (the Rarámuri), but instead real devils who in the world spare no effort to fuel enmity against God" (Brambila 1987 [1951]: 12). He occasionally took action against corn beer, by visiting get-togethers by surprise and emptying the corn beer vessels on the spot. Rarámuri responded by identifying corn beer as a positive moral pole. A protagonist of such an encounter, 75-year-old Gervasio, reported that he and others present defended themselves with the argu-

ment: “*Onorúame* ordered us to drink corn beer” (*Onorúame tamí nurégame*).

As a reaction, the Rarámuri began to conceal healing ceremonies from the missionaries. They had good reason to revert to secrecy. Father Pichardo and Brambila even frowned on religious practices that are regarded as coherent with Catholicism by current missionaries, as in the case of the *yúmari* ceremony. Lumholtz and Antonin Artaud (in 1936) had been able to record information about the peyote cult and to observe peyote ceremonies with relatively little restrictions. This fact seems even more extraordinary, considering that Artaud only stayed in the Tarahumara region for three weeks. The resident Jesuits, by contrast, were not granted access to a peyote ceremony until the 1970s (González Rodríguez 1982: 115; Velasco Rivero 1983: 107).

Alongside the concealment of the peyote ceremonies, the healers also developed greater internal circumspection in respect of the texts of ritual songs (*wiká*). Lumholtz (1973 [1902]: 335-340, 371) was the last to record the texts of a *yúmari*'s songs as well as a peyote song. According to his information, they were sung publicly. Nowadays, however, healers withhold the text of religious songs at ceremonies from Rarámuri members of their community. They claim that the songs have words which they do not speak out loud (Velasco Rivero 1983: 134). The reason is that the knowledge of secret ritual texts like songs and prayers is considered a decisive prerequisite for healing.

Certainly, secrecy played an important role in religious hierarchy before the arrival of the Jesuits, as Lumholtz's data suggests. Still, it was probably during the 30s that secrecy was not only directed externally, in order to limit the flow of information to ‘outsiders’, but was also reinforced internally. One outcome of this process is that both *bakánowa* and peyote specialists are now organized on a more hierarchical basis, whereby they systematically conceal religious knowledge and only transmit it to a small, handpicked circle of successors of consanguinal and affinal masculine kin. After the death of a “great” peyote healer, only one of them succeeds him, legitimized by having received his peyote rasping sticks.

From the Rarámuri's current world view in respect of peyote, it is possible to conclude that mission politics of the 1930s left its mark. In the meantime, healers in Naráachi have systematized the knowledge on the two plants in the following way: according to their opinions,

peyote (*jíkuri*) and *bakánowa* dominate the world order following an axis from east to west. They paraphrase peyote as *re'pá eperéame*, the dwellers of above (the highlands), and *bakánowa* as *goná eperéame*, the dwellers of yonder (the lowlands). The healers do not reconcile this world order with the one that follows a lateral orientation and concurs with the Christian doctrine, in which *Onorúame* as the Christian God stands face to face with the Devil. This can be interpreted as a reaction to the pains that the Jesuits took to separate peyote from *Onorúame*, whom they identified with the Christian God. They attributed diabolic traits to peyote in this process. At the time of Lumholtz's (1973 [1902]: 360) visit, the Rarámuri still considered *hikuli warura siríame* to be the twin brother of *Onorúame*. In the meantime, Rarámuri healers have likewise ascribed negative characteristics to peyote and *bakánowa* that they formerly only ascribed to part of the peyote pantheon. They have thereby reduced the level of contradiction with the messages of the missionaries – a concession *vis-à-vis* their rivals – while at the same time backing up their own position by promoting themselves as being the best qualified to handle diabolic beings. Meyer (1994: 64) points to the global process of diabolization propagated by Catholic missionaries that has given rise to similar symbolic orders worldwide. They unwittingly intensified belief in the existing pantheon, even if this was under a new form of demons.

4. Biomedicine as a new global force in the 1980s

Nowadays, the belief system surrounding peyote, which is interlaced with *bakánowa*, is of central importance in Naráachi. The Rarámuri there commonly hold that most people die of peyote or its correlate *bakánowa* and, accordingly, perform both kinds of healing ceremonies on a frequent basis. The inhabitants of Naráachi consult healers under new premises, however. Since the 1980s, the most important contenders of the peyote healers have been government physicians. The majority of Naráachi's inhabitants have gained experience with biomedical therapies during migratory work in the cities of Chihuahua. Since the mid-80s a new type of migratory work has opened up. In addition to men who sell medicinal herbs and baskets and who work for on construction sites for short periods, most women and children travel to the cities for several weeks each year and beg for *kórima*

wenomí, a gift of money. Patrons who supply accommodation, employers, government social workers and members of the Catholic and protestant churches urge migrants to consult doctors and hospitals.

At the same time, during the 1980s and 1990s, three peyote healers constituted the leading figures of the peyote-*bakánowa* complex in the northeastern part of the Tarahumara. Severico, Patrocinio (both from Naráachi) and Simón Lorenzo (the latter from the neighboring community of Tehuerichi) were reputed to be “the great” (*warura*), since they only they received invitations to cure from distant hamlets. These full-time specialists were favored by the population of different regions respectively and attended their inhabitants with a certain degree of exclusivity (Kennedy 1996: 83-84). I would like to focus on the reasons why they were able to stand their ground in face of the competition from physicians. In what follows, I will distinguish between the stance of the patients and that of the healers in the negotiation of diagnosis.

Naráachi is currently covered by the national social security system (IMSS). Seeking to extend primary health care to the remote community, it erected a medical post, a *clínica rural*, in 1992. The Rarámuri inhabitants consented to the post, being motivated primarily by the prospect of receiving commercial drugs free of charge there. The physicians working at the medical post adopt a dualistic view, professing that only biomedicine based on “rational” empirical methods provides effective cures; they flatly reject Rarámuri medicine as being “magical”. Even though they consider it as relevant for the cultural or psychological aspects of the ailing, they do not seek cooperation with local healers in practice. When providing a diagnosis, physicians basically try to convince their patient that illness is due to deficient nutrition, to a harsh climate combined with poor housing conditions, to an absence of hygiene and to addiction to alcoholic beverages, thus suggesting that the Rarámuri lifestyle is by and large inadequate.

What actions do ‘lay’ agents take in the event of illness in the face of this paradoxical situation? Even though lay men in Naráachi widely believe in the curative powers of peyote and *bakánowa*, many dispense with these kinds of therapies or avoid them for as long as possible. Some try out biomedical therapies as an alternative, prompted by the expectation of getting better health care. I often

found that people who suspected they had contracted the peyote or *bakánowa* illness treated the symptoms with commercial drugs as the first step (Rarámuri: *pastiyas*, from Span.: *pastillas* = pills). They also rapidly requested treatment from a “simple” Rarámuri healer, even if these healers are considered incapable of curing such an illness.¹¹ One is available in almost every household. When the illness persisted, the next step was to consider treatment in a hospital. Often as a last-resort treatment, patients called upon a peyote or *bakánowa* healer.

Before I turn to the diverging interests of healers and patients that surface during the negotiation of illness diagnosis, let me first set out the lay agent’s concept of illness. People who are not able to perform their daily chores and participate in social life are considered to be sick (*naurú*). Illness (*naurí*) in the Rarámuri’s view manifests itself in physical symptoms, aggressive behavior or psychomotoric disturbances. At the most general level, illness is attributed to a disturbed social and cosmic balance, being a consequence of the failure to comply with the constant food demands of supernatural beings, the dead and neighbors. At a more specific level, concrete land conflicts, neighborhood quarrels, matrimonial disputes, generational conflicts and uprooting as a consequence of migration are interpreted as the ‘deeper’ layer of an ailment. Illness is often suspected to have resulted from sorcery, whereby an offended person entrusts a healer who works “outside of the right path” (*chakena notza*) – a witch (*sukurúame*) – to introduce magic projectiles (*suki*) into the body of the person who angered him. This same case of illness may simultaneously be attributed to the fact that peyote or *bakánowa* has abducted the souls of the sick person. The point is that several explanations were combined and the advance of illness traced back to various negative influences. In the words of Polinario, an aspiring healer: “When a sick person becomes weak, it is because they all (*bakánowa* and peyote people) have gathered and thrown themselves upon him to demand food.” Follow-

11 The inhabitants of Naráachi basically distinguish between three ranks of healers. They identify them according to their specialities and the number of crucifixes that they wear as an emblem. “Simple” healers (*pe owirúame*) perform basic curing rituals at *yúmari* ceremonies and do not necessarily receive remuneration. Higher-ranking healers (*wé owirúame*) are able to track down and remove magic projectiles and to cure the whirlwind-illness with a sweat-bath. *Bakánowa* healers are often full-time practitioners and are paid with meat. The same applies to peyote healers who are the highest-ranking healers and display three crucifixes.

ing this pattern which I call “additive subsuming” patients may also add the explanations of Western doctors, subjecting these to their own, flexible principle of interpretation.

Asked why they avoid a great healer as long as possible, lay agents first point to the ambivalent character of the healer’s power. Healers may employ the capacities and instruments necessary for healing, to cause harm. The second point they mention is that the peyote ceremonies are very expensive. In the back of their minds was the experience that consulting a high-ranking healer generally entails an obligation to engage him. Peyote and *bakánowa* healers never reject a patient as a rule. They classify a wide variety of symptoms as their own particular speciality, even where this contradicts their neat theoretical definition of the illnesses caused by peyote and *bakánowa* as being of a contrasting nature. Patients consulting a peyote healer therefore had to reckon with the future sacrifice of a steer and with brewing large amounts of corn beer. A man has to complete a series of three ceremonies, according to the number of his souls, and a woman a series of four ceremonies, with all the ceremonies being administered by the same peyote healer. Moreover, after death, family members must organize an additional death ceremony for anyone who has partaken in a peyote cure in order for peyote to “release” his or her souls.

Healers bolster up their consensual legitimacy by proceeding in the same eclectic manner as their Rarámuri patients in ideological terms. Unlike the dualistic view of the physicians, the healers embrace ‘western’-style therapies. They thereby make it easier for their patients to consult a healer as well as a physician.

By way of a parallel, peyote-healer Severico points out that healers cure by using dreams (*rimúka ówea*), whereas physicians resort to “instruments” (Rarámuri hisp.: *aparato*). To emphasize their equal status, Severico and other healers refer to themselves as *doctores* when they speak Spanish. At the same time, however, they assert their superior medical authority. Physicians are only able to cure the bodily aspect of illness, whereas healers are capable of calling back the souls and therefore of curing illness on a definitive basis. This pragmatic appropriation of Mestizo medical concepts also entails the remodeling of clinical pictures. Healers systematically search for correspondences, and Severico, for example, identifies the peyote illness with

tuberculosis. This adoption of ‘western’ nomenclature involves more than the renaming of a ‘traditional’ clinical picture. The peyote illness was given a new meaning, since the implication was that the peyote-illness/tuberculosis could be treated by a healer *and* a physician. Following the pattern of “additive subsuming”, healers attribute illness simultaneously to several levels of cause: 1. a disturbance in the reciprocity of food offerings for supernatural beings, the dead and neighbors, 2. witchcraft, and 3. the explanatory schemes of physicians, such as addiction to smoking or alcohol.

Severico and other healers also convey this additive approach in healing ceremonies through novel elements, which they use as a platform to defend their control of medical affairs *vis-à-vis* Mestizo physicians. This applies to the peyote healing performed on Miguele in May 1993. The young man had been living in the city of Chihuahua for many years. His parents had moved away years ago, prompted by the fact of having been granted a house and a plot of land in the El Oasis housing project developed especially for Rarámuri. The ailment from which Miguele’s mother suffered, namely diabetes, also provided motivation for moving to the city, since she chose to have regular consultations at a hospital. The family returned regularly to Narárachi and cultivated its agricultural plots. One day, the parents brought Miguele along, having decided to prepare a peyote ceremony for him. His disease was the object of much comment in the vicinity. He was deemed to be “crazy” (*lowiame*) since he did not talk any more and walked in a strange way, dragging his feet. A number of people explained to me that his problem was that he had not given peyote food offerings and that he drank too much beer and tequila in the city of Chihuahua. Many people stressed appraisingly beforehand already that the peyote healer was able to cure the negative factors of city life.

5. Conclusion

The fascination with peyote at the beginning of the 20th century contributed towards the early mystification of Rarámuri peyote veneration in the minds of Chihuahuan Mestizos as well as in the minds of US and European readers. This incited me to reflect on the possibility that a local people had annexed the image of peyote as an icon of exotic power for their own modern peyote cult. It should be noted that the

Rarámuri in Naráchichi became aware of such projections very early on due to their trade and labor movements. These, together with other obvious forms of 'feedback', begged for conceptualization of the peyote/*bakánowa* complex as a focal point of cultural reproduction in a world that, over the past few decades, has been characterized by globalized cultural flows.

Let us conduct a review of the strategies which repeatedly enabled Rarámuri healers to maintain or expand their interpretational capacity in the face of new circumstances: in a first phase during the 1930s, the national and regional situation that resulted from a conflict between the Catholic church and the government prompted the Jesuits to seek a dialogue with Rarámuri. This first led to a greater level of shared knowledge with regard to religious ideas and also to a passionate discussion of their social meaning. Rarámuri took advantage of this situation to put their theological subjects on the agenda. Debates therefore often centered on their key concepts. They counteracted the advances of the priests by resorting to the same strategies that the priests themselves applied: when the Jesuits tried to discredit the healers as witches, the Rarámuri leveled this same accusation at the missionaries. When the Jesuits employed the polysemy of religious key figures like *Onorúame* to promote identification in a determinate manner with the Christian God, the Rarámuri reacted in a similar fashion. The diabolization of peyote on the part of the missionaries had the unintended effect of causing the Rarámuri to place greater emphasis on peyote as a key religious symbol and also enhanced the priest-like character and position of the peyote healer. This development led, in a second phase, to a new paradigmatic strategy, with Rarámuri healers limiting access to religious knowledge *vis-à-vis* insiders and outsiders. Internally, the hierarchy of healers became more exclusive and tightly organized, resulting in a further strengthening of the position of the peyote healers of Naráchichi, even at regional level. Secrecy, which had certainly already played a part in status differentiation before the arrival of the Jesuits, thus gained a new social relevance. Finally, in a third phase, the peyote healers of Naráchichi responded to the dualistic, excluding view of physicians by formulating concepts that assimilated this duality, though at the same time stressing certain parallels and a compatibility between both medicinal systems. Their pragmatic ap-

proach enabled their patients to consult a healer as well as a physician and to combine therapies.

The historic encounters demonstrate that the success of subordinates in defending their local autonomy in a world dominated by global flows depends to a considerable extent on their consciously reflecting and sometimes copying the forms of power of the power-holders, that is, of 'beating them at their own game'. On the other hand, missionaries and physicians are able to co-opt resistance to some extent by 'othering' copied forms of power, by portraying them as distinctive and inherent of "others" and in some way as essentially different. This is even reflected in one-dimensional views of power in the ethnological literature.

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