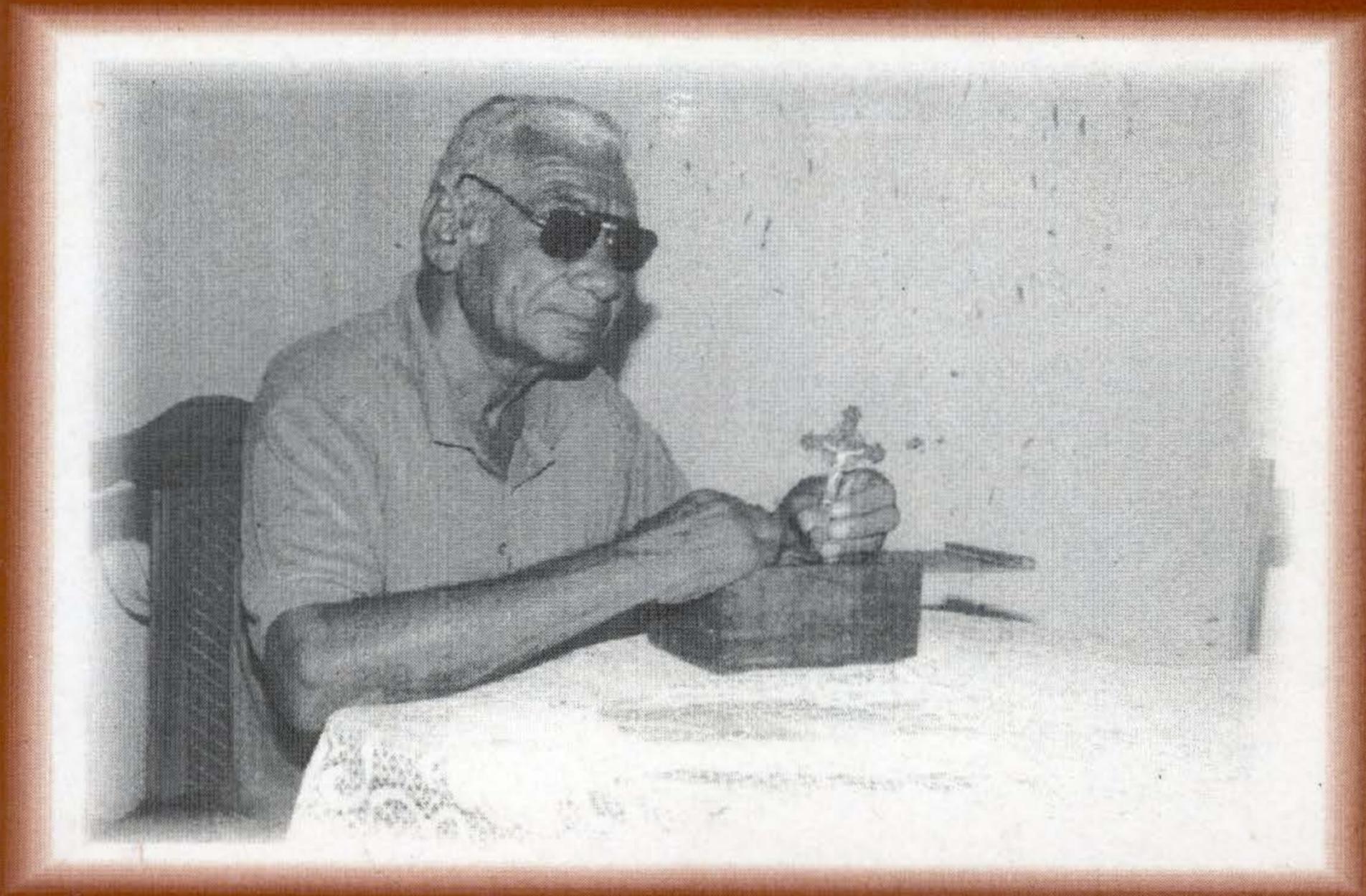


Índios do Nordeste: temas e problemas 2



Luiz Sávio de Almeida
Marcos Galindo
Juliana Lopes Elias

Shamanism as Focus of Knowledge and Cure among the *Kariri-Shoco*

Sílvia A. C. Martins (*)

"The forest itself is enchanted" Suíra (Shaman *Kariri-Shoco*)

The *Kariri-Shoco* have an official delimited area, which they occupy in the town of *Porto Real do Colegio* (Alagoas state, Brazil), with an estimated population of 1.500 and area of 699.3 hectares, which they claimed recently, through political mobilization, to redefine their territory dimension. According to "Atlas" (1993:26), there are squatters in the area which it is "under federal highway, railway, and hydroelectric jurisdiction".

It is important to observe that even with a large Native American population in Northeastern Brazil: 31.600 people, divided into 27 ethnic groups, distributed in 46 different territorial land units, according to Atlas (1993), anthropological research on native health is practically nonexistent. Among the academic studies about these peoples (Arruti 1996; Azevedo 1986; Barbosa 1991; Barreto 1992; Batista, 1992; Brasileiro 1995; Calheiros 1989; Diaz 1983; Foti 1991; Grünwald 1991; Martins 1994; Messeder 1988; Mota 1987; Nascimento 1994; Ribeiro 1992; Sousa 1992; Valle 1993), only Mota (1987)'s doctoral dissertation comes close to medical anthropology, as her investigation deals with medicinal plants, related to their animism, shamanism and healing practices.

According to Sampaio (1995:31), 85% of the aboriginal population in Northeast Brazil "live regularly with hunger and mal nutrition", and the *Kariri-Shoco*, placed in the arid area of this region, do not have sufficient productive land for economic exploitation, which is the principal reason for their poverty and hunger. It is also important to perceive that they are subordinated to official political

(*) Professora da Universidade Federal de Alagoas e realizando doutoramento na University of Manitoba, Canada.

actions, and in that condition – they are peasants tutored/patronized by the Brazilian government, living in a reserve, under the assistance of FUNAI (*Função Nacional do Índio*).

The *Kariri-Shoco* practice a shamanism related to *Ouricuri*'s ritual, and is associated to health-illness-cure. They maintain close interrelationships with other indigenous ethnic groups in this region: in Alagoas state, *Shucuru-Kariri*, *Tingui-Boto* and *Karapoto* (these last two conceive they have origins from the *Kariri-Shoco*); *Fulni-ô* (in *Pernambuco* state) and *Shoco* (in *Sergipe* state). All these groups practice and participate in the *Ouricuri*'s ritual in their territories. But the only group allowed to participate in the *Fulni-ô*'s *Ouricuri* (which is the only one in this region that has maintained their native language – *Yatê*) is the *Kariri-Shoco*.

I am very interested and concerned to deal with the health and quality of life of these ethnic groups in Brazil, especially women's health and reproductive rights. I intend to conduct a twelve month field study among the *Kariri-Shoco*. I intend to conduct a twelve month field study among the *Kariri-Shoco* from January to December 2001. The focus of this research will be on shamanism (as a symbolic and medical system), gender (linked with sexuality and embodiment) and historical context (as they are peasants and immersed in a tutelage system by the Brazilian government).

This is the reason why I decided to approach available sources on this group taking Mota (1987)'s thesis to explore the rich ethnographic data it contains. It is very difficult to make critical statements on her thesis because it seems so coherent in terms of arguments and interpretation. She describes the *Kariri-Shoco* within a symbolic anthropology, associating systems of beliefs, rituals and the logic of their animism and shamanism related to the vegetal world.

The Ph.D. thesis she wrote and presented at the University of Texas in 1987 was based on fieldwork divided in several visits from 1983 to 1985, using "participant-observation, gathering of life histories, open-ended structured interviews for qualitative data and survey types of questionnaires for quantitative data", as anthropological tools for analysis (Mota 1987:41). It is mostly a comparison between the *Kariri-Shoco* and *Shoco* knowledge on ethnobotany, and she uses Geertz's "semiotic definition of culture" to interpret their usage and knowledge of medicinal plants. Her

comparisons with these two groups will not be used here, as I am only interested in her interpretation of the *Kariri-Shoco*.

Mota (1987) raises important data on health and illness concepts which focus on the *Kariri-Shoco*'s shamanism. She considers it as a "phenomena" that reveal how political minorities "resist domination" and maintain "ethnic consciousness" (part of a "self-imagery construction"). In this way she uses Gramsci and Raymond Williams to interpret and perceive how political is the maintenance of an "ancestral knowledge" and a way to preserve their cultural boundaries. Raymond William's notion of "counter-hegemony" or "alternative hegemony" is the way Mota (1987:18-19) considers how social processes are linked to cultural resistance within a class struggle environment. This idea is used in several instances, like when she affirms: "The preservation of medical knowledge and the symbolic significance of botanical medicines is directly related to ethnic preservation and counter-hegemonic strategies against... the national society" (:12). And the utilitarian (economic) and political sense of this knowledge is related to the relation of power they maintain with non-Indians through the practices of healing on regional population's request (paid through the monetary means) and their powerful secret knowledge, which members of national Brazilian society fear. I found this interpretation extremely interesting.

Good (1994:58), referring to meaning-centered medical anthropology theoretical approach, observes that "the term resistance has served to bring attention to cultural forms and activities which resist the increasing medicalization of our lives and thus the encroachment of hegemonic cultural forms". This perception would not fit in the *Kariri-Shoco*'s case, once the different medical systems (western and indigenous) as presented by Mota (1987:240) has a distinct and complementary relationship. She mentions that when the shaman and other healers feel unable to heal, they do not hesitate to send the person to modern medical doctors, and they also do make use of those health services. And she affirms that the difference of the two systems is that the *Kariri-Shoco* medicine "comes from sacralized grounds, obtained through occult work and divine inspiration"

Maybe I could criticize how she uses alternatively the notions of "belief" and "knowledge", as they were similar in meaning, to

express the ways the *Kariri-Shoco* have and practice their knowledge. Somehow I became very impressed with Good's (1994:20) critical analysis on the empiricist paradigm, for example, on how "representation of others' culture as 'beliefs' authorizes the position and knowledge of the anthropologist [as] observer", and how it is problematic as it contains a "juxtaposition of 'belief' and 'knowledge'". I started then to doubt each time I find the word "belief" in my anthropological readings. So, although Mota recognizes their botanical knowledge, she considers it is placed into a "system of beliefs which is translated into a system of magical actions and reactions". It seems reasonable because she is mentioning the religion realm, but instead of considering religion as a symbolic system, she seems to mystify their knowledge through this comprehension of a "system of beliefs". Other examples can illustrate this: "... plants are believed to be an intrinsic part of the pursuit for power" (1987:149) or "...certain uses and practices are directly related to specific beliefs and imply the development of an initiation process" (:150). In this last statement she is not explaining how they transmit specific knowledge .

Mota explains that the *Ouricuri* or *Matrikai* (which means "ancestral root") is directly related to the "belief in the vegetal world... as being part of the universe in which plants are the embodiment of deities and ancestors", the feast is referred to a "series of religious ritual" (1987:118). It initiates a "time for healing in the community , protecting its members from dangers inherent in the universe (principally those that comes from the 'evolving national society')". So the *Kariri-Shoco* members conceive they are those people "who are able to receive protection from special entities such as *Badze* (tobacco smoke) and *Sonse* (*Jurema* tree).

The ceremonies takes place in a "patch of the forest called '*Ouricuri*' (see photo n. 1) and involves "ancestor worship, initiation rites for the youth, rites of passage for adults who are developing from one state of knowledge to the next, spiritual possession and healing sessions". It is an obligation to participate, once "people tend to feel 'unprotected' if they have not been coming regularly" (:121). In the sacred *Ouricuri* village, where the *Kariri-Shoco* inhabit only during ceremonies (which occur during four weeks between January and February, and also, every fifteen weekend days during the year), "on off-shoots from the circle of the village... where women cannot

set foot... the men conduct their private and secret – a secret within the secret – ceremonies, usually at night and totally apart from the women” (:122).

Townsend (1997:431) calls attention that “shamanism is not a ‘religion’ in an organized sense... but can be part of a range of religious beliefs and practices”. In the *Kariri-Shoco* case it seems that although intrinsically expressed within a religion (in a sense of a symbolic system), I think in order to not juxtapose their knowledge, expressed through their shamanistic practice, as it were a matter of belief, it is important to maintain an emphasis that their shamanism is a focus for cure and knowledge. And in this way, it is a medical system or an explanatory model (Kleinmen 1975:88) as a “system of knowledge and values”. Mota observes: “... such knowledge then invigorates an understanding of their cosmological order as it is related to theories of health and illness” (1987:12). And I would complement that it reflects their values related to gender roles and practices.

Langdon (1992:11) analyses that studies on shamanism using symbolic anthropology gives a different meaning to religion and magic, once the focus will not be in “beliefs” nor “magic”, “but rather on the symbolic system which organizes the worldview and society of a culture”. I intend to use this theoretical perspective, which can also departs from an understanding that the *Kariri-Shoco* conceptions of cure, which contain a positive (healing) and a negative (“inverted healing”) meaning, are part of their comprehension and manipulation the world.

The significance of cure among the *Kariri-Shoco*, as Mota points out, “has a dual meaning which is based on the physical and spiritual aspects of one’s life”: first, “...cure seems to re-establish physical wellness” and also “to ward off evil, to be blessed to have spiritual strength restored upon one”; as a second meaning, a “double-edged one”, it has both positive (meaning strength, being blessed, having good energy) and negative (meaning that the person has been “bewitched”), “the sick person’s soul had been taken away or trapped by somebody else’s will and magical work”. Then bad events (not only a negative physical manifestation) in everyday affairs, can mean that a “cure” has been perpetrated against that person, and he/she has to take special herbal medicines to be cured positively.



Photo 1 - The Ouricuri's forest



Photo 2 - A shaman (rezadeira)

Mota (1987:232) explains that the *Kariri-Shoco*'s "animistic theory of the world" is the base to understand their conceptualization of health and illness. According to her, they differentiate "dead spirits" ("souls of the dead persons", which continue to live in forests, villages and places where they used to live when they were alive) from "lived spirits" ("beings who are alive in humans, animals, vegetal"). And she explains: "Illnesses are ... caused by "live spiritual beings that enter a person's body, either spontaneously or by responding to someone's will" (:233). Everyone who participates in *Ouricuri*'s ritual "learns how to utilize nature's power, as everyone becomes empowered by a special plant" (:239). She also observes that the *Kariri-Shoco* conceptualize relationships between the "type of healing" and the "type of illness", and a "spiritually-provoked illness", which cannot be cured by a medical doctor (:240).

According to Mota, their manipulation and classification of plants are based on binary of oppositions (such as negative-positive, weak-strong, feminine-masculine, hot-cold, etc.), where horizontal and/or vertical movements from one pole to another can be done according to the manipulation and use of the plant, although they conceive that all plants have a positive character (:159). So she explains: "In this system of transformable opposites, the stronger disease, such as tuberculosis, measles, convulsion, nervous disorders, etc., are believed to be caused by stronger illness spirits, which "...can only be cured by similarly strong vegetal spirits ("masculine spirits...[which] are more difficult to find" and "...are more sacred ... and secret); "...feminine plant spirits are supposed be gentler and weaker, thus residing in plant forms which are easier to find and more commonly used". Only *Jurema* (*Vitex agnus-castus* Linn., *Mimosa verrucosa* Benth., *Mimosa hostilis* Benth.) plants (see photo n. 2), which have a central role in "sacred life", has "both traits of gentleness and strength... being classified as both female and male" (:159-160).

About the relation gender-shamanism, Townsend (1997:439) observes that "shamans can be either male or female – although in a particular society, one or the other sex may be in the majority or hold the position exclusively". She also explains that male shamans are predominant in small societies, and in some cultures "women until menopause are at a disadvantage... because menstrual blood is considered polluting and offensive to spirits". This last statement is

particularly interesting because Mota found out that menstrual blood is considered a “polluting and hot” substance (1987:211). Among the *Kariri-Shoco* only males can become shamans, the impossibility of females to be shamans is related/justified with representations they have on the body. Women do not have enough “strength” because they loose blood every month. They can only become “healers” (see photo n. 3), and after the menopause (Mota 1987:211). So there is an interrelation between shamanism + gender + embodiment (related to reproduction) among the *Kariri-Shocó*, which seems to be part of their conceptions within embodied experiences.

Mota (1987) also observes that sexual intercourse (prohibited to be practiced during the *Ouricuri* ritual ceremonies times and before and after healing sessions) and women in menses (also after delivery) is considered to weaken the power of the shamans practices during ceremonies. It seems that gender related issues to the body (including their ethnophysiological concepts) are fundamental elements to be investigated. This approach can reveal their notion of person (“self”, at an individual level) and, as Good (:55) points out in studies of the body, “important way of investigating the relation of meaning and experience [as an] intersubjective phenomena” (...), “conceiving the body as subject of [their] knowledge and experience and meaning as prior to representation” .

Similar to the *Kariri-Shoco*, among the *Culina* only men become shamans. Pollock (1992:25) wrote an interesting approach on the *Culina* shamanism (of western Brazil) and perceived that it “requires the active participation of women, and... invokes equally powerful and complementary female images”. Pollock also mentions he explores *Culina* shamanism as a form of gendered practice, as both a reflexive discourse on masculinity, and a mutually constituting dialogue between men and women, between the properties that comprise their innermost differentiation qualities and their public contributions to social life”. Pollock’s theoretical perspective reflects a perception of a balanced reality between gendered roles and practices. I am unsure if I could also use this view on the *Kariri-Shoco* case. Could I interpret that women *Kariri-Shoco* live in a male structured society? Or could I understand that women *Kariri-Shoco* are considered so powerful that men *Kariri-Shoco* as a resistance to this power exercise a shamanism without women’s “participation”?

Some authors, such as Seeger, DaMatta and Castro (1987:12-13) have called attention that the characteristic of Brazilian Indians groups would be in a "particularly rich elaboration of the notion of person, with special reference to the body as focal symbolic idiom... the body is a matrix of symbols [that occupies a central organizing position] and an object of thought". I intend to consider this notion of the body presented by these authors in relation to the *Kariri-Shoco*. I perceive if I develop an ethnographic approach which considers varied conceptions/notions/understandings and practices of the body, I will be closer to their knowledge of the body and will be able to interpret the wide range of symbolic elements of this knowledge in the individual level (notion of person/sex-gender related issues, kinship) and socio-political orders, such as shamanism, peasantry and historical context.

And maybe, Scheper-Hughes and Margaret Lock's (1987:09) proposal on the study of three bodies could serve as a strong reference to theoretical orientation in this research. They propose an approach through different dimensions of the body {as individual, social and political), using different theoretical epistemologies, as they mention: (1) a phenomenological (individual, lived self)' (2) structuralistic and symbolic (the social body), and (3) post-structuralism (the body politic). Approaching the *Kariri-Shoco* embodied world, power and control, intrinsically related with the body politic (which reflects relationships between the individual and social bodies) may be interconnected with, what those authors called a "nervous vigilance about exits and entrances", with regulation and control of sexuality, gender, reproduction (:27).

Maybe this "nervous vigilance" among the *Kariri-Shoco* is reflected in women's health, in how they live their experience with menstrual cycle and/or reproduction. From 124 different medicinal plants Mota (1987:276-361) registered: 13.7% are used to illnesses related to menstrual blood, 5.6% to reproduction (contraceptive, abortive, sterility, or to help delivery) and 2.4% to cure sexually transmitted diseases (syphilis and blenorrhage). Maybe the "study of [their] emotions", as the "mediatrix on the three bodies", would be an interesting path to follow the experiences women *Kariri-Shoco* live with(in) their bodies. As Scheper-Hughes and Lock suggest, a way that "sickness" can be seen as "a form of communication – the language of the organs – through which nature, society and culture speak simultaneously" (1987:24; 31).

Aknowledgements

I would like to register that I am thankful to Dr. Joan Townsend who kindly corresponded with me by internet and raised questions related to what is shamanism. Since I was in Brazil, and decided to be part of the Ph.D. Program in Anthropology/U of M, and had read that she developed research on shamanism, I was willing to read and use her writings as bibliographic reference.

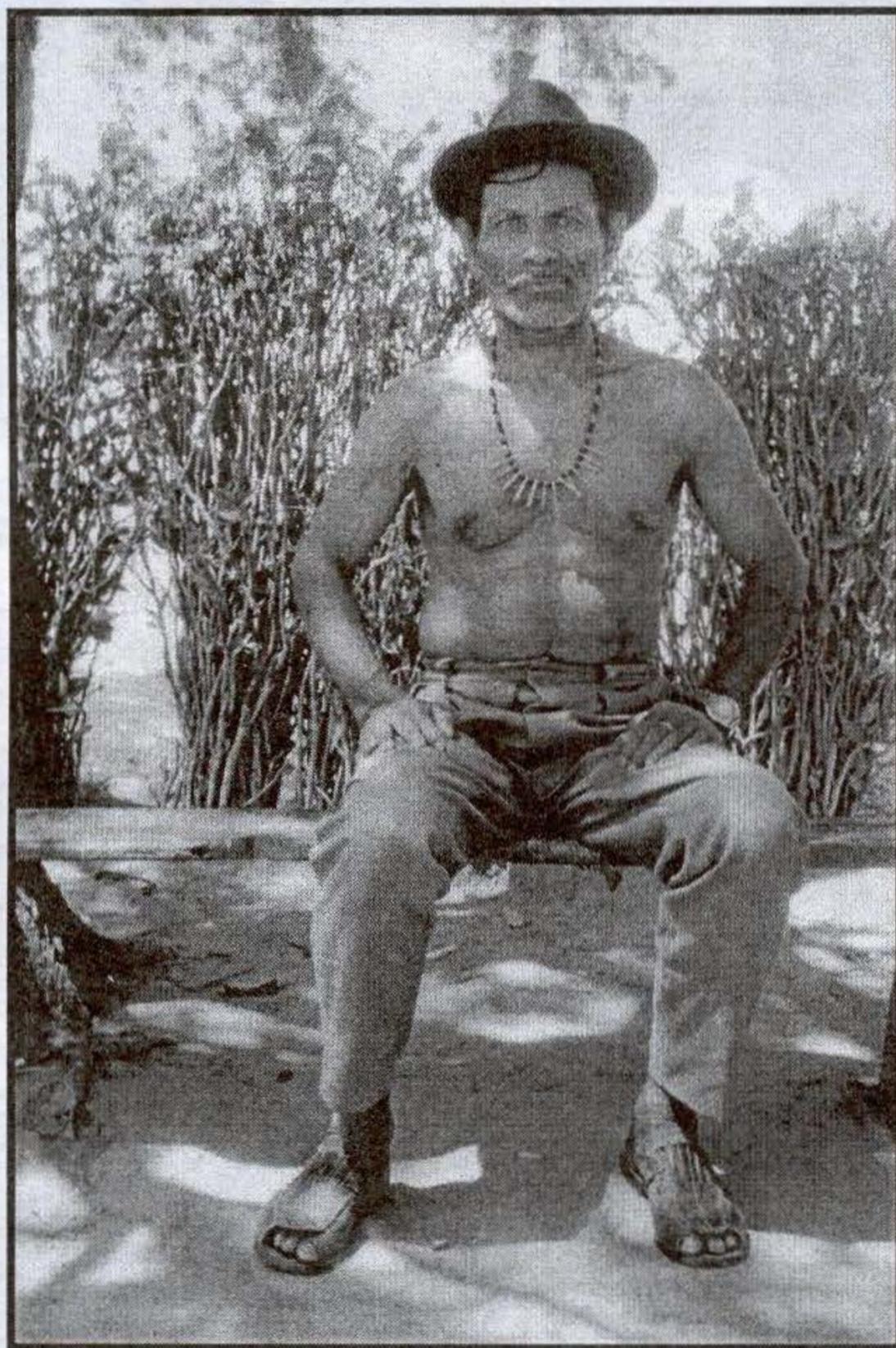
I am also thankful to Christiano Barros Marinho da Silva, who was my advisee in the undergraduate course in Bachelor on Social Sciences (Federal University of Alagoas), and developed research among the *Kariri-Shoco* under my supervision, through PIBIC (governmental) scholarship during the year 1997-1998. He sent me a copy of the photos he had taken among the *Kariri-Shoco*, which are part of his bibliographical reference (in Silva 1999).

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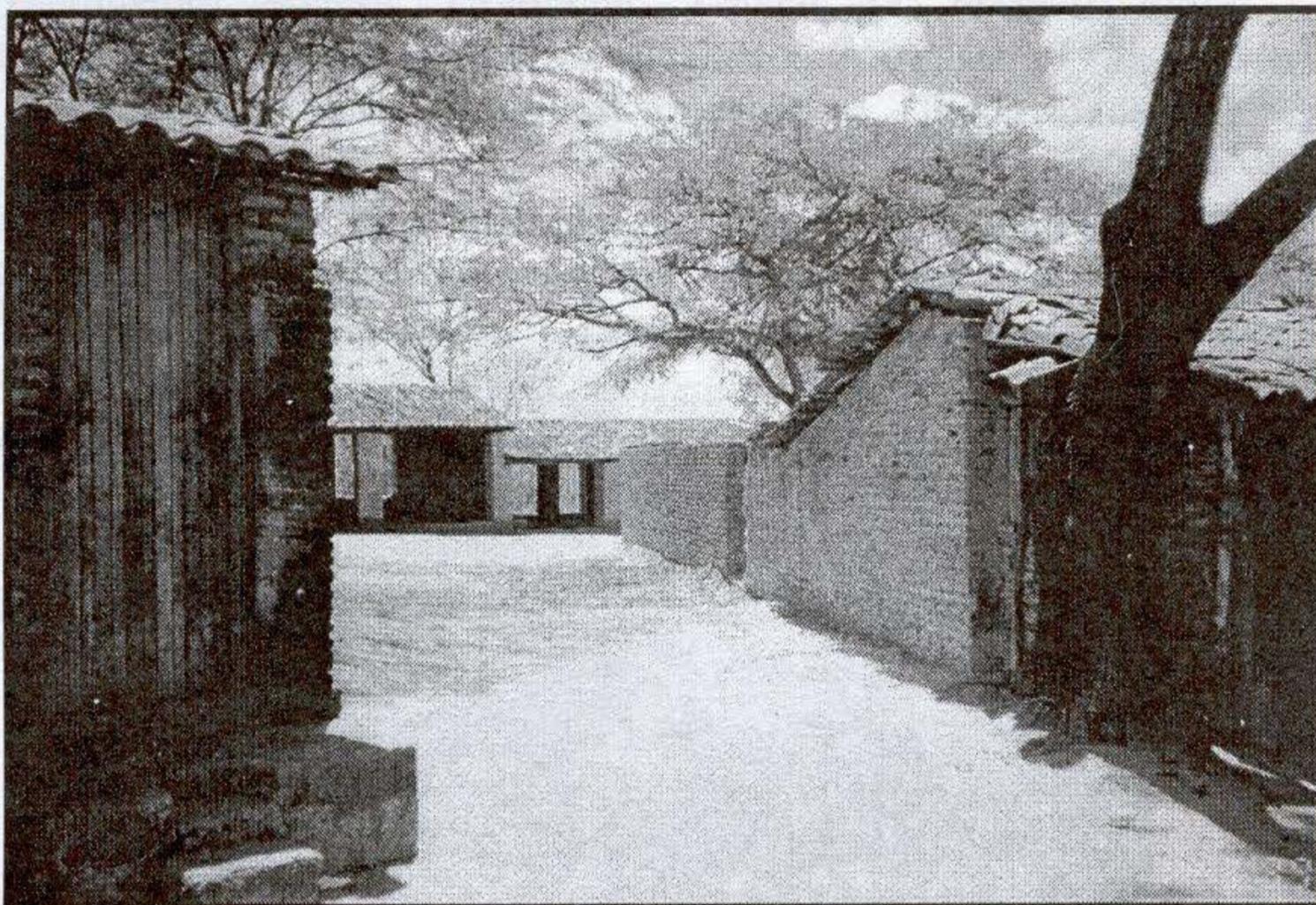
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O curandeiro Candará



O local do Ouricuri



A matriz de Porto Real do Colégio