SHAMANISM, NARRATIVES AND THE STRUCTURING OF ILLNESS

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Abstract: This work examines how the narrative tradition of the Siona Indians regiments the illness experience into a structure of relevance and consequentiality as well as how it provides a model for the generation of persona/narratives. A text that can be considered a prototypical model of an illness narrative is examined. This narrative, as others of its kind, furnishes a model for interpretation and action in ongoing illness situations that defy routine and commonly known therapies. This is done in two ways. One is through narrative structure that establishes a set of certain questions and expectations as to the consequentiality of events: how they evolve, the nature of motives behind misfortunes, and strategies for resolution. The second is through provision of codes or signs that aid in the interpretation of hidden events. In this sense, the illness narratives are not predictive, but indicate what is relevant for interpreting illness and organizing a plan of action.

Resumo: Este trabalho examina o modo pela qual a tradição narrativa dos indígenas Siona organiza a experiência de doença em uma estrutura relevante e consequente, bem como de que modo ela proporciona um modelo para a construção de narrativas pessoais. Um texto que pode ser considerado como um modelo prototípico de uma narrativa de doença e examinado. Esta narrativa, como outras análogas, fornece um modelo para a interpretação e ação em situações persistentes de doença que desafiam a rotina e as terapias geralmente conhecidas. Isto opera de duas maneiras. A primeira se dá através da estrutura narrativa que estabelece um elenco de determinadas questões e de expectativas em relação às conseqüências dos eventos: como estes evoluem, a natureza das motivações da desgraça, e estratégias para sua resolução. A segunda se faz por meio do fornecimento de códigos ou signos que auxiliam na interpretação de eventos ocultos. Neste sentido, as narrativas de doença não fornecem receitas, mas indicam os elementos que são importantes para a interpretação da doença e para a organização de um plano de ação.
Introduction

The relationship between narrative and illness has become a recent focus in the anthropology of health (Early, 1982; Garro, 1992; Good, 1994; Kleinman, 1988; Mattingly; Garro, 1994; Williams, 1984). Central to these studies is the idea that illness is a subjective interpretive experience which generates narratives that make sense of the suffering and aid people in negotiating therapy decisions. Such narratives are not generated in a vacuum, but are related to cultural representations of the body, sickness, etiology, and cosmology. Commonly, patients draw upon other illness narratives, which serve to contextualize their current illnesses and guide them in the construction of their own narratives.

In this work, I shall examine how the narrative tradition of the Siona Indians of the northwest Amazon basin regiments the illness experience into a structure of relevance and consequentiality as well as how it provides a model for the generation of personal narratives. The role of traditional shamanic narratives in the structuring of illness among the Siona is examined through the analysis of a text that can be considered a prototypical model illness narratives. This narrative, as others of its kind, presents a “typical situation” (Burke, 1964) or “key scenario” (Turner, 1981) of a serious illness, and presents it in such a way that the narrative furnishes a model for interpretation and action in ongoing illness situations that defy routine and commonly known therapies. This is done in two ways. One is through narrative structure that establishes a set of certain questions and expectations as to the consequentiality of events: how they evolve, the nature of motives behind misfortunes, and strategies for resolution. The second is through provision of codes or signs that aid in the interpretation of hidden events. In this sense, the illness narratives are not predictive, but indicate what is relevant for interpreting illness and organizing a plan of action.

Illness as narrative

In a study of the Baladi of Egypt, Early (1982) demonstrates the logical relationship between existing therapeutic narratives and new narratives generated by ongoing cases. She observes that commentaries on the progression of an illness, on the curative actions and on surrounding events are offered by participants, primarily family and friends. Frequently these commentaries are
in narrative form and relate the current illness to past ones. These therapeu-
tic narratives may be presented as fragments or as elaborated versions. Their
logic contains information principles which organize the interpretation of the
ongoing illness and the generation of its own narrative, which in its turn be-
comes completed and a reference for other illnesses in the years to come.

Early suggests that this role of narrative in the interpretation of illness is
not limited to the Baladi, but perhaps is present cross-culturally. My research
on ethnomedicine in Colombia substantiates this suggestion. I first noticed
this “narrative phenomenon” when among the Sibundoy Indians (Langdon;
MacLennan, 1979). My interview questions about the causes or on-set of ill-
ness generally evoked narratives from the respondents as to the how and why
of their illness. These explanations were not only in narrative form, but also
gave important clues as to the logic of interpretation and action. In the case of
the Siona in the Amazonian lowlands, where I spent several years recording
traditional narratives and accompanying cases of illnesses, I observed the role
of narrative more closely. Complete narratives or fragments were frequently
present in discourse surrounding specific cases and aided in the diagnosis,
prognosis and therapeutic choice and its evaluation. The Siona often related
personal experiences or those of persons known to them. However, the struc-
ture of personal narratives and the clues they present for the interpretation
of events do not differ significantly from traditional non-personal myths and
legends. Accounts of events in mythical or historical times, as well as the
newly constructed narratives produced in the course of serious illnesses, serve
not only to recreate Siona world view about illness, but also to indicate the
relative evidence for diagnostic and therapy decisions. These narratives are, as
Burke (1964) has suggested, equipment for living.

The majority of Siona narratives can be characterized as shamanic, in
the sense that they deal with shamans and their abilities to explore and in-
fluence the occult world (Langdon, 1992a). Siona myths tell of the primor-
dial shamans’ role in the establishment of the order we find today.¹ Historical

¹ Siona narratives could be organized according to chronological themes, which would reveal their theory
of ethnogenesis, their story of the civilizing process by which they trace their origins from beginning
times to the present. Such an analysis would follow very closely the cosmological order that McDowell
(1994) has outlined for the Sibundoy.
narratives tell how the shamans defended Siona territory from invasions by other Indigenous groups and from the Spanish who attempted to establish themselves in the Putumayo in the 17th and 18th centuries (Langdon, 1990). Those which relate events of this century include descriptions of battles between the last Siona master shamans, epidemics that plagued the communities, shamanic journeys to the various realms of the universe, personal dreams, visions, and illness experiences caused and/or resolved by shamans. These narratives recount “social dramas” and identify the invisible causes of misfortunes and that must be resolved by shamans. Shamans are, in Turner’s (1981) words, “star figures”, whose welfare and activities are of great importance for the community.

Siona narrative is an important cultural expression that, to use Geertz’s (1973) terms, presents both a model “of” reality as well as a model “for” reality. It mediates between their shamanic cosmology as a conceptual system and every-day experience. Thus certain distinctions used for constructing the analytic categories of myth, legend and fairytale (Bascom, 1984), such as veracity/fantasy, myth/history, and sacred/profane, are not of concern here. Focus is upon the role of narrative in the ongoing activities of daily life. The major preoccupation expressed in Siona narrative is how to understand the hidden influences and forces that are affecting situations of misfortunes, such as serious illness, death, unfavorable weather or hunting, etc. Siona narratives represent the process of discovering “what was really happening?” in past situations and provide the elements to order and understand “what is happening now?”

The term “traditional” is used to refer to non-personal narratives held in common by various members of the group. I am not implying that there is a fixed corpus of narratives shared by all. Indeed, there are vast differences in the narratives that a particular individual may tell, depending upon age, sex, and shamanic status. There is, however, a narrative tradition held in common, which is characterized by certain underlying structural, symbolic

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2 I have collected over 200 Siona narratives, 150 of them recorded in the native language. Besides traditional narratives that are part of the public repertoire, they include personal narratives regarding dreams, sicknesses, and other important events in an individual’s life. These private narratives contain structures and symbols similar to public or “shared narratives”, and are thus useful for analysis.
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and poetic aspects, as well as common themes. It is this tradition that aids in the generation of new narratives associated with serious illnesses, which function to explain life disrupting events and bring them to a closure. They follow the structure and codes common in the “traditional” narratives and may become incorporated into the group’s repertoire with time. Thus, the corpus of Siona oral literature should be conceived of as a dynamic and fluid body of texts that is created and recreated through time.

There are two social contexts for the telling of narratives. One, which I shall call the “formal performance context”, occurs when family members are gathered together and one, most frequently an elder, assumes the role of narrator. The others play an active role as the audience. At the end of the narrator’s lines, marked by a decline of the voice and/or verb ending, they may repeat the identification of the actor or action in question or utter signs of agreement or surprise. Such performances occur in the early mornings or in the evenings. In the morning before dawn, the family arises, drinks the stimulant yoco, and sits together, performing manual tasks, such as fabricating baskets, hammocks, or other implements. This is the time to tell of the dreams one had in the night, in order to understand their predictive value, or to recount other narratives that may be linked with the dream or with current events (Langdon, in press). Social gatherings in the evening also are times of telling narratives. Themes vary, involving personal experiences or those related to the seasonal cycle or other current events.

The context for performance is diminishing as Siona life style changes rapidly. Daily work rhythms and leisure activities have changed. Limited to a small reserve that has been surrounded by colonists in the last thirty years, they have become increasingly dependent upon the national economy, through the sale of cash crops, employment as wage laborers, and extraction of lumber. The acquisition of transistor radios has become common, and these too have modified the relaxation hours. Finally, yoco is taken less frequently, and the

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3 The audience’s patterned oral response at the end of lines is not a formally recognized role among the Siona, such as that of the “what sayer” of the Kalapalo (Basso, 1987). Early in my field work I was able to record a performance during a gathering of various families one night. Upon my request, an elder told a myth and after its completion, the group asked to have the recording played. They all laughed and were surprised at how much they had all entered into the action of the narrative through their comments and continual affirmations.
custom of waking before the sun rises to sit working and conversing together is dying out.

The other context for telling occurs during the course of daily activities in which the Siona speculate about “what is really happening” in current events. This is most commonly seen in cases of illness difficult to cure, frightening events or unusual natural events (great lightning and thunder storms, eclipses, appearance of owls who forebode misfortunate events, etc.). They highlight the logical link of a past experience to the current event that may lend clues as how to understand what is enigmatic.

**Illness as experience**

My approach to illness follows the general lines of Kleinman (1980), Good (1994), Hahn and Kleinman (1983), Young (1982), and various others who have emphasized the experiential nature of illness, as opposed to the primarily biological concept of disease. These authors have joined the preoccupations of symbolic anthropology, semiotics, and psychology with considerations regarding curing efficacy in order to construct a paradigm where the biological is articulated with the cultural (Bibeau, 1981, p. 303). Illness is conceived primarily as an experiential process, in which its meaning emerges through action, and secondly as a biological event. It is not a static state, but a process that requires interpretation and the negotiation of its meaning in order to choose a course of treatment (Staiano, 1981).

The issues researched within this perspective do not differ from those of the traditional study of ethnomedicine and include the study of beliefs, therapeutic practices; curing specialists, social institutions, patient-healer roles, etc. The medical system of any group is seen as related to its larger culture and major values and beliefs. What differentiates this perspective from traditional medical anthropology is the relativization of biomedicine and a focus on the social dynamics of illness and the therapeutic process. Thus it is argued that the meaning of an illness is not limited solely to its name or classification, but is constructed through social interaction (Good, 1977). In this respect, all illnesses have their social and individualizing character. According to this vision, illness is a subjective process constructed through socio-cultural contexts and is not limited to physiological processes.
Current research examines illness as a process composed of specific episodes or events, where meaning depends on the dynamics between perception and action. An illness can be thought of as the sequence of episodes that begins with its initial recognition to the perception that it has concluded. As a process of pragmatic strategies of decision and action, its episodes include: (a) recognition of the symptoms as illness, (b) diagnosis and choice of treatment(s), and (c) evaluation of the treatment(s). Mild illnesses may last only a short while, perhaps only time for the chosen remedy to take effect or for the symptoms to disappear naturally. However, serious or prolonged cases consist of various diagnostic and therapeutic events and the subsequent evaluations. Frequently these cases become social dramas which threaten life and challenge the meaning of existence as well as indicate disruptions of the social, natural, and cosmological orders. They call out for explanation as well as treatment. In such cases many people are mobilized in the therapeutic process and the implications of the illness in a broad context (social, environmental, and spiritual relations) are explored.

There is rarely a single interpretation of an illness or a consensus as to the appropriate action. The various persons and groups involved hold divergent interpretations regarding the identification of the illness and choice of adequate treatment. The diverse interpretations and negotiations involved in arriving at a diagnosis can be understood as a process of semiosis (Staiano, 1981), where the diagnosis is linked to the prognosis and etiology via the interpretation of signs of the illness.

Illness signs are polysemic and those involved in the therapeutic context select from their potential meanings to construct an interpretation that is acceptable in the cultural context and which results in the choice of a therapy that is perceived as appropriate. The potential for various meanings increases even more when signs of sickness are not limited to corporal manifestations. This is particularly true in the case of the Siona and other shamanic systems of medicine, where the causes are often thought to lie in the ruptures of social, spiritual, or environmental relations. To identify the possible causes, it is necessary to search for the signs outside the body through a reflection of events in the past that can indicate a probable cause. Narrative makes an important contribution to this process of semiosis.
Shamanism and medicine

The relation between shamanism and medicine has long been recognized. In fact, ethnographic reports have frequently employed the term medicine man as an alternative for that of shaman, underscoring the shaman’s important role in curing illnesses. Recently, in Europe and North America, shamanic techniques have been employed by non-indigenous health practitioners for attending clients in settings far removed from the origins of the native practices. My goal here is not to assess the value of these neo-shamans and their use of shamanic techniques in modern society, but to look at an opposite situation, one which can be characterized as shamanism without shamans (Brunelli, 1996). I will examine the relationship between shamanism and the cultural construction of illness and curing among the Siona Indians. The role of narrative is central to this relationship. During the years between the late 1960’s until around 1985, the Siona had no active shamans in their communities. The last master-shaman had died in the 1960’s, and no Siona shamans were recognized as sufficiently powerful to lead the central curing ritual with the psychotropic yagé (Banisteriopsis sp., also commonly known as ayahuasca). However, what has been characterized as a “shamanic cosmology” was, and continues to be, central to the shaping of their illness experiences and therapeutic processes. In the almost total absence of shamans and shamanic curing rituals, narrative has played a role analogous to that of ritual in providing models for interpreting illness and for paths of action.4

The Siona medical system is intrinsically linked to their larger world view, which can be characterized as a shamanic system typical for Lowland South America (Langdon, 1996; Langdon; Baer, 1992; Hamayon, 1982; Kaplan, 1984). More specifically, they are a Western Tukanoan group whose

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4 In the mid 1980’s, two Siona resumed the hallucinogenic rituals, changing many of the taboos and practices that had hindered traditional shamanic practice (Langdon, 1991). One has since died, and the other continues to practice and has become known outside the community, although he is not recognized by all of the Siona as a master-shaman and does not occupy the traditional role casique-curaca. This resurgence represents an important ethnic movement in Colombia; however, it is extremely complex and links the Siona community to broader cultural and economic issues in Colombian history (see Taussig, 1987) that cannot be discussed here. I do not wish to imply, however, that this renewal of shamanic activities can explained solely as a response to the felt need among the Siona for a master-shaman.
Shamanic practices are closely related to a common complex shared by other Northwest Amazon groups which use *Banisteriopsis* and have been described in the anthropological literature (Chaumiel, 1983; Cipolletti, 1986, 1988; Harner, 1972; Illius, 1987; Kensinger, 1973; Reichel-Dolmatoff, 1975). This shamanic complex also underlies the practices of the curing system found in the Sibundoy valley, whose shamans have carried their practices into the larger Colombian society (Ramirez de Jara; Pinzon, 1992; Taussig, 1980, 1987).

When speaking of a shamanic system the focus is primarily upon shamanism as a shared cultural complex, rather than upon the shaman as a point of departure. Shamanism is viewed as a cosmological system in which the shaman is the principal mediator. To speak of shamanism in many societies implies medicine (as the case here), politics, social organization and aesthetics. The roles of the shaman are numerous and are not limited to his leadership of sacred collective rites. In fact, many societies recognize various kinds of shamans and levels of shamanic power.

Shamanism is an institution which expresses the central concerns of a culture, such as the preoccupation with the flux of energies and their influence on visible world. As a cosmological vision, it explains the relation of daily events with the hidden forces. In its larger meaning, it implies a preoccupation with the well-being of society and its individuals, with social harmony and with the growth and reproduction of the world as a whole. It embraces the supernatural as well as the social and ecological. It is a central cultural institution, which through various cultural forms such as ritual, narrative performance and art, unifies the mythic past with world view and projects them on the activities of the daily life.

Common to shamanic systems is the idea of an interrelated multi-layered universe in which a hidden, occult reality acts upon the visible reality of everyday life. Activities in the invisible realm explain those in this realm. The two realities are not separated and can be thought of as concomitant (Kaplan, 1982). The various entities of the universe operate in both, but with different forms according to the eternal possibility of transformation (Langdon, 1995; Riviere, 1995; Seeger et al., 1987). Thus normally invisible entities adopt concrete forms; be they human or animal. Shamans become animals or assume invisible forms like those of the spirits. Things are never
necessarily as they appear, and as a consequence, there is always a preoccupation with the true nature of appearances. This principle of transformation characterizes a metaphoric and metonymic vision of the universe, one that unifies what is separated. The different beings of the universe in their different domains are unified through symbolic representations.

The shaman, through the ecstatic experience, is the central mediator between the invisible and the human community and is expected to act for the benefit of the group. As mentioned, shamanic powers extend into various domains, although this depends upon the culture and historical context (Langdon, 1991; Langdon; Baer, 1992). In its fullest expression, as was the case among the Siona until the 1960’s, shamans may be responsible for successful hunting and fishing, plentiful harvests, good health, and peaceful communal relations. They must also defend their communities against attacks from invisible entities which have been provoked by shamans of rival groups as well as attack shamans or groups that are believed to be sources of aggression. Shamanic healing practices most commonly attempt to counter such attacks.

The Siona are explicit about the double nature of reality, expressing it as “two sides”. One, called “this side,” (‘ì kâ’ko) is that which we normally perceive. The “other side” (yekï kâ’ko) is that of forces and realms not seen in ordinary circumstances. All aspects of existence in ordinary reality are influenced by these forces and their activities. Every location, plant, and animal has a corresponding invisible entity in the “other side”, and their activities affect the events in this side. They cause the natural and cultural world to function routinely; they determine good weather and the change of seasons, the appearance of game animals for hunters, and the proper growth process expected of humans. They may also disrupt normal routine and present dangers. Disruptions generally occur as physical sickness, but also include food scarcities, deviant behavior, floods, and earthquakes. Hence, to live and prosper in this world, to ensure community and individual welfare, and to counteract dangers, it is necessary to learn how to live with and influence these ultimate forces. In the case of illness, diagnosis and cure require discovery of the invisible forces and the motives of the attack.

The Siona have four key symbols that represent their cosmology as well as their major preoccupations with health: wahï, hun’in, ìko, and dau.
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Difficult to translate into equivalent terms, each one encompasses important and general conceptions of the shamanic world view and, as we will see later, are represented in narrative as preoccupations central to the plot.5

The first term, wahî, sums up their concern with the well being of life and the desire to maintain health. In its verb form, it means to be living, healthy, strong, corpulent, and young. As an adjective, it describes unripe plants, immature animals and people, and animate objects or beings that are fresh, young, or tender. It refers to light shades of the color green, such as those we might associate with spring. Wahî represents the dynamic growing force of life, which is made concrete in daily and ritual experiences through objects and people that exhibit the different qualities associated with it. Daily health and nutritional practices and shamanic rituals represent efforts to sustain this growing force.

Hun’in- is the opposite state of wahî: It is a verb stem that is applied to the sick and dying. Dying, like living, is dynamic and does not imply only death, as it does for us. It is employed to connote sickness when the person is unable to carry out his normal duties. It represents the moments in life when the dying force is dominating the living, but it can be reversed at times. It is associated with qualities opposite to those representing wahî: emaciation or thinness, darkness, rottenness, old age. In visions and dreams it is represented by black or rotten objects, wet or dirty clothing, or by thin and dark menacing beings. Weight loss is an important sign of illness. Aging, recognized as loss of the corpulent body and weight reduction, is also associated with hun’in-, when the dying force of life is prevailing. One is past the peak of growth and now entering into decline.

Examining the use of these two opposite concepts represented by the terms wahî and hun’in-, life is seen as a cyclic process of waxing and waning forces. One or the other predominates according to the disposition of the occult forces and the shaman’s ability to influence them. His capacity to influence is made possible by the ingestion of yagé, called ‘ïko in Siona. It is an important element in influencing the balance between these two states. Both the vine and the drink from which it is made are designated as ‘ïko. The general meaning of

5 For a more extended discussion of the meaning of these terms, see Langdon (1992b).
the term corresponds to our term “remedy,” although its use indicates a connotation far more general than our meaning. Its curative quality applies to the entire cosmic order as well as to the social order and one’s bodily health. It empowers the shaman and others to enter into the other side to discover what is really happening, in order to maintain the community healthy, to prevent danger or disruption, or to restore the living forces in cases of illness.

Substances (preparations from plants, animals, insects, and minerals) used for relieving physical symptoms or altering physiological states of humans, plants, or animals, are also classified as Ḣikō, but they are explicitly recognized to relieve symptoms and not occult causes [see Kensinger (1973) for a similar distinction among the Cashinahua]. They are subcategory of the generic Ḣiko and specified by an additional term, indicating the symptom or illness they cure. Thus, there is cough Ḣiko, getting strong Ḣiko, stomach pain Ḣiko, etc. During birth and puberty, rituals specified Ḣiko are employed to ensure that the person will perform his or her tasks and develop properly. Dogs are given remedies to enable them to hunt better. Manioc digging sticks are rubbed with plant substances so that the crops will thrive. The majority of these specific remedies are used to prevent or combat illness symptoms. Depending on the seriousness of the illness, they may be employed in conjunction with a yagé ritual. They are used in pragmatic ways, and their efficacy is judged by their ability to cure symptoms. Biomedical pharmaceuticals are thus classified as Ḣiko in this sense and have been easily incorporated into the Siona repertoire of remedies.

The final and perhaps most difficult concept to define is associated with the term dau. In response to the traditional inquiry about one’s health, a Siona feeling ill will reply “I am dying from a dau.” Dau cannot be translated simply as sickness, for it is used in three different ways: 1. dau as the shaman’s knowledge and power which may be embodied as a substance that grows within the shaman’s body; 2. dau as a concrete object representing a sorcery substance in the body; and 3. dau as a bodily ailment similar to our own colloquial meaning of “illness.”

When the novice begins to drink yagé, dau begins to grow inside him. It represents the knowledge and power that he is gaining from his experiences. Through a sequence of visions, he will reach the first stage of shamanic training, in which lie “leaves his body” to travel to the other domains and begins to
learn the songs of the spirits. With much effort and diligence during a period of some years, he may reach the level of master-shaman, designated as “one who sees” (‘iyagi), “one who drinks” (‘ûkugi) or jaguar (yai). The master shaman is the only one considered able to lead the others in yagé rituals. His dau enables him with the powers of transformation and to travel to the different realms of the universe in order to contact and influence the spirits. In the forest realm, he travels as the jaguar, and in the river realm he travels as the anaconda. Dau empowers him to cure or to cause misfortune to others. From it, he derives the ability to induce visionary states with lesser stimulants or curing powers from the state of sweating. Without dau, he is “only a man.”

Shaman initiates (saisigî – one who has left) have reached the first stage of shamanism and may cure minor illnesses caused by invisible entities. They do not have enough dau, however, to travel as far as the master shaman nor to lead others in the hallucinogenic rituals. Their power to bargain with the spirits is limited, and their curing sessions consist primarily of chanting over remedies and “cleaning” the patient with a whisk of leaves. These rituals tend to be brief and private, rather than public and lasting several hours as the yagé rituals do.

Dau is said to be dispersed throughout the shaman’s body. However, he can “work” his dau and throw it at someone in the form of a projectile or send it in some other way, such as through a snake’s bite or urine. The most common form is that of a dart, and his left arm is referred to as a “dart holder”. He may use his dau to attack another shaman who has caused one of his community members to become ill, or he may use it as a sorcery substance causing illness. If the victim is to be cured, the dau must be removed by a shaman in a hallucinogenic ritual.

When used to mean sickness, the term dau does not necessarily refer to a sorcery substance inside the individual that is causing the condition. It is initially used in a looser metaphorical sense to represent an illness that interferes with the individual’s ability to carry out his normal tasks. A sudden onset, peculiar or unusual symptoms, failure to respond to ordinary means of treatment, and/or chronicity determine if and when dau as illness is also suspected of being a sorcery substance and/or the work of an occult force that must be discovered and removed by a shaman in order to achieve a final cure.

During the same period that no yagé rituals were conducted by Siona shamans, other medical resources multiplied in the Putumayo, expanding
significantly the choices for therapy, including those of biomedicine, popular medicine, Afro-Colombian traditions, folk catholicism, and others. The Siona have responded to these alternatives positively, utilizing almost all of them at one time or another. However they have continued to express their preoccupations with the hidden forces behind serious illness events and the need for a master shaman’s cure. In the episodes of illnesses that defied the herbal or pharmaceutical treatments, the Siona continue to speculate over the hidden events that explained the resistance of the illness in responding positively to the therapies. In spite of the use of various alternative medical resources currently available, the significance of serious and chronic illnesses continues to be interpreted according to their shamanic cosmology.

One solution has been to seek shamans from other groups to conduct yagé curing rituals and obtain a final confirmation on the occult causes of the illness. However, resort to shamanic curing outside the community is infrequent and generally occurs after months of experimenting both indigenous and non-indigenous therapies. Visits to other shamans can be expensive and time consuming. In addition, the Siona often harbor suspicions about shamans from other communities. Thus, the family resists seeking a shaman with whom they do not have a previous alliance. However, as a case lengthens and becomes more serious, the family focuses on speculations as to the invisible causes and attempts to read the signs of the occult that may help explain the illness. In the face of the absence of master shamans in the community and extremely infrequent yagé rituals held by visiting shamans, narrative plays an important role in the creation and re-creation of the shamanic world view. Perhaps even more importantly, narrative presents the codes for interpreting the signs of the occult forces that are operating behind the misfortunes. Narratives are central to the emergent quality of illness episodes and the negotiation of the therapeutic process that occurs among the family members.

I should like now to present a Siona narrative which represents the typical process of an illness that has been caused by occult forces. The narrative takes place in the distant past, after the order of the universe was established, when the stars had left earth and assumed their place in the heavens, animals had assumed their current form, and the Siona had acquired the customs that make them human. On the banks of Wepi, a tributary to the Putumayo River, an anaconda lies in wait and attacks unknowing hunters. Their fellow community
members become concerned with their disappearance and organize a search party. These initial attempts to discover what happened result in disaster, and the search party encounters the same misfortune. Their shaman then intervenes, discovers the true cause, and avenges the deaths of his community members.

Given the association of the events with the location, this narrative is part of a group of myths or legends that create the geographical history of the region. However, it is also a prototypical model for the sequence of events and the resolution of serious illnesses in which the cure or final closure requires the discovery and counteraction of occult forces. It also instructs us as how to recognize signs of the occult.

The anaconda at the River Wepi – Told by Ricardo Yaiguaje, 1972

I. A Siona hunting party disappears

*bâi wa’nâ ganireya. Siona hunters were walking.
     ’ai ganireya, Far they walked,
     ’airu ganiko’a. the forest walkers

*ganihini, As they walked,
     bagi ‘aya piki hâ’âruna yo Anaconda, at that place on the
     ’îkobana hîhogîya. Wepi, at the canoe’s stem waited.

*hîhogîna, ba wa’nâ dateya. As he waited those ones came.
     bagi ‘iyama ’hi dani, biareya. Not seeing him as they came
     biareya. They sat down; Anaconda just like that
     hâ’âsikî bagi kerî diogîya. swallowed.

II. The search party and the second disappearance

*dîogî, ba’îeya. He swallowed, time passed.
     ba ‘ihina, bako’a bâa wa’nâ Time passed, their people
     hîhoreya. downstream waited.

     hîhotoka ‘airu saisiko’a gare Although they waited, those gone
dama’îeya. to the forest never returned.
dama’ihina, se’e sani ‘iyatoka yogu se’ga wawagïya. They never returned, others went and saw that the canoe by itself was floating.

wawagïna, ‘iyani, huoni, sateya. It was floating, and seeing it, they secured it and left.

bako’are kuehi sateya. Searching for them they went.

satena, hâ’ariibi bako’a go’eya. They went, then, they returned.

goïko’ata’a bako’a yo ‘iko ‘ikobate gare ‘iyama’iteya. But upon returning, the canoe’s tail, the stern, they saw not at all.

‘iyama’ihini, dani biareya. And not seeing they came and sat down.

bïarena, hâ’ariibi wiñi beoru ñâkonì ba wa’nare dióogiya. They sat, then, Anaconda rose and knocking them all over, he swallowed.

III. The ritual

dïôni, hâ’ariibi ba’ihina, “ba bâî saisiko’a gare daima’iye bareya” kareya. He swallowed, then, time passed, “None of the searchers has returned” the people said.

kahina, bagï ‘ûkugi ba’kiya. They said, and Shaman was there.

bagïni, “yahe kwa’kuhi’i, ‘ukuni, ‘iyayu ke’aka bako’a wesïyine” kagïya. He was there, “Cook yagé. I will drink and see why they are lost,” he said.

kagïna, bako’a yahe kwa’kureya. He said, they cooked yagé.

‘ûkuni, ‘iyagiya. He drank, he saw.

‘iyatoka ‘aya piñibi bâi wa’nare diösi ba’kiya. When he saw, Anaconda had swallowed the people!

i ba’igïna, “hâ’aka ba’ito de’ohi; ba ‘âya piñi se’ga diögi yî’î bâi wa’nare” kagi ro’tagïya. And he had, “Alright, that is the way it is. Anaconda without motive swallowed my people” Shaman said to himself.
IV. The shamanic battle

kani bagi ‘airuna sa’kiya.

He spoke and went to the forest.

i sani, ti’ani ba sa’ro ti’ani ḳiyato yo ba’kiya.

And he went and arrived at that port, arriving he saw that the canoe was there.

ba’igîna, hâ’arbî, piru ha’o tïagîya.

It was, then, he cut a spiny chuchana leaf

tîani, hâ’aruna tâ’tagiya.

gâba tâ’tagiya.

He cut and at that place he constructed.

A shield he constructed.

tå’tani hâ’arbî ho’kani bagi ‘airu sakiya.

He constructed and, then, left and went to the forest.

sani, go’kiya.

He went and returned.

goîgîni, ḳiyagîna, ḳya pikî ya’astîkîbi wawagîya.

Upon returning he saw; Anaconda, mouth yawning wide, floated.

wawagîna, ḳiyagîya

“de’o hi, yureta’a yî’i dau yo’ozaniyî” ro’tagîya.

He floated and Shaman saw.

“Good, right now my dau I will work” he thought.

kani bagi dau ka’ini, dau’îni, bagi’airy âya pikî daure bagiya bagîga

He said, and twining his dau, he formed it, Anaconda’s dau he possessed, that Shaman.

ba’igîbi, hâ’â ka’ini dau’îni ‘âya pikî yi’o’bona sëhôni ‘ayagîya.

He did, he twisted and formed that dau and to Anaconda’s mouth he aimed.

sëhôni, ‘ayagîna, hâ’arîBI ‘âya pikî gwina’ru bagi daure dau’giya.

He aimed and landed it inside, then! Anaconda likewise his dau formed.

dauni bagi tå’âbana hâ’aruna

He formed, and in Shaman’s shield, that place, it became entangled, that dau.

we dakiya, ba dau

wê dakiña, hâ’arbî bagi beoru ‘âya pikî dause’e dau chiagîya.

It became entangled, then, Shaman gathered all the dau made by Anaconda.
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chiani hà’âribi te’e garabîna si’sogiya. He gathered, then, into one bundle he whittled.

si’soni hà’âribi bagi yakawîna sëhônî ‘ayagiya. He whittled, then, into Anaconda’s insides he sent.

sëhônî, ‘ayagîna, hà’âribi ba’i achogiya. He sent it inside, and then, it sounded ‘Tuuuuuuh’ it sounded

“tuuuuuuh” ‘achogiya.


kani, ‘âya piki’ga hà’âribi kagiya, bagi kokabi. He spoke, Anaconda then spoke, in his language.

“mi’i yi’i’re do yo’ogini, yi’i’re dau yo’ovi mi’i kagiya. “You worked against me for no reason, to me you worked evil” he said.

kagiya, ‘achagîya bagi. He said, and the other listened. Shaman

‘achani, hà’âribi, ba’igi ‘âya piki ziaya sa’nawirebana bia megî, Shaman

“TUUUUUNHH” ‘achoyerureba bia mekiya. He listened, then, Anaconda sank into the depths of the river and remained, “TUUUUUNHH” with a loud noise he sank to the bottom.

V. Revelation

bia mekinda gare hà’âribi bagi go’kiya. He sank to the bottom, then Shaman returned.

go’i, kiaqîya bai ‘yi’i hà’aka ‘âya piki’re dau yo’ovi bagi bi hû’i hû’i hagi he said.

“bái wa’nâre diôsikî ba’i (bâi) mehagibi” kagiya. “The one who swallowed the people will descend downstream” he said.

kani, gahe’se’ga ’umuguseyâ hîhoreya. He said and four days they waited.
In brief, this narrative is a metaphorical representation of the shamanic battle that underlies most serious cases of illness. Its focus is upon the occult forces that cause illness as well as cure them. The narrator merges the two sides of reality. Although the victims do not see the hidden side, the listeners do. There are two shamans, one transformed as Anaconda and the other as Shaman who strives to protect his people by discovering the true cause of misfortune – the origin and nature of the dau that has caused his people to disappear. He revenges their deaths by returning the dau to its origin, which leads to the death of the community’s aggressor and is represented by the rotten anaconda. Anaconda “eats” his victims, reflecting the common phrase used by the Siona to express the action of dau in the body of the patient, “The dau is eating the victim”. The curing ritual, in which a shaman drinks yagê to discover the true cause and to attempt to counteract the occult forces while traveling on the other side, is literally represented here in the exchange of dau between the two shamans. Shaman wins because he has the knowledge to defeat Anaconda. We are told twice that Shaman possesses anaconda dau and that he uses Anaconda’s dau itself to make the final and fatal blow. As in the end of a curing ritual when the shaman returns to “this side”, Shaman returns and tells his people what he saw and did. His success in the occult realm is revealed by his people when the rotten anaconda surfaces five days following the battle. 

This narrative is divided into 5 scenes or episodes, which are determined by two elements operating together: (1) location and movement – the comings and goings that are repeated in each scene, and (2) seeing and not seeing. The combination of these two elements instructs the listener as to what is really happening and in which side of reality the events are occurring. At the same time, the narrative highlights the concomitant relationship between the two
sides, privileging the listeners by allowing them to see both. Combining the elements of location and movement with seeing/not seeing, we can identify the five scenes in the narrative.

Scene I: Rupture: The first victims move between the canoe site and forest, presumably to hunt. They return to the canoe, but do not see the tail of the anaconda, and thus are devoured when they sit. They do not return to the village.

Rupture from the normal occurs, when the first victims disappear without a visible reason. The initial scene establishes the principal actors and the nature of their routine activities, which gives clues for a moral evaluation of events and answers who did it and for what motives. The innocence of the victims is established by repeating their routine action – walking in the forest. Anaconda, with no reason offered here, menacingly awaits to attack. He is a shaman from another community, preying upon the innocent. His is to blame.

Scene II: Second rupture: The search group moves from the village to the canoe site, and then from the canoe to the forest and back to the canoe. Upon their return, they do not see Anaconda at the stern and are devoured. They do not return to the village.

This scene parallels the first in movement, repeating the rupture from the normal process of events. It represents an attempt to solve the situation by normal means, through a search party. This fails and disruption continues with the disappearance of the search party. Evidence of occult causes and the need to consult a shaman is established. The case cannot be resolved by normal means.

Scene III: The Ritual: This scene occurs in the village. Like the others, it begins with reference to time passing. The defending shaman is introduced. He orders and performs a yagé ritual.

Here there is a change in the pole between seeing and not seeing. While emphasis and reason for the misfortunes in the first two scenes is placed on failure to see, this scene marks the transition between ordinary humans who don’t see and Shaman, who does. As mentioned, one designation for master shaman is “he who sees” – “iîya’gni, and in the case here, Shaman enables his
power to see by ordering and conducting a *yagé* ritual. The ritual process [in Turner’s (1966) sense] is described by a tripartite formula frequent in Siona narratives: Shaman’s assistants cook, Shaman drinks, Shaman sees. This formula refers to the pre-ritual events in which the participants prepare for the ritual during the day while the *yagé* is being cooked, the beginning of the ritual, in which the shaman drinks the beverage, and the liminal phase in which the shaman is empowered to see the true causes of events.

Scene IV: The shamanic flight: The shamanic flight parallels the movement of the victims, but rather than failing to see, Shaman sees. From the village he journeys to the canoe site, where he sees. After setting up his protective shield, he moves to the forest and returns and sees again. The battle leading to his victory begins.

This scene, the longest and most animated part of the narrative, is devoted to the shamanic flight after he drinks and sees (Lines 24-46). It is permeated by transparency, as opposed to the other scenes, and is a description of liminal events occurring on the other side, where Shaman battles with the occult forces. If he is strong enough and the *dau* hasn’t “eaten” too much of the victim, the patient can be cured. This is not the case here, since the victims were completely eaten. Thus Shaman avenges the wrong doing by returning the *dau* to its origin.

If we were only viewing the ritual from this side, the shamanic battle would be represented by the shaman’s antics in which he runs, dances and gesticulates the activities occurring on the other side. It is a battle of *dau*, in which the defending shaman successfully deals with the one who killed his people. However, the listener is given access to the true actions occurring.

The final claims of innocence by Anaconda as he sinks into his watery grave reflect the social events following the closure of an illness episode. The accused always denies his culpability, and accusations surrounding serious illnesses mark social divisions and alliances between communities and shamans. The accused generate alternative narratives of blame, which is recognized in the narrative. Here Anaconda speaks to defend himself and accuses Shaman. The use of quoted speech, a strategy of representing dialogicality, is a mechanism of reflexivity, since the narrator recognizes the ongoing construction of divergent narratives surrounding illness episodes. The narrator’s moral
evaluation is linked to his social alliances with the characters in the events, but he recognizes alternative interpretations present in the social drama.

Scene V: Revelation: Shaman returns from the canoe site to his village. The rotten Anaconda floats downstream to the village.

The shamanic flight is concluded. With the return to this side, all is revealed. What occurred in the occult realm becomes manifest to all at the village when Anaconda emerges rotten at the mouth of the Wepi. The true nature of events is apparent to all.

The sequence of events in the narrative presents the logic necessary to understand illness events that defy normal treatment. It establishes the questions that must be asked in such cases as well as prescribes the necessary course of action. Serious illnesses, those which defy ordinary treatment and/or have anomalous symptoms generate etiological questions different from those of a normal illness. Normal illnesses generate questions and hypotheses concerning what we might call “natural” or immediate causes of the sickness, those which examine biological processes of the body and environment. Serious illnesses invoke speculation as to the social and non-biological signs that could answer such questions as: who caused it? what motive? and in what way? (Buchillet, 1991) In the case of the disappearance of the Siona at Wepi, the narrative provides the answers.

To construct an explanation that answers the questions asked in cases of serious illnesses, the signs of illness shift from visible bodily symptoms to those primarily outside the body which are clues to the occult. A striking feature of all shamanic narratives is the attention given to movement between domains of the universe and the two sides of reality. The narratives instruct the listeners as to the realm the protagonists are in and draw attention to analogous forms of objects and actions on the two sides. They provide clues of the occult as manifested in daily life and which are used for constructing an interpretation of ongoing illnesses, signaling their onset, mode of attack and possible sources of blame.

These are important questions to be asked when an illness does not respond to normal treatment. Events without manifest cause and/or without response to routine therapies are important signals of something occult, such as the
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mysterious disappearance of the people in the narrative, There are specific representations of elements linking the two sides. Rotten elements in general represent evil or signs of potential danger. They also indicate death, and are representations of dau as a sorcery object or as a sickness with occult causes. As a sorcery object and cause of illness, dau generally takes on projectile-like forms, such as thorns, trees with spines, lances. The chuchana palm leaf used for the shaman’s shield is specifically mentioned in the narrative, since the native listener knows that it is one with spines. The shaman thus built his protection with dau.

Attention is drawn to the iconic relation between the canoe and the Anaconda’s tail through linguistic features. In scene I, the literal translation of stern of the canoe (yo) is “canoe’s tail”, yo ‘ikoba. The root of stern (’iko) refers to animals’ tails, and the inflection -ba indicates that it is a flat one, such as that of the caiman. In the second scene, the similarity between the canoe’s stern and Anaconda’s tail, which is used to knock over the canoe, is emphasized when the narrator says, the “the canoe’s tail, the stern”. The first victims don’t see the anaconda in scene I. The second victims, we are told, don’t see the tail of the canoe.

Summary

In the course of the cycles of diagnosis, treatment and evaluation which occur in the attempt to cure difficult illnesses, narratives of past illnesses are cited to help in possible interpretations of the ongoing episode. Like the prototypical “Anaconda at Wepi”, illness narratives give clues as to how to interpret occult forces. If an illness persists, focus upon the signs of the occult increases in the discourse surrounding it and clues to the occult take priority in the discussions. This is not-to say that the Siona cease treating the physical symptoms when they begin to suspect occult causes. However, the need to understand and counter the occult cause becomes the major preoccupation, and the Siona search for social, political or spiritual disruptions that may underlie the illness. The Siona seek a closure of difficult illnesses that will reveal and attend to these factors.

Today, in the absence of Siona shamans, they seek shamans from other groups for explanations of prolonged cases of illness. Their hypotheses that
they have begun to construct about hidden causes may be confirmed or not. New narratives are generated in this process and they follow the structure present in shamanic narratives – the establishment of principle characters involved and a moral evaluation as to their roles, incorporation of signs of the occult that indicate occult events, revelation of the true causes and the final resolution brought about by shamanic power. In this way, Siona narrative operates to structure the final interpretations as well as give clues to interpret ongoing events. Siona narrative is “equipment for living” in Burke’s sense. Typical life situations are presented as well as strategies for resolving them.

References


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