



*Sorcery Beliefs, Transmission of Shamanic
Knowledge, and Therapeutic Practice among the Desana
of the Upper Río Negro Region, Brazil*



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Since the pioneering work of Evans-Pritchard (1937) on Azande concepts of witchcraft and sorcery and their connections with social relationships, the importance of beliefs in sorcery and witchcraft as explanations for misfortune, illness, and death has been widely reported from different parts of the world. Anthropologists have analyzed these beliefs from various theoretical frameworks—as a reflection of social structure and relationships and as a functional regulator of social equilibrium—or have examined their use in political and moral questions and/or in changing gender relations, or even have shown how witchcraft and sorcery beliefs and practices are the product of social and cultural change (Dole 1973; Douglas 1991; Lyons 1998; Marwick 1965; Turner 1957; Zelenietz 1981).

The “theory of the unity of knowledge” (Douglas 1991)—that is, that “those who can cure can also kill,” and the resulting ambivalence of shamanic power are well documented in many Amerindian societies (Brown 1988; Buchillet 1990; Crocker 1985; Hugh-Jones 1994; Overing-Kaplan 1975; Vilaça 1999). Crocker (1985:237), for example, depicted the Bororo shaman as an “ambiguous, suspicious personage” and Brown (1988:104), after alluding to the “dubious social status” of the Aguaruna shaman, illustrated how, during the curing session, he strove to show his zeal in curing as a way not to be suspected of trying to bewitch the sick.

For the Desana Indians of the upper Río Negro region, the great majority of illnesses that affect people today are attributed to sorcery.¹ There are various forms of doing sorcery, one of which is based on evil spells that are cast in the direction of the future victim. Evil spells, along with their counterparts, therapeutic spells, are part of the current shamanic repertory of one

category of traditional healer (the *kumu*). As I have shown elsewhere (Buchillet 1990), the *kumu*'s abilities to cure and to kill derive from the same source: they are two complementary and intersecting developments of the same creative mythic speech. It remains, however, to explore the implications of this conception for the transmission of shamanic knowledge and for the *kumu*'s therapeutic practice. In this essay, I focus on the Desana's beliefs about poisoning and sorcery, seeking to clarify the social contexts in which sorcery suspicions occur as well as to show their importance in indigenous cosmology and mythology. I address the implications of these beliefs in one form of sorcery—the harm produced by evil spells—for the transmission of shamanic knowledge and the *kumu*'s therapeutic practice. I show that, in a certain way, sorcery beliefs impose some heavy limitations on the *kumu*'s work and on the dissemination of shamanic knowledge in this indigenous society.

The Desana of the Upper Río Negro Region

The Desana Indians, or ʘmąkoho masá, "People of the Universe," are a Tukanoan-speaking people who live with other groups of the same and/or other (Arawak and Maku) linguistic families in the upper Río Negro region of the northwest Amazon (Brazil) and in the Colombian Vaupés.² Numbering approximately 1,460 individuals in Brazil, they are divided into some sixty local communities along the Uaupés River³ (a tributary of the upper Río Negro) and its two main tributaries, the Tiquié and the Papuri, and also along some of their navigable streams—in particular, the Umari, Cucura, and Castanha rivers of the Tiquié and the Urucu River of the Papuri.

The eastern Tukanoan peoples claim a common origin and history and form a homogeneous sociocultural group, whose main characteristics include: a common identity established in mythic history (until the dispersion in the Uaupés region of the various groups' ancestors) and in ritual practices and representations; the use of languages belonging to the same linguistic family; and a system of kinship and marriage founded on linguistic identity. Within this homogeneous system, the group is subdivided into exogamous units of patrilineal filiation, differentiated by language, territory of historical occupation, and a specialization in material culture. Members of the group are related to the other peoples of the region through a complex system of matrimonial alliances and/or ceremonial and economic relations. They are sedentary and their subsistence is based on shifting cultivation of bitter manioc (*Manihot esculenta* Cranz) combined with fishing, hunting, and gathering (fruits, insects).

This apparently homogeneous system should not hide, however, several differences among the various groups of the region or even between the sibs

of the same language group. There are, for example, gradations in shamanic knowledge and also different attitudes concerning the shamans' knowledge and practices. In fact, the distribution of shamanic knowledge is unequal in the region. Certain groups, like the Desana, are acknowledged by others (as they recognize themselves) as specialists in matters of therapeutic or evil spells. Others, like the Arawakan Baniwa, are renowned for their extensive knowledge of poisonous plants and plant remedies. There are also differences in relation to certain aspects of the *kumu*'s therapeutic practice between the linguistic groups (for example, spells are recited either silently or sung, or may be considered secret or not).

Like many other indigenous groups of lowland South America,⁴ the Desana distinguish among various categories of traditional healers according to the source and nature of their power and knowledge and curing practices: the jaguar-shaman (*yee*) and the blower of spells (*kumu*). The *yee*, who derives his power from direct contact with spirits during a trance induced by the ingestion of hallucinogenic snuff (*Virola* spp. and/or *Anadenanthera peregrina*), is said to have the ability to transform himself into a jaguar in order to accomplish his goals and, in ways similar to the classical shaman as described in the ethnographic literature, effects cures by means of blowing tobacco smoke, massage, and sucking out pathogenic objects from the body and spitting them away. The *yee* is described as being able to see the illness inside the patient's body and to divine the cause of the evil, a capacity strictly associated in Desana thought with the inhalation of the hallucinogenic snuff. By contrast, the *kumu*'s skills and reputation stem from his great knowledge and mastery of mythology and of spells to protect, cure and/or harm. Their curing ritual consists of the inaudible recitation of highly formalized therapeutic spells over the opening of a gourd (*Lagenaria siceria* Mol.) containing a liquid (water, boiled manioc juice, manioc flour gruel, or fruit juice, etc.) that is later given to the patient to drink, or over a plant that the *kumu* then rubs onto the patient's sick body-part. This liquid or plant gives the spell a material support and transfers it to the patient (Buchillet 1990, 1992).

In the past, these shamanic specialists had complementary functions: the *yee* effecting the diagnosis through a visionary or ecstatic state and through the sucking out from the patient's body harmful objects that symbolize the disease substance: the *kumu* "undoing" (as the Indians say) the disease process and restoring the bodily integrity of the patient through specific spells. These two functions, traditionally reserved for men, could be assumed by a single individual if, evidently, he had been trained in both practices. Among the Tukanoan-speaking groups, the *yee* (plural form of *yee*) have virtually disappeared as a result of the intolerant campaigns waged against them by the first Catholic Salesian missionaries. Since their installa-

tion in the region in the beginning of the twentieth century, these missionaries denounced shamanic practice as "charlatanism," destroyed the ancient communal households, robbed the *yee*'s diagnosing and curing instruments (gourd rattles, wooden darts, quartz crystals, snuff tubes, etc.), broke the pots of hallucinogenic drugs, etc. They are, in other words, responsible for the gradual disappearance of the jaguar-shamans, whom they perceived as the principal obstacles to Christian influence and as the main opponents to their presence and authority.

Whereas some *yea* fled from the missionaries to the lower Río Negro, others, considering that there was no chance for traditional culture to survive, refused to pass on their knowledge to apprentice shamans and also eventually abandoned their practice. Certain features of the *kumu*'s curing session—for example, its private and silent character—probably explain why this specialist survived missionary intolerance. As we have seen, the *kumu*'s practice is essentially based on the inaudible recitation of spells. Unlike the classic shamanic curing session, it does not require any public ceremony which must, or may, be attended by others. It is a solitary ritual. As I have shown elsewhere (Buchillet 1992), there is nothing to hear or even see. For this reason, the curing session is not thought of as a means of acquiring shamanic knowledge, as is usually the case in indigenous societies. Moreover, it is not a way for the *kumu* to demonstrate his knowledge or his skills to others in order to assert his reputation.

Exogenous Pathogenesis as Etiological Category among the Desana People

According to the Desana, the majority of traditional (or indigenous) illnesses are the result of exogenous aggression. This emphasis on exogenous pathogenesis is explicit in the vernacular term most commonly used to designate "illness": *doreri*. As a substantive form of the verb *dore* ("to send to," "to give an order to," "to command"), *doreri* qualifies the way the ailments that are imputed either to aggressions of aquatic and forest spirits (or animals) or to human malevolence are transmitted.⁵

In the first category (*wai [yukū]-masā doreri*, literally "sicknesses of the water and forest peoples"), illnesses are the result of an error of the sick person (dietary transgression, breaking rules concerning the cooking of game animals, abusive use of hunting charms, excessive hunting, etc.) and/or of others (the *kumu*'s involuntary forgetting of animal or spirit names during the recitation of protective spells in the life cycle rites or during the shamanic ritual to decontaminate food, for example). Illnesses attributed to aquatic or forest animals and spirits generally appear in an ambiguous fashion through a set of imprecise symptoms: headaches, fevers, nausea, diges-

tive disorders, vomiting, nightmares, nonanxious recurrent dreams, muscular pains, back pains, sores, and so forth (see Buchillet 1983).

In relation to the second category, it should be noted that the indigenous languages of the region possess various terms to refer to sorcery—that is, to the conscious and intentional act to cause harm to a specific person or community, depending on the identity of the person who practices it and/or on the means used to do it. Sorcery has great importance as a cause of illness and death in sib genealogies, and it is one of the main causes of disorders that affect human beings today. It can be done through a variety of means, some of which presuppose a high degree of specialized knowledge of evil spells, or a special knowledge of poisonous plants.

Nima tããri refers to the common form of sorcery using cultivated or wild vegetal poisonous substances that are secretly put in the victim's food or drink and/or applied or rubbed onto an object that he or she uses. It is generally practiced during community drinking parties (widely known in the region by the *língua geral* term of *caxiri*, referring to a mildly fermented beverage made from manioc mixed with seasonal fruits) or during inter-community ceremonial exchange festivals, known as *dabucuri*, in which food or objects are exchanged. The effects of these poisonous substances, which are said to work rapidly, are quite varied depending on the nature of the plant used, but they frequently include digestive disorders, coughing, spitting blood, appetite and weight loss, etc.

The more serious ailments, which can eventually result in death, are supposedly cured only by specific counterpoisons. The use of poisonous plants to cause harm, misfortune, or injury is accessible to anyone and is not reserved to one sex: men or women who know about some plants can make use of them against others. In contrast to the Baniwa, there is no specialization in the use of poisonous plants (the "poison-owner," as described by Wright in this volume); nor does this form of sorcery require a high degree of esoteric knowledge or skill. To manipulate poisonous plants is, however, considered dangerous. For this reason, there are protective rules that are to be followed by the person who makes use of them. In particular, he or she must be careful not to touch the plants with his or her hands in order not to be poisoned. Several deaths recorded in sib genealogies were actually interpreted as a consequence of the failure to respect this simple precaution. According to several Desana, there is a special place in Baniwa territory replete with poisonous plants. This place is located near the Uapui rapids on the Aiari River, the mythical birthplace of all the Arawakan-speaking peoples of the region. There, Kuwai, the mythic hero of the Baniwa and Tariana peoples, was burned to death because he "killed" young boys who were being initiated. All the plants that later grew on this spot are said to be poisonous.⁶ As a precaution, everyone who goes there today to get poison-

ous plants must put the liquid of specific plants in his or her eyes in order to avoid being poisoned.

Dohari refers to the harm caused by evil spells that are silently cast, by a *kumu* or by someone who knows evil spells, in the direction of a person when he or she is nearby, or on a cigarette when he or she is spatially distant. It is said that the smoke of the cigarette transports the evil spell to the intended target. Spells can also be blown on a cigarette butt left by the victim and then buried in front of his or her house. Through the use of specific spells, the *kumu* can introduce into his victim's body objects, plants, substances, or animals, making them develop inside the body and/or causing the body part affected by the foreign element to deteriorate. Plants and objects can also be manipulated by the *kumu* so that they affect a person through simple physical contact, provoking illnesses.

Dohari is a form of specialized sorcery that is based on acquired knowledge, the access to which is limited to certain specialists. It can inflict all kinds of diseases, varying in severity, which can either be easily cured or are highly resistant to therapy. The victim will either recover fairly quickly or die. This depends on the intent of the *kumu* who may choose to send an illness that the sib or the language group of the victim does not know how to cure. In this case, the victim will die. Some of the ailments are localized, affecting a determined part of the body as, for example, inguinal tumor with no sores or wounds, breast tumor, local swelling, menstrual colic, etc. However, some wasting away and/or chronic illnesses, which produce persistent weight loss (such as tuberculosis), are also attributed to *dohari*. It can also be the cause of various kinds of misfortunes, as, for example, making a good worker turn into someone who does not want to work anymore, or making a person turn into an alcoholic or addict to coca-powder or tobacco; making a woman barren, abort repeatedly, die in childbirth, give birth to dead or defective children, or have a difficult delivery; cause unpleasant dreams; prevent a person from marrying another; and so on. But an evil *kumu* can equally intervene in cycles of nature by, for example, destroying crops or affecting the fertility of plants and animals. He can also provoke floods, thus preventing people from going to their manioc gardens or to fish, and making trees and plants weep (see discussion below). Illnesses attributed to spell-blowing are only curable by the sorcerer or by another *kumu* if he knows its mythic origin (i.e., how the mythic hero brought the illness into being) in order to reverse the disease process.

Yee-weheri refers to sorcery practiced by the jaguar-shaman through the projection of a pathogenic object (dart, thorn, tuft of hair, tiny stone, quartz crystal, fur, piece of cotton, etc.) into the victim's body, thus provoking various kinds of physical disorders such as, for example, rheumatic pains, local

swellings, or tumors. It is also said that he can throw an illness onto his victim's body like a garment.

Birari refers to collective assault sorcery effected either by the *kumu* who recites an evil spell on a cigarette that he buries at a definite spot at the entrance of a village, or by a *yee* through a lightning bolt. It differs from individual forms of sorcery in the dimension of the attack and from epidemics attributed to contact with the whites and their objects, on the basis of spatial and temporal contiguity: whereas collective assault sorcery affects three or more persons of a single community at the same time, the epidemics attributed to contact with the whites disseminate from a starting point, gradually affecting all the communities of the same river (see Buchillet 1995). Various epidemics of fevers (possibly of malarial origin) and of diarrhea reported in the region were attributed to collective assault sorcery. *Birari* is a strong motive for members of a village to abandon it because it is "too poisoned."⁷

Biá-soariñe is the term used to refer to countersorcery, which consists in sending aggression back to the sorcerer. There are different techniques for doing this, but the most usual consists in taking remains of the deceased's body (hair, nail clippings, bodily excretions, facial or bodily dirt) that are then cooked in a pot with pitch and various kinds of peppers. The ritual is performed secretly, in an isolated place, in order not to be seen. When the content of the pot starts to boil, it is said that the sorcerer begins to suffer from stomach and abdominal pains. From time to time, the *kumu*, or a member of the victim's family who uses this technique of countersorcery, goes back to his community to verify if someone is complaining of pain. If the presumed sorcerer lives in another community, the *kumu* supposes that he is suffering. Then, he decides to continue or not. If not, he takes the pot off the fire and the presumed culprit is relieved of his pains. If he decides to continue, he lets the pot boil for a long time until the alleged sorcerer dies. It is said that when the sorcerer's identity is discovered, a bee falls into the cooking pot. In reality, it is the *kumu* who strikes at a nearby bee and then throws it into the pot. The bee is said to represent the spirit/heart of the sorcerer. When it falls into the pot, the pains in the sorcerer's stomach and belly increase, he begins to puff and blow, bloody foam comes out of his nose and mouth, and he dies. Some Desana say that the *kumu* can also blow a spell onto a cigarette. The smoke of the cigarette serves to unite the heart/spirit of the sorcerer and then takes it back to the *kumu*. The heart/spirit arrives in the form of a bee that the *kumu* strikes and throws into the cooking pot. This is the technique of countersorcery generally used by the *kumu* who, unlike the *yee*, does not have the visionary power that allows him to divine the identity of a sorcerer and to kill him through a lightning bolt or the projection of disease onto his body. At the same time that it per-

mits the identification of the sorcerer, this technique sends the aggression back to him, killing him. It is considered to be an infallible means for finding the culprit. In other words, it is not necessary for the alleged sorcerer to admit his guilt: his very death reveals it. Various deaths in Desana genealogies are imputed to countersorcery and several people admitted that they may use this technique of retaliation in specific circumstances.

It is no exaggeration to say that the great majority of the adult population of the upper Río Negro region has relatives or friends who believe that they have been the victims of some form of the sorcery attacks described above. In the following sections I examine the beliefs and practices related to *dohari*, the form of specialized sorcery practiced through evil spells that are cast on a person or on an object that he or she uses.

The Social Context of Sorcery Suspicions and the Origin of Envy and Sorcery in the World

The Desana are rarely at a loss to explain why someone would want to cause harm to local group members or to anyone else with whom the relationship is close. Their explanations invariably center on envy, jealousy, revenge for conflicts over theft in the manioc gardens, refusal to give or to lend something, meanness, insults, anger, or vengeance for some harm or injustice done by the victim. All these are motives for the desire to harm another or to suspect someone of using sorcery against another. Faced with an ailment, the sick person will examine his or her relations with relatives and neighbors in order to identify in his or her recent or past conduct the signs of an enmity that could possibly explain the sorcery attack.

Sorcery suspicions can also arise between persons not related and even belonging to different language groups but in close contact with each other. For example, one man was suffering from rheumatic pains in one knee that he attributed to an evil spell cast on him by a Maku Indian after a conflict with him. According to him, the Maku used to steal coca plants (*Erythroxylon coca* var. *ipadu*) from his manioc garden to make coca powder for his own use. One day he scolded him, accusing him of stealing the coca plants. The Maku Indian responded furiously that he would never again eat his coca powder. Later on, this man began to suffer pains in one knee which he immediately attributed to an act of sorcery by the Maku Indian, thinking, "he is doing harm to me because I scolded him." According to Koch-Grünberg (1995 [1903-1905]:277), sorcery suspicions against Maku Indians were in the past a strong motive to lead an attack on their houses and steal their women and children.

The Tukanoan-speaking peoples frequently use Maku people as a scapegoat. If a Tukano Indian dies from a mysterious illness, the ritual healer tries

to divine the identity of the enemy who bewitched the deceased and, very often, the suspicion falls on a Maku Indian. The family of the deceased goes to revenge the "crime" and attacks the culprit and robs women and children to sell later to the whites.

Competition over women, frustrated love affairs, or personal rejection are also strong motives to harm people. The refusal of a matrimonial union by a woman or by her parents can lead to a sorcery attack as a kind of revenge of the type "if she can't be mine, she won't be anyone else's." Depending on his intent, the sorcerer can send a mild or a lingering illness to the woman. He can also send a disfiguring illness to make her ugly as a way of preventing her from marrying someone else. After she has married, he can interfere with her ability to give birth, making her abort repeatedly or causing her to give birth only to females. Many women's illnesses, such as barrenness, difficult childbirth, stillbirth, and recurrent miscarriages have been associated by the *kumua* (plural form of *kumu*) with the refusal of the parents to give their daughter as a spouse to someone.

Prestige, status, wealth, or success (material or political, for example), however temporary or qualified (i.e., depending on the person's work), inevitably arouses envy and ill will among neighbors, close kin, and others not so lucky or successful. Because of this, a prudent person will never boast of his accomplishment or wealth so as not to arouse the envy and resentment of others. Such resentment often leads to evil desires that result in actions performed either by the man or the woman harboring the antipathy or jealousy toward the person—if he or she knows how to do it—or through a specialist hired for this task. But, unlike what seems to happen, for example, among the Kuikuru (Dole 1966) or the Aguaruna (Brown 1988), sorcery suspicions rarely lead to public accusations or result in overt violence or confrontation against the alleged sorcerer that may eventually lead to his homicide. They circulate, above all, in malicious gossip and/or in private conversations. Should vengeance be sought it will be in secret, via countersorcery. Nevertheless, veiled suspicions and accusations have sometimes obliged the presumed sorcerer to disappear from the community, going to live temporarily or permanently in another village. In such cases various *yea* or *kumua* suspected of being responsible for several diseases in their own community were thus obliged to flee and take up residence elsewhere.

Sorcery is not solely used against common people, nor are envy or jealousy sentiments experienced only by common people. A headman or a political leader with great visibility, a *yea* or a *kumu* known for his frequent successes in therapy or even a master of dances and chants (*bará*), can also become the object of envy, resentment, and other antisocial sentiments. One man well known for his great ability to chant related to me how during a festival in another village he suddenly lost his voice, then immediately

blamed the headman of the other community for putting sorcery on him because of the headman's jealousy of his great knowledge. He then threatened the headman with retaliation if he didn't recover his voice, which, fortunately, he regained a few days later. This ever-present possibility of being bewitched generally prevents the *kumu* from talking about his knowledge to someone else. In fact, in contrast with the shamans of other indigenous societies, such as the Warao (see Wilbert 1996), for example, who gain their status and reputation by demonstrating their talents and skills, the *kumu* avoids speaking about his knowledge and power to another *kumu* or even to members of his own community. He would never openly assert, for example, that he knows mythology perfectly well, that he is the only one who knows a certain potent therapeutic or evil spell, or that he is the only one who is able to cure a serious illness. He should not be obligated to demonstrate his talents or enter into a kind of dispute or competition of power and knowledge with another *kumu*—a situation that will only produce illnesses and deaths in the community. The following narrative was told to me by the *kumu* Américo, from Cucura River:

"One day, in a moment of tension and enmity, during a discussion, one *kumu* began to boast of himself by saying he is very knowledgeable and that he is able to steal the heart/spirit of a person. Another *kumu* answers that he too is very knowledgeable. In the heat of the discussion they decide to show to each other their knowledge, their shamanic power. They begin to insult each other, and one says 'You don't know anything! I will show you how to do this' [i.e., how to steal the heart/spirit of a person]. Furious, the other casts a spell in his direction or against other people, causing illnesses.

According to some Desana, in the past there were power disputes between *kumua*, mainly over questions of hierarchy; but the correct way of being a shaman prohibits these kinds of struggles, which can only provoke various kinds of bodily disorders and deaths. Nevertheless, it is necessary to point out here that, as a way of preventing conflict with another person if he refuses to teach him or her a special spell (for example after a curing session), the *kumu* can resort to some subterfuge based in mythology. In the Desana myth of the origin of night in the world, *Ñamiri masæ*, the "Master of the Night," who did not want to teach the primordial ancestors of humanity the rituals to install the alternation of day and night in the world, made them fall asleep during his explanations by making them fix their attention on the designs of the benches on which they were seated. Today, the Desana *kumu* can make use of this stratagem when he is explaining a spell to a sick person or to a member of his or her family who is not a direct relative in order to prevent him or her from listening attentively to it. It is important to specify here that, for the Desana Indians, spells are secret—they constitute the

property of specific sibs and, traditionally, can only be taught by the father *kumu* to one of his sons.

A lack of respect for a very knowledgeable man (a headman, a *yee*, or a *kumu*, for example) or even the simple refusal to give him something he requests, are also said to be strong motives for sorcery. Various epidemics of malaria or diarrhea that, in the past, devastated specific communities of the region were attributed to the ill will of a *yee* or of a *kumu*, who was angered because he felt that he had not been shown respect or because a member of his own family refused to give him something he asked for.

Finally, sorcery can be used as a way of calling attention to the disappearance of a very important man and, at the same time, serves as a form of retaliation for his death. In 1993 a man from the Cucura River, Dorvalino, related to me how his grandfather made it rain for ten days after the death of Garafa, a very knowledgeable *kumu*: "Garafa was very old. He walked entirely bent over. His family didn't treat him well. They didn't give food to him. When he died, my grandfather was so furious that he made it rain without stop for ten days. He did this to take revenge on the family of Garafa (who did not treat him well when he was alive) and also to call attention to the fact that a very knowledgeable person, a great connoisseur of mythology, was dead. He made it rain for ten days. People could not go to the manioc gardens because of the rain. They could not go to fish or to hunt because of the rain. It seems likely that the trees, the termite nests, were weeping. All of nature was crying. One day, after a reunion, various community headmen asked my grandfather to make the rain stop."

This form of revenge for the death of someone important, which can put human survival itself at risk, is well documented in mythology. The Desana myth of Baaribo, the "Master of Food," shows how he wept for the death of his youngest son, who was killed by his elder brother because he had sexual relationships with his sister-in-law: "*Baaribo* was weeping for his son. To accompany him in his weeping, he made it rain. He invited also the birds, the animals, the fishes, the stones, the trees, the trunks, the termite nests . . . to weep with him for the death of his loved son. He wept for the death of his son with the whole world. . . . He made it rain and he wept with the entire world. He wanted to sink into the earth with all the plants. Because of the death of his son, he wanted to punish all of humanity" (Fernandes and Fernandes 1996:83). Based on this passage of myth, there is a spell that is used to weep for the death of an important person or for someone who during his life was disdained by members of his own community: "For example, the son of a headman, angered because of the death of his father, does as *Baaribo* did in this myth. [As in the myth] summer ends. When someone goes to the forest, to fish or to the manioc garden, he only meets animals

weeping. Afraid of this, the persons who do not know where to go anymore, die of hunger" (Fernandes & Fernandes 1996:83).

Indigenous political leaders are also subject to envy and jealousy because of their greater visibility. Two indigenous leaders in the region died recently of very strange and debilitating illnesses that, in one case, Western medicine couldn't diagnose properly. Another one was, at various times, strongly warned to stop his work as a leader if he didn't want to be killed (i.e., to be poisoned or bewitched). As in many other societies characterized by an egalitarian ideology, greater visibility, prestige, wealth, or knowledge—even when acquired by much work—are not tolerated. In fact, envy, jealousy, and the desire to poison or bewitch another have always existed in the world, and there is general agreement in the region that Bupu, "Grandfather Thunder," is responsible for this state of affairs. He is considered the creator and master of harm, the master of evil intentions and deeds,⁸ and a myth credits to him the first act of evil in the world. Angered because *Boreka*, the principal Desana ancestor, and his younger brother *Toaramã-yeë*, did not consult him before undertaking the transformation of humanity, Bupu, who wanted to be the master of the universe, magically put a poisonous snake (*Bothrop* sp.) under the tree that the two brothers intended to use to make the transformation canoe that would serve to transport the primordial humanity to the upper Río Negro region.⁹ The snake bit *Toaramã-yeë*, who then died, but *Boreka* brought him back to life through a therapeutic spell (see Buchillet 1983). This was the first evil act in the world, and it is considered to be the origin of sorcery.

Various Desana myths clearly depict the ambivalence in relationships among mythic ancestors and, above all, the sentiment of envy (*iāturiri*). Once introduced into the world, envy became a malignancy that grew by itself. Today, people are said to do harm to others if they are seen to work well, fish well, have numerous sons, have high-yielding manioc gardens, etc. Envy, the desire to do harm, and illnesses are considered to be the heritage left by the mythical ancestors and, today, they constitute an ever-present threat or possibility.

The Mythical Origin of the Illnesses That Affect Humanity Today

According to indigenous ideology, all illnesses which are imputed to evil spell-blowing (*dohari*) have a mythical origin.¹⁰ Some are the consequence of the disregard of a cultural rule by some mythical ancestor. The Desana myth of the introduction of the *pupunha* palm fruit (*Guilielma speciosa* Mart.) into the human world is, for example, one of the origin myths of inguinal tumor and localized swellings. According to this myth, the De-

sana culture hero, married to a woman of the water-people world, wanted a *pupunha* pit, which belonged to the water people, in order to plant it in the human world. Because his father-in-law refused to give him one, the Desana culture hero took advantage of the moment when the *pupunha* fruits were cooking,¹¹ in order to get the pits that he then hid in various hollows of his body (groin, armpit, mouth, anus, behind the knee, etc.) to prevent his father-in-law from recovering them. Today, swellings may occur in every part of the body where he concealed the fruit pits. In reality, this myth is essentially about matrimonial alliances and dietary categories. The creation of the inguinal tumor refers to the antisocial attitude of the Desana's father-in-law, who broke the rule of food exchange between affines by refusing to give to his son-in-law the fruit pit that symbolizes his own world (see Buchillet 1983). Other myths also associate the creation of a determined illness with some transgression. In all of them, the creation of a determined illness—which was inherited by humanity—establishes, by contrast, the social, ritual, or cultural norm transgressed. It is, in a sense, the symbol or the metaphor of the infraction of a specific rule.

The creation of an illness can also result from the attempt by a mythical hero to try out his knowledge in order to test its efficacy. One myth recounts how, for example, Butari *gōamã* involuntarily created numerous ailments when he wanted to verify the positive (therapeutic) and/or negative (illness-producing) potency of the various therapeutic and evil spells he knew. In a sense, these myths constitute an *a posteriori* validation of the real efficacy of the spells that form the current repertory of any *kumu*. But they also illustrate a fundamental point in indigenous thought about the reversible character of therapeutic spells; that is, that the use of a therapeutic spell out of context runs the risk of reverting its power, transforming it into a pathogenic weapon.

The mythical creation of an illness can also result from a joke or game of some specific mythic hero. For example, the ailment known as *wumārārō*, a kind of throat inflammation that continues today to affect the Desana people, is the consequence of the two mythical brothers called *Diroá* chewing various kinds of peppers in order to make a cord with their spiced saliva. This illness is the product of their game.

In fact, every illness has one or more specific myths that recount how it was created in mythical times. In this sense, each ailment and also each symptom are the physical expression of a specific mythic event. In the context of illness, myths are known as *bayiri pagusumã* "the fathers of the spells"; that is, they are the "trunk" or the "root" of the spells (Buchillet 1990). The relation between mythic narratives and the origin of illnesses is a form of esoteric knowledge. Outside of the specific circumstances of a *kumu's* training, the narrator of the myth does not specify that a speci-

fied action of a determined mythic or cultural hero gave rise to a particular disease. The knowledge of the etiological dimension of the myth is traditionally reserved to the *kumu*, being part of his training. To know the origin of a specific illness (i.e., how it was formed during mythical times) gives the bearer of this knowledge the power to cure it. But this knowledge can also be used for aggression.

In fact, the revelation of the mythic foundation of an illness reveals its essence. As the *kumua* frequently say, "only the one who knows how a specific illness was created in mythology is able to cure it" or, alternatively, "to cure a specific illness you have to know how to provoke it" (Buchillet 1983, 1990). It is important to point out, however, that in order to cure or cause a specific illness, the *kumu*'s knowledge must not be limited to the mythology of its origin.

According to Américo, "to put sorcery on someone or to succeed in curing someone you have to know the mythology very well, not only the myth related to the specific illness you want to cure or to provoke, but all mythology. Every word of a specific spell has many senses, it has also many correspondences with other myths."

Therapeutic and evil spells are constructed around the actions of mythic heroes or ancestors that were sanctioned by (or led to) the creation of specific illnesses imputed today to the blowing of evil spells. The disclosure of the points "where one pushes out the spells" (Beksta 1968; Buchillet 1983) as that of the mythic origin of the illnesses, is an essential part of the *kumu*'s apprenticeship. A true *kumu* knows how to cure as well as kill. The intimate relationship between therapeutic and evil spells is well attested by the shamanic denomination of the latter: *bayiri pera maarã* "the companions of the (therapeutic) spells" (Buchillet 1990). Spells are the essence of the *kumu*'s power. They constitute—like the darts, crystals, arrows, etc. of the *yee*—his defenses and his weapons. As we have seen, like magical darts, they can be shot into the victim's body and cause various ailments. In other words, spells are efficacious in themselves, and they may affect the intimate experience of the individual.

*The Consequences of Sorcery Beliefs for the
Transmission of Shamanic Knowledge and
for the Kumu's Therapeutic Practice*

It seems likely that the knowledge of the means to cure and to harm was not widespread in the past. According to the Desana, therapeutic and evil spells were first taught by Boreka to other Desana ancestors, who later on passed on their knowledge to the ancestors of certain Tukanoan groups as part of their cultural patrimony, before their dispersion in the Uaupés area.

Américo states: "In Ipanoré [on the middle Uaupés river], the ancestors of humanity knew nothing [i.e., how to cure and how to do evil]. After Boreka descended from the sky, he began to teach the other Desana ancestors the means to cure and the means to do sorcery. . . . He explained to them, as we are doing with you: 'this mythology provoked this or that illness.' The learning lasted a long time. It is Boreka who created the therapeutic and evil spells. As he was very old, he knew exactly what happened [in the world], he knew perfectly well how all these things [illnesses] were created. This was not the case of the *Pamuri* masã [name of the primordial ancestors of humanity] who were totally ignorant when they arrived in Ipanoré. Later on, our ancestors began to divide their knowledge with some other language-groups ancestors.

It is for this reason that the Desana are recognized as specialists (as they acknowledge themselves to be) in matters of therapeutic and evil spells. Since their transmission by Boreka, spells have been passed down almost virtually unchanged¹² through the generations along the patrilinear line, from a *kumu* to one of his sons.¹³ A spiritual line binds the actual *kumua* to the first ancestors holding this knowledge and, according to indigenous ideology, this shamanic genealogy is essential to the efficacy of the spells (see Buchillet 1983, 1992).

Spells that belong to a specific sib cannot be passed on to members of other language groups or even to other Desana sibs.¹⁴ They are, along with the sets of personal names, songs, musical flutes and trumpets, body paintings, and weaving designs, the ritual property of the sib, a symbol of its identity. For this reason, ideally, each sib (and, *a fortiori*, each language group) has a specific knowledge in matters of therapeutic and evil spells and also of the mythic origin of the illnesses.¹⁵ However, such strong emphasis on spiritual genealogy by the Desana *kumua* must not be taken too literally. In fact, it does not preclude them from teaching a cousin, a nephew, or even a son-in-law (who is always of another group, according to the rule of language-group exogamy among the Tukanoan-speaking peoples) some therapeutic spells that might help them face certain family problems (difficulties in delivery or minor ailments). But they will never teach them evil spells, the knowledge of which is traditionally restricted to a son. Needless to say, the *kumu*'s cousin, nephew, or son-in-law are in no way considered as *kumua*, and their skills for curing are limited to the family sphere.

At the same time that they point out the importance of the spiritual genealogy that binds the actual *kumua* to their ancestors, old Desana *kumua* complain of the frivolity of their colleagues of other language groups who agree to teach therapeutic spells for specific illnesses, including the corresponding evil spells, to anyone. This critique is well-founded. For some of the other language groups of the upper Río Negro region—as, for ex-

ample, the Arawakan Tariana peoples, with whom I have been working since 1999—therapeutic spells are not secret and, theoretically, they can be taught to anyone interested in them. However, given local beliefs about the prevalence of sorcery, Tariana *kumua* think that it is better for a person who is interested in knowing a spell not to learn it with someone of another language group. This is to prevent an innocent man from being taught an evil spell, instead of a therapeutic one, without him suspecting it. This, according to one Tariana *kumu*, actually happened in the past, with the result that the man who learned the spell killed, without him understanding why, his own sick kin during a curing session.

The importance of sorcery beliefs in Desana society also has consequences for the *kumu's* therapeutic practice. In order not to be suspected of intending to bewitch a sick person, he will never propose to attempt to heal him or her, even if he knows the illness. In this way, he can even let the sick person die. According to Américo, “the *kumu* is very afraid of explaining to others [an unrelated person] his knowledge. . . . He prefers to let the others die than to be forced to say and show what he knows. If he is invited to cure someone, he must accept to do it, but he will never say first that he knows how to cure a specific illness, in order not to be obliged to explain afterwards what he did, which spell he used.”

This is something that health professionals who work in the upper Río Negro region have great difficulties understanding: it is too distant from their own ideology based on Hippocrates's oath, which claims the right and the obligation to treat any sick person, even against his or her own will. For the Indians, the sick, or his or her family in case he or she is very ill, has to ask the *kumu* to treat illness, and in this case he can't decline the demand. The household that requested his service will then prepare the object (part of a plant or liquid) on which he will recite the spell. Generally, after the curing session the *kumu* explains more or less precisely to the patient or to a member of his or her family the spell he used against the illness. This is to protect himself from being suspected of having bewitched his patient in case the illness worsens. However, the preciseness of his explanations greatly varies according to his proximity with the patient. For the Desana *kumu*, only a member of his own biological family has the right to know exactly the text of the spell used. For relatives and/or nonrelated patients, he will simply give the name of the spell he used and make a rapid summary of what he did through the spell: “I did this,” “I took this or that,” etc.¹⁶

Are the Kumua Morally Ambiguous?

It remains now to examine whether the intimate relationship reported between therapeutic and evil spells is a motive for doubting and fearing the

power of the *kumua*. In other words, do they use their knowledge in harmful ways against others? In fact, all *kumua* with whom I have worked are convinced that sorcery is something very dangerous. As Raimundo from Umari River explained to me in 1985: “Sorcery is like the coca-powder calabash: it always goes back to the sender. For example, I am seated here with my coca calabash: I pass it to my neighbor who passes it to his neighbor and so forth, until the calabash returns to me. It is the same for sorcery: I put something [through evil spells] inside the body of someone else. One day, this thing will be returned to me and I myself will be bewitched. This is the danger of sorcery!”

Because of this latent danger of sorcery, and of the specific reasons related to the *kumu's* training, the Desana *kumua* with whom I have worked admitted that they will only make use of evil spells for one highly justified reason: to retaliate the death from an illness induced by sorcery of a family member (parents, wife, or child). With the exception of this circumstance, all affirmed that they never intend to make use of their knowledge against others, even when they are invited to do so by someone with payment. Such conviction expressed by my informants in a way has to do with the *kumu's* training itself.

As I have shown elsewhere (Buchillet 1990), therapeutic and evil spells are taught in two separate phases of learning. Myths and therapeutic spells are taught first. When the father decides that his son understands perfectly well both the spells as well as the multiple dimensions embodied in myths, the neophyte is initiated into the world of evil spells. In the second phase, the training is closed by a ceremony, performed by the father for his son, which has two main purposes: first, it prevents the novice from being spoiled by the evil spells he has learned; second, it leaves the two forms of knowledge dormant in separate parts of his body. It is as if this ceremony, which highlights the dangerous character of the shamanic knowledge of the *kumu*, conferred to him the power of oblivion, and the knowledge is only supposed to be remembered in a concrete situation (the curing of a sick person, for example). Whereas the therapeutic spells are put into his brain, the evil ones are placed in his belly, where they are covered and maintained at the bottom by numerous calabashes and/or baskets. This ceremony is said to prevent the novice from an untimely use of his knowledge. It protects him from the dangers of experimenting “just to see,” which would do nothing but provoke needless illnesses. As described earlier, the dangers of testing the knowledge out of context are well illustrated by a number of myths. The ceremony also prevents the two kinds of spells from getting mixed during the curing session—the *kumu* remembering at the same time both the therapeutic and the evil spells—thus involuntarily worsening the state of his patient. Finally, it exercises a kind of inner control over the *kumu's*

own emotions, thereby preventing him from reacting aggressively in a moment of tension, enmity, or anger. According to Raimundo: "With this ceremony, the *kumu* does not worry anymore about what he knows; he will not speak about his knowledge or even think of experimenting with what he has learned. It is just when he meets a sick person that he will remember the therapeutic spells. . . . If he does not have this protection, he suffocates. The two knowledges stay on top of his tongue, the evil spells disturb his thoughts. When he wants to cure a sick person, the therapeutic spell gets mixed with the evil one, and the sick person worsens. When he has this protection, he only remembers the therapeutic spell, the evil one stays at the bottom of his belly . . . When he has this protection, he does not even think of bewitching someone in a moment of anger, of tension."

Conclusion

The data examined in this paper show that, as in many other societies, indigenous or others, sorcery suspicions arise mainly in contexts of envy, jealousy, resentment, or situations of inequality, etc., and are frequently attributed to disturbed, problematic, or alienated relationships. But suspicions, as we have seen, may remain vague and unformulated, and accusations are seldom made in public. If we attempt to analyze the material on harm through evil spell-blowing in the context of the distinction established by Evans-Pritchard (1937) between witchcraft and sorcery, it can be seen that, a priori, the distinction has no precise counterpart in Desana thinking. This is the case for four specific reasons: first, evil presumes a deliberate and conscious action; second, the cure must be addressed to a specific person (or community, in the case of *birari*) in order to be effective, and in this way the cure presupposes a clear idea about the identity of the person against whom the evil deed will be directed; third, evil spell-blowing is considered to be a learned skill; and fourth, because of the mythic origin of illness, aggression, and cure, the *kumu* may choose which kind of bodily disorder or misfortune he wants to provoke. In this way, for the Desana Indians evil depends above all on a malefic intention and a certain knowledge about the means to do it.

As we have seen, however, evil spells, the knowledge of which is said to have been strictly reserved in the past to the *kumu*'s son as apprentice, are made dormant in a part of his body so that he does not have to worry about them. At the same time, old Desana *kumua* today complain of the high incidence of illnesses associated with the blowing of evil spells. In 1986, Feliciano, from the Tiquié River region, told me that "in the former times, there were not as many illnesses as today: the *kumua* knew how to defend [people] against them, how to undo the process of illness . . . Nowadays,

everyone wants to do it, everyone wants to recite a spell without being prepared to do it. The one who is not well prepared tries immediately to exercise his knowledge; he attempts to prove [the efficacy of] what he knows, provoking, in this way, numerous illnesses for other peoples. The one who was well prepared by his father—that is, the one who passed through this ceremony [that leaves the shamanic knowledge dormant]—does not do this. He does not even think about this!" Another example was given to me in 1992 by Wenceslaw, from Urucu River: "There are some *kumua* [i.e., the pseudo-*kumua*], the ones who go here and there, who try to learn something with one or with another, who were not trained by their father. Once they know something, they want to experiment to see if it works. The *kumu* who has learned with his father does not think this way. The one who has learned here and there wants to experiment his knowledge to see if it works. Doing this, he creates numerous illnesses, he ruins children, he ruins old people, he ruins women."

The region's high incidence of illnesses that are commonly associated with the sorcery of the *kumua* is, in reality, based on the carelessness or irresponsibility of people who, after learning some spells (be they therapeutic or evil), want to experiment with them, thus causing numerous illnesses and deaths. In fact, the question is not to know if the *kumua* are, like the Bororo shamans (Crocker 1985), morally ambiguous and strongly suspected of doing sorcery by members of their own local groups. Unlike the Aguaruna shamans (Brown 1988), they don't have to emphasize before others their efforts at curing as a way of repelling suspicions of their supposedly malevolent intents. What I have tried to show here is that, given the prevalence of sorcery beliefs in indigenous society and the nature of shamanic knowledge, Desana culture itself has imposed specific rules related to the *kumu*'s training and therapeutic practice in order to restrain the dissemination of shamanic knowledge in indigenous society. It is to prevent its use out of context, or by a "wrong" person (i.e., one who does not belong to the shamanic genealogy), or by a person with a malefic intent who would do nothing but provoke needless illnesses. It seems likely that, just as for the Piaroa (Overing-Kaplan 1975) or the Wari' (Vilaça 1999), illnesses grow above all out of the lack of control and mastery of a knowledge that has to do with the creation of the world, and thus is so dangerous that it needs to be contained and left dormant in the *kumu*'s body so that he will forget it.

Notes

- 1 The data on which this article is based were collected between 1980–1981 and 1984–2000, in my fieldwork with the Desana shamans (*kumua*), of the upper Ríó Negro region (Brazil). My work in 1980–1981 was financed by a doctoral grant from the French

- Foreign Office, and in 1984–2000 by IRD (ex-ORSTOM, Research Institute for Development) and the Brazilian CNPq (National Council of Scientific and Technical Research) under a scientific agreement between France and Brazil. I would like to express my profound respect for the great knowledge of the *kumna*, as well as, my gratitude and thanks to them for their patience and interest they always demonstrated in teaching me. I also thank Robin Wright for his useful comments on the first version of this essay.
- 2 G. Reichel-Dolmatoff worked almost twenty-five years with the Tukanoan peoples, including Desana Indians, of the Colombian Vaupés, and published numerous articles and books on shamanism, cosmology, ritual, oral tradition, and so on. On the Desana Indians, see, for example, Reichel-Dolmatoff 1971, 1976, 1978, 1979a, 1979b, and 1989.
 - 3 In Brazil, the word Vaupés is written as Uaupés.
 - 4 See, for example, Crocker 1985 for the Bororo, and Wright 1998 (and this volume) and Hill 1993 for the Baniwa/Wakuenai peoples.
 - 5 There are two other terms for illness. The first one (*puriri*, “pain”) refers to common illnesses that “come by themselves” and cannot be attributed to a malefic intention. Named as *umuko* puriri “illnesses of the universe,” they have existed since the beginning of the world, and they may happen at any time and affect anybody without anyone knowing why (e.g., vomiting, diarrhea, headaches, insensibility of the legs, malaria). The second gloss (*behari*) has two connotations: “transitory” and “that passes from one to another” (i.e., contagious). It is the term used to refer to illnesses associated with contact with the whites and their objects, the characteristics of which are their strong virulence, their sporadic character, and their highly contagious character (e.g., smallpox, measles, influenza; see Buchillet 1995). These illnesses, related to certain characteristics of manufactured objects (including food), are not conceived as the result of white malevolence against the Indians because the Indians do not know how these were created by the whites. This is why *doreri*, which carries the notion of an exogenous aggression, cannot be used to designate these illnesses.
 - 6 According to the Desana as well as other indigenous groups of the region, it is because they live near the place where Kuwai was burned to death that the Baniwa peoples have a highly developed knowledge of poisonous plants and herbal medicines, including counterpoisons.
 - 7 See Brandhuber 1999 on the consequences of beliefs in sorcery (i.e., abandonment of villages, migration) among Tukanoan-speaking peoples.
 - 8 Thunder is also the master of the hallucinogenic snuffs used by the *yee* to induce a visionary and ecstatic state.
 - 9 According to Desana mythology, the ancestors of humanity embarked on the transformation canoe at the mouth of Milk Lake (which the Indians associate today with the Baía de Guanabara in Rio de Janeiro) and, after ascending the Brazilian coast and descending the Amazon River, they began to ascend the Rio Negro and some of its tributaries before returning to Ipanoré, on the middle Uaupés River, where they put their feet on the earth for the first time. During their subaquatic journey, they stopped in numerous places where they performed special ceremonies. Each place is associated with a phase of physical growth and human development (for two Desana versions of the origin myth, see Lana and Lana 1995, and Fernandes and Fernandes 1996).
 - 10 Part of this section makes use of Buchillet 1990.
 - 11 The *pupunha* palm fruit must be boiled in order to be consumed.

- 12 Except for newly introduced elements, such as manufactured objects.
- 13 It is not clear to me which Tukanoan ancestors were taught by the first Desana ancestors and how the ancestors divided their knowledge between them, because, theoretically, the knowledge of each sib and language group is unique (i.e., the existence of specific ideas concerning the mythic origin of diseases and, as such, of specific spells).
- 14 The knowledge of one *kumu* is relatively closed and limited in scope because, ideally, it can only be passed on to one of his sons. Nevertheless, it is important to note that *kumua* can exchange potent therapeutic and evil spells between them, diversifying in this way their very knowledge.
- 15 It is important to keep in mind that the “same” illness (according to Western medicine) can have various mythic origins depending on the sib and/or language group. Moreover, as we have seen, the *kumu*'s knowledge is traditionally restricted to that of his sib. For this reason, he may not know other mythic origins of a specific illness and may not be able to cure it.
- 16 Spells consist of, first, a list of the names of objects, spirits, animals, and substances associated with the mythic creation of the disease that the *kumu* wants to cure or to provoke; second, of a description of the neutralization by the *kumu* of their harmful characteristics; and, finally, of a representation of the restoration process of the patient's bodily integrity through the activation of beneficent animals, plants, and powers. To neutralize the dangers represented by some plants, substances, animals, and spirits, and to activate the positive characteristics of other plants, animals, objects, and spirits constitutes the basic structure of any therapeutic spell. All the verbs in the spell refer to the actions of the *kumu*, who says what he is doing to each part of the plant or animal considered harmful, or beneficent, to his patient: “I break,” “I put into pieces,” “I pull out,” “I chew,” “I wash,” “I refresh,” etc. In this way, both therapeutic and evil spells should be understood as performative actions in Austin's sense (1962): they do not describe actions but constitute, through their correct utterance, the doing of these actions (see Buchillet 1990, 1992).

References

- Austin, J. 1962. *How to Do Things with Words*. Oxford: Clarendon Press.
- Beksta, C. 1968. “Comunicação sobre as idéias religiosas expressas nos mitos e nos ritos dos Tukano.” Manuscript.
- Brandhuber, G. 1999. “Why Tukanoans Migrate? Some Remarks on Conflict on the Upper Rio Negro (Brazil).” *Journal de la Société des Américanistes* 85: 261–80.
- Brown, Michael F. 1988. “Shamanism and Its Discontents.” *Medical Anthropology Quarterly* 2 (2): 102–20.
- Buchillet, Dominique. 1983. “Maladie et mémoire des origines chez les Desana du Vaupés brésilien.” Ph.D. diss. University of Paris-X (Nanterre).
- . 1990. “Los poderes del hablar: Terapia y agresión chamánica entre los indios Desana del Vaupes brasileiro.” In *Las culturas nativas latinoamericanas a traves de su discurso*, ed. E. Basso and J. Sherzer. 319–54. Quito: Abya-Yala; Rome: MLAL.
- . 1992. “Nobody Is There to Hear: Desana Therapeutic Incantations.” In *Portals of Power: Shamanism in South America*, ed. G. Baer and J. E. Langdon. 211–30. Albuquerque: University of New Mexico Press.
- . 1995. “Perles de verre, parures de blancs, et ‘Pots de paludisme’: Epidémiologie et

- représentations Desana des maladies infectieuses (haut Rio Negro, Brésil)." *Journal de la Société des Américanistes* 81: 181–206.
- Crocker, Jon C. 1985. *Vital Souls: Bororo Cosmology, Natural Symbolism, and Shamanism*. Tucson: University of Arizona Press.
- Dole, Gertrude E. 1966. "Anarchy without Chaos: Alternatives to Political Authority among the Kuikuru." In *Political Anthropology*, ed. M. J. Schwartz, V. W. Turner, and A. Tuden. 73–87. Chicago: Aldine Company.
- . 1973. "Shamanism and Political Control among the Kuikuru." In *Peoples and Cultures of Native South America*, ed. D. R. Gross. 294–307. New York: Doubleday.
- Douglas, Mary. 1991. Witchcraft and Leprosy: Two Strategies of Exclusion. *Man* (N.S.), vol. 26, n. 4, pp. 723–736.
- Evans-Pritchard, Edward E. 1937. *Witchcraft, Oracles, and Magic among the Azande*. Oxford: Clarendon Press.
- Fernandes, A. C. (Diakuru), and D. M. Fernandes (Kisibi). 1996. *A mitologia sagrada dos Desana-Wari Dihputiropōrā: Collection of Myths Organized and Presented by D. Buchillet*. Cucura: UNIRT; São Gabriel da Cachoeira; FOIRN.
- Hill, J. 1993. *Keepers of the Sacred Chants: The Poetics of Ritual Power in an Amazonian Society*. Tucson: University of Arizona Press.
- Hugh-Jones, Stephen. 1994. "Shamans, Prophets, Priests, and Pastors." In *Shamanism, History, and the State*, ed. N. Thomas and C. Humphrey. 32–75. Ann Arbor: University of Michigan Press.
- Koch-Grünberg, Theodor. 1995. *Dos años entre los indios: Viajes por el noroeste brasileño 1903/1905*. 2 vols. Bogotá: Editorial Universidad Nacional.
- Lana, F. A. (Umusi Pārokumu), and L. G. (Tōrāma Kehīri). 1995. *Antes o mundo não existia: Mitologia dos antigos Desana-Kehīripōrā*. São João Batista: UNIRT; São Gabriel da Cachoeira; FOIRN.
- Lyons, D. 1998. "Witchcraft, Gender, Power, and Intimate Relations in Mura Compounds in Déla, Northern Cameroon." *World Archaeology* 29 (3): 34–36.
- Marwick, M. G. 1965. *Sorcery in its Social Setting: A Study of the Northern Rhodesian Cewa*. Manchester: Manchester University Press.
- Overing-Kaplan, Joanna. 1975. *The Piaroa*. Oxford: Clarendon Press.
- Reichel-Dolmatoff, Gerardo. 1971. *Amazonian Cosmos: The Sexual and Religious Symbolism of the Tukano Indians*. Chicago: University of Chicago Press.
- . 1976. "Desana Curing Spells: An Analysis of Some Shamanistic Metaphors." *Journal of Latin American Lore* 2 (2): 157–219.
- . 1978. "Desana Animal Categories, Food Restrictions, and the Concept of Colour Energies." *Journal of Latin American Lore* 4 (2): 243–91.
- . 1979a. "Desana Shaman's Rock Crystals and the Hexagonal Universe." *Journal of Latin American Lore* 5 (1): 117–28.
- . 1979b. "Some Source Material on Desana Shamanic Initiation." *Antropológica* 51: 27–61.
- . 1989. "Desana Texts and Contexts: Origin Myths and Tales of a Tukanoan Tribe of the Colombian Northwest Amazon." *Acta Ethnologica et Linguistica*, n. 62. Vienna, Wien-Föhrenau (Series Americana, 12).
- Turner, Victor W. 1957. *Schism and Continuity in an African Society*. Manchester: Manchester University Press.
- Vilaça, Aparecida. 1999. "Devenir autre: Chamanisme et contact interethnique en Amazonie brésilienne." *Journal de la Société des Américanistes* 85: 239–60.
- Wilbert, Johannes. 1996. *Mindful of Famine: Religious Climatology of the Warao Indians*. Cambridge: Harvard University Press.
- Wright, Robin M. 1998. *Cosmos, Self, and History in Baniwa Religion: For Those Unborn*. Austin: University of Texas Press.
- Zelenietz, M. 1981. "Sorcery and Social Change: An Introduction." *Social Analysis* 8: 3–4.



IN DARKNESS AND SECRECY

*The Anthropology of Assault Sorcery and
Witchcraft in Amazonia*

Edited by Neil L. Whitehead and Robin Wright

Duke University Press Durham & London 2004

In Darkness and Secrecy brings together ethnographic examinations of Amazonian assault sorcery, witchcraft, and injurious magic, or "dark shamanism." Anthropological reflections on South American shamanism have tended to emphasize shamans' healing powers and positive influence. This collection challenges that assumption by showing that dark shamans are, in many Amazonian cultures, quite different from shamanic healers and prophets. Assault sorcery, in particular, involves violence resulting in physical harm or even death. While highlighting the distinctiveness of such practices, *In Darkness and Secrecy* reveals them as no less relevant to the continuation of culture and society than curing and prophecy. The contributors suggest that the persistence of dark shamanism can be understood as a form of engagement with modernity.

These essays, by leading anthropologists of South American shamanism, consider assault sorcery as it is practiced in parts of Brazil, Guyana, Venezuela, and Peru. They analyze the social and political dynamics of witchcraft and sorcery and their relation to cosmology, mythology, ritual, and other forms of symbolic violence and aggression in each society studied. They also discuss the relations of witchcraft and sorcery to interethnic contact and the ways that shamanic power may be co-opted by the state. *In Darkness and Secrecy* includes reflections on the ethical and practical implications of ethnographic investigation of violent cultural practices.

"The great merit of this volume is that it amply documents the wide variety of ideas and practices that can be classified as shamanistic in Amazonia and, in so doing, establishes that dark shamanism is an essential element of the worldviews and moral philosophies of peoples of this region."

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