ISSN 0344-8622 32(2009)1+2

Curare

Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

hrsg. von/edited by: Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM

Kultur, Medizin und Psychologie im Trialog I – Bilanzen im interdisziplinären Arbeitsfeld Ethnologie & Medizin.

Beiträge zur 21. Fachkonferenz Ethnomedizin 2008, Remscheid

WVB

Zum Titelbild: Das Titelbild zeigt ein Exponat aus dem Essener Museum "Soul of Africa". Das im Ortsteil Essen-Rüttenscheid gelegene Privatmuseum von Henning Christoph besitzt unter Anderem speziell zur westafrikanischen Voodoo-Kultur vielfältige Exponate (Rüttenscheider Str. 36, 45128 Essen). Das Museum wurde während der 21. Fachkonferenz Ethnomedizin in Remscheid besucht. Die Abbildung wurde freundlicherweise zum Nachdruck zur Verfügung gestellt. www.soul-of-africa.com © by Soul of Africa e.V. mit freundlicher Unterstützung von www.shikra.de
To the title: The cover shows an exhibit from the private museum "Soul of Africa" in Essen-Rüttenscheid. This museum is specialized in voodoo culture from West Africa. An excursion to this fine museum was part of the Remscheid meeting.

Die nächsten Hefte / forthcoming issues:
***Curare* 32(2009)3+4:** Themen: 30 Jahre Transkulturelle Psychiatrie in der *Curare*. // Beiträge zum 100. Geburtstag von Georges Devereux. (Themes: 30 years transcultural psychiatry in the Journal *Curare*; // Contributions on the 100 anniversary of Georges Devereux); Herausgegen von / edited by U. Kluge, E. Schröder & M. Wiencke
***Curare* 33(2010)1+2:** New Trends in Ethnobotany and Ethnopharmacology. Proceeding of the 6th European Colloquium of Ethnopharmacology / 20th conference "Ethnomedizin" / Medical Anthropology at Leipzig 8th to 10th November 2007, edited by Ekkehard Schröder, Ruth Kutalek, Annette Leibing *et al.*

Arbeitsgemeinschaft Ethnomedizin – AGEM, Herausgeber der
Curare, Zeitschrift für Medizinethnologie • Curare, Journal of Medical Anthropology (gegründet/founded 1978)

Die Arbeitsgemeinschaft Ethnomedizin **(AGEM)** hat als rechtsfähiger Verein ihren Sitz in Hamburg und ist eine Vereinigung von Wissenschaftlern und die Wissenschaft fördernden Personen und Einrichtungen, die ausschließlich und unmittelbar gemeinnützige Zwecke verfolgt. Sie bezweckt die Förderung der interdisziplinären Zusammenarbeit zwischen der Medizin einschließlich der Medizinhistorie, der Humanbiologie, Pharmakologie und Botanik und angrenzender Naturwissenschaften einerseits und den Kultur- und Gesellschaftswissenschaften andererseits, insbesondere der Ethnologie, Kulturanthropologie, Soziologie, Psychologie und Volkskunde mit dem Ziel, das Studium der Volksmedizin, aber auch der Humanökologie und Medizin-Soziologie zu intensivieren. Insbesondere soll sie als Herausgeber einer ethnomedizinischen Zeitschrift dieses Ziel fördern, sowie durch regelmäßige Fachtagungen und durch die Sammlung themenbezogenen Schrifttums die wissenschaftliche Diskussionsebene verbreitern. (Auszug der Satzung von 1970)

Zeitschrift für Medizinethnologie
Journal of Medical Anthropology

Herausgegeben im Auftrag der / Edited on behalf of:
Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM
von Ekkehard Schröder, auch verantwortlich im Sinne des Presserechtes V.i.S.d.P. / Editor-in-chief

Geschäftsadresse / office AGEM: AGEM-Curare
c/o E. Schröder, Spindelstr. 3, 14482 Potsdam, Germany
e-mail: ee.schroeder@t-online.de, Fax: +49-[0]331-704 46 82
www.agem-ethnomedizin.de

Herausgeberteam /Editorial Board Vol. 31(2008) - 35(2012):
Hans-Jörg Assion (Detmold) info@gpz-lippe.de // Ruth Kutalek (Wien) ruth.kutalek@meduniwien.ac.at // Kristina Tiedje (Lyon) kristina@tiedje.com // Anita Zahlten-Hingurange (Basel) azahlten @yahoo.de

Beirat /Advisory Board: John R. Baker (Moorpark, CA, USA) // Michael Heinrich (London) // Mihály Hoppál (Budapest) // Annette Leibing (Montreal, CAN) // Armin Prinz (Wien) // Hannes Stubbe (Köln)

Begründet von / Founding Editors: Beatrix Pfleiderer (Hamburg) – Gerhard Rudnitzki (Heidelberg) – Wulf Schiefenhövel (Andechs) – Ekkehard Schröder (Potsdam)

Ehrenbeirat / Honorary Editors: Hans-Jochen Diesfeld (Starnberg) – Horst H. Figge (Freiburg) – Dieter H. Frießem (Stuttgart) – Wolfgang G. Jilek (Vancouver) – Guy Mazars (Strasbourg)

IMPRESSUM 32(2009)1+2

Verlag und Vertrieb / Publishing House:
VWB – Verlag für Wissenschaft und Bildung, Amand Aglaster
Postfach 11 03 68 • 10833 Berlin, Germany
Tel. +49-[0]30-251 04 15 • Fax: +49-[0]30-251 11 36
e-mail: info@vwb-verlag.com
http://www.vwb-verlag.com

Bezug / Supply:
Der Bezug der *Curare* ist im Mitgliedsbeitrag der Arbeitsgemeinschaft Ethnomedizin (AGEM) enthalten. Einzelne Hefte können beim VWB-Verlag bezogen werden // *Curare* is included in a regular membership of AGEM. Single copies can be ordered at VWB-Verlag.

Abonnementspreis / Subscription Rate:
Die jeweils gültigen Abonnementspreise finden Sie im Internet unter // Valid subscription rates you can find at the internet under: www.vwb-verlag.com/reihen/Periodika/curare.html

Copyright:
© VWB – Verlag für Wissenschaft und Bildung, Berlin 2009

ISSN 0344-8622 ISBN 978-3-86135-757-5

Die Artikel dieser Zeitschrift wurden einem Gutachterverfahren unterzogen // This journal is peer reviewed.

curare Zeitschrift für Medizinethnologie
Journal of Medical Anthropology curare
hrsg. von/ed. by Arbeitsgemeinschaft Ethnomedizin (AGEM)

Inhalt / Contents

Vol. 32 (2009) 1+2
Doppelheft / Double Issue

Kultur, Medizin und Psychologie im Trialog I: Bilanzen im interdisziplinären Arbeitsfeld Ethnologie & Medizin. Beiträge zur 21. Fachkonferenz Ethnomedizin 2008, Remscheid

Herausgeber / Editors:
Markus Wiencke, Ulrike Kluge & Ekkehard Schröder

Ernst E. Boesch gewidmet

Editorial

Markus Wiencke: Ethnologie und Psychologie im Dialog. Editorial 3

Allgemeine Perspektiven

Reiner Büch: Erinnerung an die Konnotationsanalyse. Zur Methodik der Symbolischen Handlungstheorie und Kulturpsychologie von Ernst E. Boesch 10

Bernd Rieken: Volkskunde und Psychologie. Gemeinsamkeiten und Unterschiede 18

Horst H. Figge: Erlebte Wirklichkeit, Krankheit und Krankheitsbewältigung. Ein Diskussionsbeitrag aus psychologischer Sicht zur 21. Fachkonferenz Ethnomedizin 23

Fallstudien

Helene Basu: Contested Practices of Control: Psychiatric and Religious Mental Health Care in India 28

Martin Deschauer: Subjektivität in der Behandlung psychischer Krankheiten – Das Konzept des strategischen Synkretismus am Beispiel der Depressionstherapie 40

Carsten Klöpfer: Coping-Prozesse bei HIV/Aids-Patienten aus der Perspektive westlicher und buddhistischer Psychologie 48

Guido Sprenger: Die Pflege der Dissoziation. Die Ideologie der Moderne und die Schamanen der Rmeet, Laos 64

Markus Wiencke: Kulturelle Vielfalt als Ressource bei Schizophrenie. Ein Beispiel aus einer interkulturellen Gemeindepsychiatrie für Mapuche in Chile. 78

Eva Zöller: Die Bewältigung chronischer Schmerzen im biografischen und kulturellen Lebenszusammenhang – Eindrücke aus Deutschland, Thailand und Australien 84

Freie Beiträge im Zusammenhang mit der Tagung

Arne Steinforth: Whose Madness? Diverging Manifestations of Mental Illness in Dialogue 96

Wolfgang Krahl: Der Impact-Faktor – ein Instrument zur akademischen Hegemonie? Das Beispiel psychiatrischer Journale und die Auswirkungen auf Entwicklungsländer 106

Ernst Eduard Boesch: Die poetische Sicht [Reprint (Privatdruck 2008)] 113

Freier Beitrag

Bernd Brabec de Mori: Words Can Doom. Songs May Heal: Ethnomusicological and Indigenous Explanations of Song-Induced Transformative Processes in Western Amazonia 123

Berichte und Reports 145
Manton Hirst: Cape Town August 2007. Promoting Dialogue between Jungian Analysts and African Traditional Practitioners in South Africa – 145 // Assia Maria Harwazinski: Reproduktionsmedizin bei Muslimen: Religiöse und säkulare Ethiken im Widerstreit? Tagung am 20. Juni 2008 in Tübingen – 147

Buchbeprechungen / Book Reviews 150
Theda Borde & David Matthias (Hg) 2008. Frauengesundheit, Migration und Kultur in einer globalisierten Gesellschaft. Frankfurt // Oliver Razum, Jürgen Breckenkamp & Pitt Reitmaier (Hg) 2008. Kindergesundheit in Entwicklungsländern. Frankfurt // Els van Dongen & Ruth Kutalek (eds) 2007. Facing Distress. Distance and proximity in times of illness. Wien, Berlin // Helga Jockenhövel-Schiecke 2008. Soziale Reproduktion in den Zeiten von AIDS. Waisen und ihre Familien im ländlichen Tansania. Berlin // Klaus-Dietrich Stumpfe (2007). Glaubensheilungen in Geschichte und Gegenwart. Köln // Sibylle van der Walt & Christoph Menke (Hg) 2007. Die Unversehrtheit des Körpers. Geschichte und Theorie eines elementaren Menschenrechts. Frankfurt

Dokumentation Zeitschriften/Journals (EthnoScripts // Ethnologia Americana // Shaman) 157

Die Autorinnen und Autoren in Curare 32(2009)1+2 160

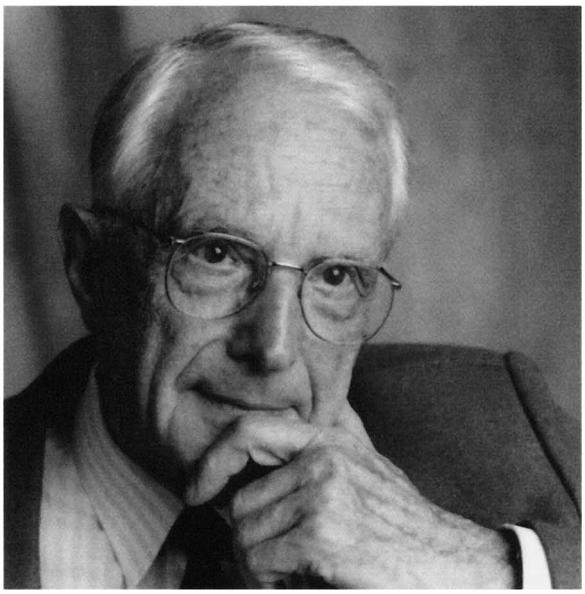
Zum Titelbild U2

Impressum U2

Hinweise für Autoren / Instructions for Authors U3

Endredaktion: Markus Wiencke & Ekkehard Schröder
Redaktionsschluss: 30.06.2009
Die Artikel in diesem Heft wurden einem Reviewprozess unterzogen / The articles of this issue are peer-reviewed

Die Arbeitsgemeinschaft Ethnomedizin
widmet diese Curare-*Ausgabe ihrem im 93. Lebensjahr stehendem Ehrenmitglied*
Ernst Eduard Boesch aus St. Gallen,
dem bedeutenden Psychologen, Psychoanalytiker und Kulturtheoretiker



It is the dilemma of psychology to deal as a natural science with an object that creates history. Indeed, the being whose perceptions, thoughts, and emotions we patiently study in time-consuming experiments, is at the same time the inventor of electricity and atom bombs, carrying the names of Mozart, Picasso, Einstein, Churchill, Hitler, Stalin, or Pol Pot; it is the one who inquires, nurses, builds, tortures, kills, and seduces. The real actions of the object of our studies, their profit or loss to society, occupies only a small place in psychological publications. It seems as if there were two kinds of human beings, the ones in the aseptic laboratories of psychologists, and the other ones with whom we live as partners, friends, or enemies.

—E. E. Boesch, 1971

Rückseite des Buches von Walter J. Lonner & Susanna A. Hayes (eds) 2007. *Discovering Cultural Psychology. A Profile and Selected Readings of Ernest E. Boesch*. (A volume in "Advanced Studies in Cultural Psychology"). Charlotte, North Carolina: IAP, Information Age Publishing, 371 S. mit einer kompletten Liste der Veröffentlichungen Boeschs von 1942-2006.

Words Can Doom. Songs May Heal: Ethnomusicological and Indigenous Explanations of Song-Induced Transformative Processes in Western Amazonia

Bernd Brabec de Mori*

Abstract This article analyzes the healing practices of the Shipibo-Conibo, an indigenous group in the Peruvian Amazon. The healers combine healing techniques with musical performance. The Shipibo-Conibo's understanding of medicine includes corrections of cultural and social processes, which, from a Western perspective, are not considered medical problems as such. Using qualitative methods and applying an ethnomusicological perspective, this article presents a case study featuring several Shipibo-Conibo healers and patients of distinct cultural origins from the Western Amazon in Peru. By means of in-depth analysis of several healing methods used by Shipibo-Conibo healers, I first examine their respective diagnoses, treatments, and interpretations of disorders from a Western and emic point of view. More specifically, I propose an analysis of the songs, highlighting their effects in different settings. Secondly, I analyze emic views of the healing events to demonstrate alternative understandings of healing and medicine. Thirdly, I discuss methodological questions that arise in this research context. For example, I investigate to what extent theories of music perception may explain the observed processes as opposed to emic interpretations. Finally, the article discusses the importance and consequences of an intra-cultural analysis for the scientific understanding of medicine.

Keywords Amazonia – Shipibo-Conibo – music and therapy – ethnomusicology – Peru

Worte können schaden, Lieder mögen heilen. Ethnomusikologische und indigene Interpretationen für durch Gesänge induzierte persönliche Entwicklungsprozesse im westlichen Amazonasbecken.

Zusammenfassung Dieser Artikel analysiert einige medizinische Praktiken aus dem Zusammenleben der Shipibo-Konibo, einer indigenen Gruppe im peruanischen Tiefland. Ihre Heilkundigen verwenden in ihrem medizinischen Repertoire in den Heilritualen auch Lieder. Im indigenen Verständnis von Medizin sind Prozeduren eingeschlossen, die kulturelle und soziale Korrekturen bewirken, aber aus westlicher Perspektive nicht als medizinische Probleme betrachtet werden würden. Aus einer ethnomusikologischen Perspektive wird auf der Basis qualitativer Methoden eine Fallstudie vorgestellt, in der verschiedene indigene Heilkundige und Patienten mit unterschiedlichem kulturellem Hintergrund untersucht werden. Mittels eingehender Beschreibung der von den Heilkundigen angewandten Methoden analysiere ich erstens die Diagnosen, Vorgehensweisen und Interpretationen der Probleme sowohl aus einer westlichen als auch aus einer emischen Perspektive. Insbesondere werden dabei die Lieder sowie deren Effekte in verschiedenen Situationen beschrieben. Zweitens analysiere ich eine emische Interpretation der Problemstellung, um auf ein alternatives Verständnis von Medizin und Heilung aufmerksam zu machen. Drittens werden in diesem Kontext methodologische Fragen gestellt, zum Beispiel inwieweit Theorien der Musikwahrnehmung im Vergleich mit dem emischen Verständnis die beobachteten Prozesse erklären können. Insgesamt unterstreicht der Artikel die Wichtigkeit einer intrakulturellen Analyse für das wissenschaftliche Verständnis von Medizin.

Schlagwörter Amazonien – Shipibo-Konibo – Musik als Therapie – Musikethnologie - Ethnomusikologie – Peru

* A draft version of this paper was presented at the „IX. International Conference on Music Perception and Cognition", 21st to 26th August 2006 in Bologna/Italy under the title of „Perception, Effect and the Power of Words: an Introduction on Song-Induced Healing Processes in Western Amazonia."

1. Introduction

Throughout the Western Amazonian lowlands, indigenous and mestizo medical techniques include songs which are performed by healers.[1] According to indigenous understanding, these songs have an effect on the patient. In vast parts, the use of the hallucinogenic brew *ayawaska* by the healers is also very common.[2] If that is the case, songs are usually performed after the ingestion of *ayawaska*. However, the use of *ayawaska* is not necessarily connected to, or considered necessary for, the efficacy of the healing songs.

The primary research question in this article is how this presumed "efficacy" of songs can be described and explained. Research on this topic has recently grown in diversity and quality, but usually concentrates on the therapeutic aspects of music as understood in a Western clinical setting (cf. KRONBERGER & BRANDES 2004, BALZER 2006). Few researchers try to relate music therapy to ethnomusicology (cf. TUCEK *et al*. 2007, FARESIN 2008). The main problem for such a lack of connection is that music is understood as an acoustic phenomenon that carries certain meanings in European therapeutic sessions. In many indigenous societies however, the mechanisms of song efficacy are related to spiritual entities within their emic perception of the world. In this paper, I seek to combine these approaches using ethnomusicology as a method to describe both the musical structures and the indigenous interpretations of therapeutic music. First, in section 2 and 3, I begin with an analysis of eight cases of indigenous medical treatments (*tratamientos*). In five of these cases, I seek to demonstrate that biomedical diagnosis and prescription can be compared to indigenous interpretation and treatment. These cases serve as examples for the wide range of problems that indigenous healers encounter in their practice. In addition, they demonstrate a number of different techniques used for healing purposes in the Peruvian Western Amazon. Then, section 4 will shed light on the structure and functions of specific songs by providing an ethnomusicological analysis. Moreover, this section will examine music perception and cognition, specifically with regard to emotions, such as suggestion or projection. Here, I seek to demonstrate that today's research instruments and empirical studies prove largely insufficient to fully explain the efficacy of healing songs. Nonetheless, in Peru, the indigenous healers insist that their songs are "doing something" and that they are in fact working to appease a patient's suffering. In section 5, I present an indigenous interpretation of the songs based on qualitative interviews with the healers. While this interpretation is wholly mine, the analysis of the indigenous narratives I collected in the field demonstrates an emic understanding of the healing songs. The healers underline that their healing practices are deeply connected to their own worldview, including an intense communication between humans and non-humans. Here, I base my analysis on the concept of indigenous perspectivism (VIVEIROS DE CASTRO 1997) according to which non-human agents are regarded as actively intervening entities. A comparison of a Western interpretation and the emic perspective concludes the article.

The research for this paper was conducted during five years in and around the fast-growing city of Pucallpa on the Ucayali River, a Peruvian tributary to the Amazon. The major ethnic group (*grupo étnico*) living around Pucallpa are the Pano-speaking Shipibo-Conibo.[3] All healers who participated in this study identify themselves as belonging to the Shipibo-Conibo society, as do three out of seven patients. Four other patients identify as having Peruvian mestizo or European background. The healing processes presented here were carried out in Yarinacocha, one of Pucallpa's main suburbs.[4] These cases were by far not the only ones I was able to attend in the field. I chose the cases presented here based on the following criteria: (i) that I could observe the whole process from a first consultation until the conclusion, (ii) that a description of the patient's problem was provided by both the patient and the healer (diagnosis), and (iii) that both patient and healer gave a statement regarding the efficacy of the treatment after concluding the process.

1.1 Shipibo-Conibo Medicine: A Few Definitions

Shipibo-Conibo language lacks any concept that could be translated as medicine in the Western biomedical sense. In fact, Shipibo-Conibo self-understanding implies many processes of transformation or manipulation in daily life, such as helping an artist to become more creative or correcting the social behavior of individuals (e.g. "curing" a son-in-law in order to have him obey his father-in-law). Healers are the primary ritual specialists who

perform these types of curing rituals. Generally, the techniques and the setting of a curing ceremony are quite similar to those who apply for treating health problems such as a headache, fractures or mental disorders. According to the Shipibo-Conibo, all of the treatments are considered medicine (*medicina*). Therefore, the Spanish word *medicina,* which was introduced by missionaries and colonists, has been re-interpreted in the Shipibo-Conibo language.[5]

The term *medicina* is an ambiguous term. First, it subsumes potential differences between biomedical and indigenous understandings of what medicine means in different contexts. The Shipibo-Conibo usually distinguish between *medicina occidental* (Western medicine) and *medicina tradicional* (traditional medicine). This distinction depends on context, rather than on the term that is actually used. As a single concept, *medicina* in language mostly refers to *medicina tradicional* and describes the healing methods applied by indigenous healers in the situations outlined above. Sometimes the Shipibo-Conibo term *nawan rao* (the stranger's remedy) is used for Western pharmaceutical healing techniques. The term *non rao* (our remedy) is used to denote plant preparations used in traditional medicine (*medicina tradicional)*. Second, medicine is understood by the Shipibo-Conibo as morally ambivalent. For example, when a healer applies "medicine" to a patient, s/he does it in order to heal a disease or improve the social situation of that particular patient. In the same vein, a sorcerer also applies "medicine." The sorcerer, however, applies medicine in order to do harm or create disease. *Curar* (to cure)[6] has a similar spectrum of meanings, ranging from "curing" somebody with the purpose of healing, to "curing" a person with the intention of harming or even killing a person. Similarly, the local terminology used to refer to curing or healing specialists is ambivalent. The Spanish term *médico*, which is often used by the Shipibo-Conibo, has two meanings in local parlance: a *médico* can be a *curandero* (healer), a *brujo* (sorcerer) or both.[7] It solely depends on the perspective of the person using the term whether *médico* means healer or sorcerer ("I am a *curandero* and my enemies are *brujos*"). Both terms can be used to refer to the same person.

Throughout this paper, I will use the English term "healer-sorcerers" to refer to the Shipibo-Conibo *médicos*. The male forms will be used here as more than 95% of the *médicos* I met are men. Women usually have equally important duties in Shipibo-Conibo medical practices, but are almost never involved as healer-sorcerers. Also, the term "medicine" will be used to refer to a re-interpreted understanding of medicine in the Shipibo-Conibo context. The term "treatment" will be used to translate the Spanish term *tratamiento* (treatment) used by the Shipibo-Conibo to refer to medical practices. "To cure" or "curing" also will be used in this sense. Overall, it is important to note that all of the terms carry ambivalent meanings, which is inherent to Shipibo-Conibo medicine and to the terms they use.

2. Case Studies

In this section, I am going to analyze eight different cases of medical treatments. Biomedical and indigenous interpretations of the patients' problems will be compared, as well as the duration, the methods and the outcome of the indigenous treatments. In the cases described here, nine different *médicos* (eight males and one female that is *Médica* C who works with her husband, *médico* B) treated seven different

Table 1. Cases; Healer-sorcerers; Patients; Details Regarding Patients

Case n°	*Médicos* code	Patients code	Age when treated	Sex	Ethnic self-identification	Mother language
1	A	T	26	f	indigenous	Shipibo-Conibo
2	B+C	U	27	m	Central European	German
3	D+E	V	65	m	indigenous	Shipibo-Conibo
4	F	W	52	m	Peruvian mestizo	Spanish
5	D+G+H	X	46	m	indigenous	Shipibo-Conibo
6	D+G	T+U	29, 29	couple	indigenous, Central-European	Shipibo-Conibo, German
7	D+I	Y	1	f	Peruvian mestizo	Spanish
8	D	Z	35	f	Peruvian mestizo	Spanish

Table 2. Cases; Symptoms

N°	Symptoms
1	Woman T felt strange prickling in her extremities, then in torso and neck on various occasions, mainly when "spiritual actions occurred". Slight mental disorder and fear to become mad.
2	Man U defecated about once a week while eating normally, without pains or flatulence. Later on showed signs of self-intoxication like dermatitis, boils, furuncles and physical debility.
3	Elder man V had diarrhea that could not be controlled by pharmaceutical treatment, neither Western nor emic. Could not eat, fever, massive weight loss, dehydration, dermatitis, died in the end.
4	Man W was carried home from his agricultural labor with both knees swollen. Terrible pain, could not move, was not able to walk, stand or sit, had to sleep in hammock. Light fever.
5	Man X had a slowly growing tumor on left shoulder, accompanied by increasing pain, later on unbearable pains in arm, back and head, tumor ca. 15 cm in diameter, fever attacks, eating was sometimes difficult.
6	Couple T+U started to stray outside of their home, felt distaste for their partner and neglected their children. Felt an unnatural cause for this. Independently, both already speculated about separation.
7	Female baby Y suffered from diarrhea and vomiting, sometimes very acute, sometimes less; however chronically, loss of weight, in acute phases would neither eat nor drink, physical debility.
8	Woman Z suffered from chronical (repeated) inflammation of ovaries and uterus. Later on showed symptoms of abnormal pregnancy, in the end mental stress and problems in her family (mad half-brother).

Table 3. Cases; Timetable

N°	Symptom aprox. start	Biomedical Treatment begin	Biomedical Treatment end	*Médico* consulted	Duration of *médico's* treatment	End of *médico's* treatment
1	1999	-	-	22-10-2001	5 months	18-02-2002
2	04-2001	07-2001	09-2001	05-02-2002	8 weeks	25-03-2002
3	07-2002	08-2002	22-10-2002	06-10-2002	4 weeks	02-11-2002
4	15-08-2003	-	-	18-08-2003	4 weeks	15-09-2003
5	10-2002	07-2004	28-10-2004	04-11-2004	5 months	18-03-2005
6	01-2005	-	-	10-02-2005	5 days	16-02-2005
7	08-2005	08-2005	25-11-2005	25-09-2005	2 months	27-11-2005
8	2004	2004	2005	25-11-2005	2 months	22-01-2006

patients with a great variety of problems. All healer-sorcerers were specialized *médicos*[8] who applied their song-based techniques on the patients. In each curing event, at least one healer-sorcerer ingested *ayawaska*.

I will discuss the observations in a sequence of tables. The case numbers from 1 to 8 refer to a chronological order, marked by the consultation of the *médicos* (see table 3).

Most healer-sorcerers prefer working in small groups to working alone. The main reason is that their performance is perilous (*peligroso*), as they describe it: healing a patient involves repelling the disorder's cause (see table 5), i.e. mainly actions by competing healer-sorcerers, who try to "fight" the healer in order to persuade him to leave the victim/patient alone.

Médico D appears in five of the cases, because he was one of the main informants regarding music. *Médicos* G, H and I are his elder brothers.

The patients are three women and four men of distinct origins from different age groups. Patient T

Médicos *D & G*

is my wife and U is myself. I included these cases because of the peculiar symptoms and indigenous interpretations they provide to complement the other cases.

The problems that the patients presented to their "doctors" were anything but easy to solve. In Western terms, Case 1 would probably be considered a psychological problem, Case 6 a social one (generally without any relation to an illness or disorder). Cases 2 and 8 could be considered chronic psychosomatic problems, or, more likely, they might be viewed as physiological defects, similar to Cases 3, 4, 5 and 7 (without regarding any social or psychological dimensions).

In and around Pucallpa, people usually consult a *médico* because they tend to believe that biomedicine is unable to solve their problems (cf. Montag 2008: 171ff.). Furthermore, they bring problems with them that are not considered as health problems in biomedicine, mainly relationship problems (like Case 6) or social disorders.[9]

The timetable depicts the duration of the different tasks, such as biomedical and Shipibo-Conibo *medicos'* treatments of the patients. The periods of suffering before consulting the healer-sorcerer exhibit remarkable differences between the patients. For example, in Case 1, the patient did not think that the problem was serious, and thus waited for approximately two years until seeking treatment. In Case 8, the affected woman never thought that her problem could be solved by an indigenous *médico*, so she was treated for about one and a half years in the city's public hospital without any lasting success, before her husband contacted the healer-sorcerer. Patient W in Case 4 met with *médico* F by chance, so the curing sessions could start on the third day of his acute illness. In Case 5, Patient X underwent Western medical treatment (chemo-

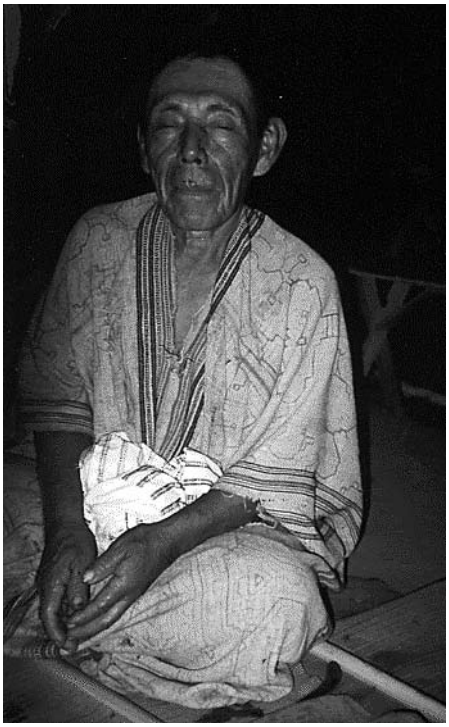
therapy) for almost four months. He then stopped chemotherapy early and consulted with three healer-sorcerers, *médicos* D, G and H. In Case 7 on the other hand, the baby Patient Y was treated simultaneously by bio-medically-trained physicians and by *médicos*. Astonishingly, when the pediatrician told the parents on 25-11-2005 that he could not find any anamnesis that would explain the symptoms and recommended to consult a specialist in a clinic of the capital, the *médicos* D and I found a cure for the baby in only one night (on 27-11-2005).

Table 4 shows details about biomedical treatments, if applied:

In five cases, at least one bio-medically trained doctor had been consulted and gave a diagnosis and treatment without being able to cure the disease. In Case 2, the doctor told me to drink a lot and take laxatives when I was really suffering from my problem but nothing else because no physical cause was detected.

In Case 3, anti-bacterial medication was prescribed by a Shipibo-Conibo semi-professional sanitarian whih, however did not help. Later, in a private biomedical clinic, analysis showed an amoebic dysentery, which of course could not be cured by anti-bacterial medication.

In Case 5, patient X was first in treatment with another healer-sorcerer for about half a year, but



Médico *F*

Table 4. Cases; Biomedical Aspects

N°	Diagnosis	Treatment	Duration	Evaluation	Price*
1	–	–	–	–	–
2	ostipation (cr.)	laxative teas	irregularly	helped a bit for symptoms	30
3	amoebic dysentery (ac.)	var. antibiotics, 3 days in private clinic	approx. 3 months	never worked by any means, med. doctors clueless	550
4	–	–	–	–	–
5	lymphoma non-Hodgkin	chemotherapy in specialized clinic in Lima	approx. 3 months	did not work quickly, patient feared to die and aborted	1900
6	–	–	–	–	–
7	parasitosis (ac.), ?	var. antibiotics, lombricides, etc.	approx. 3 months	killed parasites, then did not work, med. doctors clueless	170
8	ovary inflam-mation (cr.)	var. antibiotics, repeated treatments	approx. 1 ½ years	worked well on symptoms which however returned repeatedly thereafter	n/a

* The prices (as in table 6) in Euro are calculated with an average exchange rate of 3,9 Peruvian Nuevo Soles for 1 Euro. They are estimated, and a proximity range of +/-15% should be considered reasonable.

came to believe that this *médico* cheated on him. Subsequently, the patient looked for economic resources so that he would be able to go to Lima. In Lima, he underwent very expensive chemotherapy. During this therapy he could neither eat nor drink. The patient feared to die from pain. He finally went back to Pucallpa to consult with other healer-sorcerers, *médicos* D, H and I. They also charged a high price (see below), because they knew that he still had access to economic resources from a private institution.

The explanations the healer-sorcerers provided are more than contrary to the Western concepts described above. For every disorder, there is an appropriate term in their language, which is evidence of a fairly complex system. Their detailed explanations offer further insights: the disorder is always connected with a direct cause, mainly an evil *brujo* or people with the declared purpose of damaging the patient. The eight cases have very distinct but concisely explained causes. In Case 3 destructive powers of certain plant entities were summoned, while in Case 4 an animal is blamed for the syndrome. Case 7 shows one of the very few "natural" causes in Shipibo-Conibo comprehension: the baby suffered a shock (*raté*), a very common etiology in South American indigenous concepts (Sp. *susto*). It means that the baby loses a part of her soul because of the shock, which the *médico* retrieves. The present case, however, was different, because a common *susto* can be cured very easily by an experienced healer-sorcerer. Probably, there had been additional causes, only hinted at vaguely by the *médicos*.

In the column called "Treatment code" in table 6, we observe that the available curing techniques consist of singing songs (S, *bewá*), blowing smoke or perfumes (B, *koxonti*), massages (M, *xeyóti*), oral sucking (O, *oyoti*), plant preparations externally applied (E, *raonti/nashiti*) or ingested (I, *raonti/xeati*), diets (D, *samá*) and spoken prayers (P, *oranti*

Table 5. Cases; Indigenous Interpretations

N°	"Diagnosis"*	Explanation
1	koshoshka xenin akana (*raonkana*)	A man applied river dolphin's oil (*koshoshka xeni*) on patient's vagina to make her desire him. Patient then should become insane and would probably die.
2	chipoko nexanaankana (*bewákana*)	A *brujo* "bound" patient's anus (*chipoko*), so he should intoxicate himself to die slowly. Probable motive: to pass patient's wife on to *brujo*'s son.
3	*xono meran chopa niakana* (*raonkana*)	A jealous woman soaked patient's underwear in a liquid with *pora* plant extract and buried it under a *xono* tree, so patient should die rotting slowly from the inside.
4	neinonin yotoa (*yotoa*)	A nutria (*neino*) sent magic darts (*yobé*) into patient's knees. Probable motive: he worked in the nutria's territory cutting trees and planting crops.
5	yobekan yotoa (*yotoa*)	A *brujo* sent magic darts (*yobé*) into patient's shoulder to make him die slowly. Probable motive: revenge or sheer envy.
6	pechinkana (*boman*)	Somebody paid a *brujo* to plant "cemetery magic" in the patients' house, thus urging them to separate permanently, forgetting their children. Motive: envy.
7	rateta (*raté, yotoa*?, *boman*?)	The baby had got a shock (*raté*) and probably was attacked by a *brujo* for revenge against the baby's parents who had survived his very attack.
8	wiso majia (= black magic)	Probably patient's mad half-brother (a "reversed" ex-healer) planted a black magic creature in the patient's uterus. Motive: probably sheer madness.

* The terms in parenthesis should help in categorization, explained in section 5.

Table 6. Cases; Indigenous Treatments

N°	*Médico(s)* code	Treatment code S-B-M-O-E-I-D-P	Approx. frequency of curing sessions	Duration	Price
1	A	S-B-M-x-x-x-x-x	about 1 night per month	5 months	-
2	B+C	S-B-M-O-E-I-D-x	once a week, then 2 weeks of diet	8 weeks	40
3	D+E	S-B-M-x-E-I-x-x	about twice a week	4 weeks	80
4	F	S-B-M-x-E-x-x-x	3 times in 1 week, then 4 more sessions	4 weeks	18
5	D+G+H	S-B-M-O-E-I-D-x	4 sessions, then 3 months of diet	5 months	600
6	D+G	S-B-x-x-x-x-x-x	every second night (= 3 sessions)	5 days	165
7	D+I	S-B-M-x-x-I-x-P	about 3 nights every 3 weeks	2 months	80
8	D	S-B-M-x-x-I-D-x	3 times every 3 weeks, one month of diet	2 months	120

from Sp. *orar*). Yet, we noticed that no treatment actually involved the application of all techniques mentioned. In Cases 2 and 5 all techniques except for the prayer were used. Songs and blowing were always applied during a curing session.

As can be seen in table 6, the duration of the treatments can be fairly long, especially if "diets" are applied. A diet (*samá*, Sp. *dieta*) means a time of alimentary and social (especially sexual) restrictions that the healer-sorcerer "prescribes" to a patient (usually when plant applications are used). A diet may extend from half a day to up to several months.

Some treatments show effect on the patient's health within a relatively short period of time. However, since our observation includes only "serious" problems only, the duration of a treatment is usually long; the shortest treatment we observed is Case 6, lasting only five days. The longest treatment was Case 1 (along with Case 5), which lasted five months. This is not surprising in view of the low frequency of sessions.

Table 7. Cases; Evaluation of **Médicos´** *Treatments*

N°	The patients say:	The *médicos* say:	I say:*
1	Got significantly better, but not healed; sensations return sometimes.	Could not perform a necessary second treatment, but the main threat was eliminated.	70%
2	Got completely healed.	Very abbreviated treatment, but fine.	100%
3	[died]	Family members could not find patient's hidden underwear to be rescued.	0%
4	Got completely healed.	Healed completely (twice: the first success was undone by the nutria again).	100%
5	Got better, did not hurt anymore, tumor growth reduced.	Concluded indigenous treatment but the tumor has to be operated in hospital now.	40%
6	After one night happy again.	Cleared the bad magic completely and sent it back to its origin (*brujo*).	100%
7	Baby's father: at last healed instantly, like a miracle.	Got completely healed.	100%
8	All the symptoms were cured, psychological problems got better.	Cured completely but the mad *brujo* still is free and dangerous.	100%
total			76,25%

* In the efficiency rating I did not include any metaphysical aspects, e.g. that a human's death (Case 3) may not necessarily mean the absence of healing success. The rating shows what happened to the symptoms, which in Case 3 were fatal.

Curing sessions can be undertaken any time during the day, regardless of the technique used. However, a session including *ayawaska* ingestion has to be performed at night and lasts for about two to eight hours.

The evaluation percentage I calculated resumes efficiency, including both given statements plus my observation, e.g. if there were symptoms still lingering on or not. The overall efficiency rating for the observed cases is 76,25%.

3. Methods and Techniques

In the observed cases, only the treatments in Case 1 and Case 6 were performed without applying any physical techniques such as massages or the administration of plant preparations. These are the cases we mentioned earlier as cases involving "psychological" or "social" problems (when seen from a Western perspective).

Songs seem to be of outstanding importance or build a kind of foundation for further techniques. Songs were used extensively, performed solo or in a group (in unison or in polyphony), sometimes under the influence of the hallucinogenic drug *ayawaska* during night-time. Along with tobacco smoke or perfumes that were applied to a patient, only songs were used during *every* treatment. Indeed, the blowing of smoke or perfume over the patient's body is closely connected to the songs because it always includes a prior "charging" (*koxonti*) of the cigarette, pipe or perfume bottle with one or more songs, or at least a whistled melody. Therefore, the object is held close to the mouth while the song or melody is produced (for about one minute up to two hours of "en-chanting" it). Then, the blowing can start and will "take effect".

Massages (*xeyóti*) are also used frequently. Besides being used by healer-sorcerers, for example, pregnant women receive massages from *bake biti onan yoxan* (midwifes). Fractures and other skeletal or muscular problems (*tobí*) are treated by *tobí akai* (massage specialists). Many physical symptoms are viewed as *matsi jikiax* (coldness entered), such as rheumatism, for example. These can be treated without consulting a healer-sorcerer. It seems that this manual technique represents a basic element of many treatments. It is the only technique, besides the spoken prayer, that does not necessarily implicate musical performance.

Oral sucking techniques are performed in curing contexts in many societies around the globe. During our study, sucking was applied twice: in Case 2 (on me) and in Case 5 (the tumor patient X). The latter was quite spectacular: the responsible *médico* H is a *yobé* (sucking specialist). He first had to activate his *kenyon*, a slimy substance contained within his chest. Usually this is achieved by ‚charging' (*koxonti*) a pipe, cigarette or tobacco juice with a song or whistled melody before the tobacco smoke or essence is swallowed and the *kenyon* is thrown up, remaining in the *yobé´*s mouth. For Case 5, he sucked intensely on the ill part of the patient's body, where an intrusion of a magical object was suspected. Many sucking specialists do not show the materials that they retrieve from a patient's body. After sucking, they tend to leave quickly and vomit outside. This was the case in Case 2. In Case 6, however, *yobé* H threw up before the patient and anybody present at the curing session. He showed the objects he extracted from the patient's body by sucking. Among others, he produced a tiny piece of the *mokapari* plant's root, an object like a monkey's tooth and a living (!), worm-like snake he called *kapókiri*, which was about ten centimeters long.

Plant preparations, usually combining various species, are applied externally (in bathes, plasters or lotions) or internally by ingestion (teas, brews or tinctures). We observed the application of plant preparations in six cases. However, the concept of plant usage is not a pharmaceutical concept. In fact, many plant preparations used here did not contain any detectable active components (cf. Tournon et al. 1998).[10]

In our study, plants were applied only because the healer-sorcerers attributed certain powers to the plants' *yoshin* (cf. Illius 1987). *Yoshin* refers to the "human" persons who are considered being the animating instance in the local flora and fauna as well as certain aspects of the landscape (rivers, lakes, mountains, etc.). Their "human" nature is explained by Viveiros de Castro (1997: 100f). Several objects like *inkanto*-stones and even the healer-sorcerers themselves are perceived as *yoshin*, too. All of these elements are viewed as being at the same time "spiritual entities", *yoshin* (in the case of flora and fauna, there is one entity for one species, as categorized in Shipibo-Conibo emic taxonomy). Most of them are regarded as useless, but some of them, especially plants, are considered *rao* (remedies),

equipped with remarkable transformative powers (cf. LeClerc 2003: 49-60).

Plants are applied by healer-sorcerers because of their *yoshin´*s properties. Before applying a plant preparation to a patient's body, the respective preparation is "charged"—as are the objects used for blowing and sucking—with a song or whistled melody by the healer-sorcerer. Thanks to the song, the *médico* achieves a kind of "instructive summoning" for this specific *yoshin*. Thus the *yoshin* may help in the transformative process by transmitting its corresponding properties to the patient.

The features or attributes of plant *yoshin* are secret in a way, since their comprehension is tied to the non-verbal training that the healer-sorcerers undergo during the several years of their apprenticeship. However, some more popular or powerful plants are also used in "folk medicine" without a healer-sorcerer's guidance.

Diets are a substantial part of Shipibo-Conibo life and any transformative processes. Most *rao* (plant remedies) require diets, as do also the healer-sorcerer‘s apprenticeship and sometimes the reception of treatments even without plant application. Major diets were "prescribed" in three cases (Cases 2, 5 and 8). In two cases, a diet "prescription" was obsolete (in Case 3, as the patient did not eat nor have sex because of his deteriorating condition, and in the baby's Case 7). Hence, in five cases, diets were practically applied—these are the same for cases that included plant usage, except Case 4: the *médico* did not explicitly order a diet, but the patient followed a "bit of a diet" on his own anyway.

In the observed cases, a spoken prayer was only used once: in Case 7, *médico* I, who defines himself as "retired", spoke a prayer. He told the parents in the morning of November 28 that during nighttime he had prayed for the baby who from that day on was healthy. He was not willing to provide more detail.

The prayer is very unusual in Shipibo-Conibo treatments, as spoken words with magic activity, called *boman*, are considered specifically dangerous and evil. Although all trained healer-sorcerers do *have* the *boman* skill, only the "bad ones" are supposed to use it.[11]

Mestizo and Quechua migrants introduced healer-sorcerers with a syncretistic treatment style to the Ucayali. They call themselves *oracionistas* or *espiritistas*. In their curing sessions they make extensive use of spoken prayers (*oraciónes*, taken from Christian mysticism, for instance from the popular prayer book of *San Cipriano*). These *oracionistas* are perceived as dangerous by the Shipibo-Conibo. This is also a reason, besides the *boman* skill, why spoken prayers are seldom used by Shipibo-Conibo healer-sorcerers.

4. The Songs

Any Shipibo-Conibo healer-sorcerer sings or whistles during a curing session. If two or more *médicos* work simultaneously, they usually also sing at the same time. This may happen in the way that one is considered leader and the other(s) accompany him in unison. Otherwise, the *médicos* sing different songs at the same time with different lyrics and mostly in varying tempi. Therefore, they produce a shifting polyphonic sound. Which option is chosen mainly depends on the singers' preferences. For example, *médico* D usually performed in a polyphonic style together with his brother *médico* G. They also performed in unison on a few occasions. Polyphonic singing was applied in Cases 2, 3, 5 and 6, while the unison style was observed but never dominated the treatment style (although it dominated many sessions I could observe, which are not included in this case study).

4.1 Ethnomusicological Analysis

Each song can be described as one "unit" that may be applied in isolation, in sequence with other songs, or in polyphony with one or more songs by other singers. Melodies are not necessarily connected to a specific topic or theme in the lyrics: the same melody may be reproduced in a completely different situation with new lyrics—by every *médico* in his own way. For example, *médico* G often uses the same melody with apparently congruent lyrics for opening a session, as did *médico* A. *médico* D, on the other hand, sings his songs in different combinations. Usually healer-sorcerers do not share the same melodies, each one performs in his own compositional/improvisational style. Close relatives or a teacher-student-couple might apply the same melody. For example, *médicos* D and G are brothers and use a few similar melodies but still differ in terms of the stylistic features they deploy.

In the Shipibo-Conibo musical tradition, songs are formally categorized by three emic terms: (i)

mashá, which are round-dance songs, mainly performed at drinking feasts, (ii) *shiro bewá*, which are line-dance songs, also performed at feasts, sometimes in a statement-answer mode (*kopiananti*) by two opposed groups of singers, and (iii) *bewá*, performed individually or by small groups, for any occasion.

In curing sessions, whether they involve the use of *ayawaska* or not, songs with equivalent formal characteristics are used, but without dance or other ritualized physical movements. Primarily *mashá* and *bewá* are sung during curing sessions. This depends on the individual singer. Two further categories appear in this context: *ikaro* (a loanword from Kukama, a neighbor indigenous language: *ikara*, "song", or *ikarutsu*, "to sing"), usually shows similarities to Kukama or even Quechua singing style, and *warmikara* (composite of Quechua: *warmi*, "woman" and *ikara*), which are songs to attract women (or men) and to bind people together through the application of love magic. *Warmikara* often show characteristics of the Andean *huayno*.[12]

Shipibo songs consist in general of sequences similar to stanzas or verses in occidental music. These sequences show higher-pitched phrases in the beginning, then lead downwards and close with a relatively low-pitched phrase with less melodic movement, often repeating some of the melodic features that were used in the higher-pitched phrases. Such sequences are then repeated as often as necessary to form one song.

Curing songs usually are more complex than non-curing-related songs with regard to the structure of the sequence. For instance, in a *bewá* in a festivity context, usually three to six phrases constitute one sequence while in a curing *bewá,* there may be up to twenty phrases to form one sequence. Especially songs performed in *ayawaska* sessions tend to increase in complexity, which might also be due to the singers' extraordinary state of consciousness.[13]

Under the influence of *ayawaska*, most singers also tend to perform in a very high-pitched falsetto voice. This is perceived by Shipibo-Conibo as a sign that the singer is in contact with powerful *yoshin*. Shanon (2002: 219) states that in many Amazonian cultures, singing under the influence of *ayawaska* is often performed at a high pitch, sometimes at a pitch a "sober" singer would be unable to reach.

Ayawaska songs can be very long. While Shipibo-Conibo songs in other contexts and curing songs performed without the ingestion of *ayawaska* last for approximately six minutes at maximum, these songs may last for up to one hour. High complexity, pitch and duration are their significant musical features.

Polyphonic pieces sung under *ayawaska* influence are performed without any dissonance. Although many songs are fairly complex in terms of the applied tonal range, most of them are based upon tritonic or pentatonic scales. Thus, "harmonically", most songs can be perceived as consonant when the singers start in related pitches. The rhythms are more complex because singers may individually accelerate or slow their performance tempi. This leads to complex rhythmic relations. Usually, they cling together in perception, because they keep within a very fast elementary pulsation (cf. Kubik 1988: 71-5). In their lyrics, the healer-sorcerers sometimes refer to each other, for instance, one might be imitating phrases another just mentioned before.

4.2 Functions and Effects

The key question arises: in what ways and to which extent do the songs contribute to healing, or more generally, to a permanent transformation in the patient's psychophysical condition?

We can analyze the effect a song may have on its listener/patient in a set of categories or dependent variables, each of them opening many options for further research on the subject:

a) Aesthetic perception of the acoustic phenomenon,

b) Emotional perception and peak experiences,

c) Suggestive elements within the semantics of the lyrics,

d) Associations with loanwords in the lyrics,

e) Extra-musical parameters and contextual projections,

f) Interaction with additional techniques,

g) Indigenous explanation (see section 5).

a) Aesthetic Perceptions of the Acoustic Phenomenon

From a cross-cultural perspective, many criteria are readily acknowledged: this is to say, anybody might "hear" if a song consists of clearly pronounced words in a strong or high-pitched voice. Anybody could hear if the sequences are repeated in a con-

sistent cycle. All these aspects are included in the aesthetic judgment of the Shipibo-Conibo.

The perception of the acoustic phenomenon is usually "positive", meaning that people "like it." The high complexity, clear voice, and descending phrase structure within the sequences are easily associated with an aesthetic peak, especially in polyphonic passages, where the level of complexity is raised significantly.

However, positive aesthetic perception is not always intended, as the singer may for instance modulate his *timbre* in falsetto passages to a nasal tone. Likewise, quick staccato accents and a thriving pulse, sometimes even roughness (performed through throat-singing in very short, repetitive passages in a low-register voice) may be associated with a different experience, which is usually considered negative. Styles like these are mostly applied when intending to scare off evil things or to redirect damage to its original causer (see below).

In Shipibo-Conibo terminology, there is a precise way to judge the quality of healing songs by the acoustic phenomenon *per se*. Emic aesthetic categories are applied, for example as mentioned above, the higher the performed pitch, the more powerful the singer's spiritual allies are supposed to be:

wirish (adj.): "thin", high-pitched, clear falsetto voice,

koshi (adj.): "powerful", referring to the voice and/or assumed effectiveness in healing,

makei (v.i.): "to make it sound", consistency of voice and pronunciation,

mépini (v.t.): "to put into its place", consistency of phrases, sequences and lyrics,

manei (v.i.): "to maintain", to sing without breaks or errors while the song lasts,

onan (adj.): "with knowledge", to use culturally substantial metaphors in a correct way.

It is considered crucial that the singer does not falter or stutter. He has to maintain a clear pronunciation and an understandable sense in his lyrics sequence, although he may or should use the *onan* feature excessively—therefore, in many cases, even Shipibo-Conibo native speakers do not always understand the *meaning* of the sentences. If most of the aesthetic categories mentioned above are used correctly, then the song might be considered *mocha*. *Mocha* (adj.) is a term not translatable into any European language, because it denotes explicitly the transformative power of the sung word. A *mocha* song is considered as a culmination of Shipibo-Conibo emic aesthetics (and healing power). Historically, *mocha* songs were performed during an eclipse to "heal" the sun or the moon. Thus, it could be viewed as a synonym for the ultimate transformative power. In human healing context *mocha* songs may therefore be applied in special situations.[14] *Médico* I allowed me to record a few of his *mocha* songs for demonstration purposes. Their music resembles most aesthetic characteristics and their lyrics are highly esoteric, featuring synaesthesia. For example, see the following excerpt (repetitions of the same text line are given in parentheses):

joi nakewe	[singing] the word with designs (*kewé*) applied on its interior,
mocha joi nakewe (2x)	the *mocha* word with designs applied on its interior,
inin jakon jakonya	with [its] delicious aroma,
kanoai beira	[we are] coming, constructing the way (*kano*),
noara jain beai	[from] there we are coming,
nete xamaokea (3x)	from the world's culmination on the other side.[15]

According to the patients who are familiar with Shipibo-Conibo beliefs, highly aesthetic songs raise the faith of the patient that s/he is treated by a very powerful healer-sorcerer who directs equally powerful spiritual entities through the process.

b) Emotional Perception and Peak Experiences

The formal characteristics of the songs, such as pitch rate, voice timbre, rhythmic fractioning and tempi, are supposed to induce emotions in the listener, which may be cross-culturally congruent as observed by BALKWILL and THOMPSON (1999) for the case of Indian Raga music.

John SLOBODA (1991: 120) presents experimental data which partially "links emotional responses to various classes of creation and violation of expectancy or implication within musical structures." Although this author remains skeptical about such a connection in cross-cultural settings, he confirms that „the emotional response to a piece of music can grow during repeated exposure to the same piece […]." (SLOBODA 1991: 119). Given that in nightly curing sessions the listeners/patients are exposed to certain songs during hours, often repeatedly, I suggest that this exposure contributes to a learning process regarding culturally determined emotional responses. In this study, emotional responses as

explained by the patients in most cases were very similar to the intentions of the singers as declared by those. For example, when a singer intended "to scare evil away", he used staccato phrases and roughness, which then was experienced by the listeners as "threatening". Although more testing will have to be done to confirm such observations, I suggest that the singers are aware of "creation and violation of expectancy" and often use corresponding musical features and surprising changes.

In many occasions, patients and listeners told me that they perceived a "directedness" of the songs towards a person. In the nightly sessions, it is completely dark and stereophonic listening reveals the position of the sound's source. By listening, one may also guess into which direction the singer looks, thus indicating the song's "direction". Feeling this "directedness" towards oneself, the perception is usually sharpened, as many patients confirmed.

Gabrielsson (1991) shows that intense exposure to music is able to trigger a "peak experience". The phenomenology of "peak experience" as described by this author overlaps significantly with the phenomenology of the "Außergewöhnliche Bewußtseinszustände" (extraordinary states of consciousness) of Dittrich & Scharfetter (1987: 38-40). In the context of Shipibo-Conibo curing sessions, the healer-sorcerers who drink *ayawaska* enter such an extraordinary state of consciousness with "pharmaceutical etiology" (Dittrich and Scharfetter 1987: 8). Sometimes the patient(s) may also ingest the brew and feel certain effects from it (this was the case in Cases 5 and 6).

Occurrences of an extraordinary state of consciousness in patients who do not participate in drinking *ayawaska* suggest concepts of "contact-high" or "transmission". Eventually, all the patients said that during the sessions, they felt states of dreaminess, physical debility and sometimes even perceived faint visions, thus correlating with Gabrielsson's (1991: 24) phenomenology of "peak experience".

In the Shipibo-Conibo language exists the term *bewan tsakata* (pierced by the song). As Shipibo self-understanding takes this effect as granted and natural, local indigenous people do not have any difficulties in explaining it. Many patients hold a diet until next day's noon in order to not disturb the song that "pierced" them.

c) Suggestive Elements Within the Semantics of the Lyrics

The lyrics of a curing song depend on the singing individual. Usually the singer seems to improvise because the lyrics often refer to the current situation. (cf. Illius 1987: 300-25 and Tournon 1991: 184-200). Important features of the lyrics are:

- to call upon (summon) spiritual entities (*yoshin*),
- to describe how the patient gets cured, cleansed, reconstructed, etc.,
- to mention positive cultural significandi (*onanti*),
- to explain causes or origins of the patient's problem,
- to drive away malign forces (often describing or naming them).

For example, see the following excerpt (Spanish loanwords are printed in non-italic characters):

jaton libro*yabi*	with their book [of black magic],
jaton cadena*bora*	[with] their chains,
xao cadena*bora (2x)*	their chains of bones,
pishaaketana	having cast them away,
tsinkiaketanbanon (3x)	we will summon them all together,
jawen niwe torno	[in spite of] his [mighty] whirlwind,
pishapishabainkin	we go on, casting it away,
chorochorobainkin (3x)	we go on, loosening its ties,
yoshin maweakekin	we have got together all the demons (*yoshin*),
maweaketana	[and as] we have got them all around us,
tsinkiaketanbanon (2x)	we will summon them together.[16]

A healer-sorcerer may explain in a very illustrative way what he is doing. In many cases, especially *médico* G relates details about the origin and the nature of the patient's problem. For example, he tends to quote a patient's dreams or thoughts, or to talk about countering witchcraft and reflecting it back to its origin.

Subsequently, the patient is told that the problem is taken care of. Furthermore, the original culprit will become the victim in the end. If the patient understands the text, s/he will quickly be aware that the problem is handled by the spiritual allies of the healer-sorcerer. These days (the Christian) God is usually considered the most powerful ally, and is mentioned by many *médicos* (cf. Illius 1987, Gebhart-Sayer 1987: 25ff).

This understanding leads towards a socio-cultural process of identification, which frees the patient of many responsibilities around his/her problem. In-

voking spiritual allies helps the patient to have faith in the *médico* and the curing process.

Yet, the lyrics are important for the singer's experience of the healing session. For example:

nai nete bitaanan	after receiving the heaven's [or sky's] light (*nete*),
kepenaketaananra	after it had been opened,
kepenaketaananronki	after it had been opened, so it is told,
rios*ki mepinxon*	towards God (*rios*) it [the *shinan*] shall be arranged (*mepinti*),
nokon shinan mepinxon	putting my mental power (*shinan*) in its place,
ani joe meranbi	amidst the great light,
yakatai raenanke	sitting together as we had come here,
enronki choroban	I, so it is told, will unfasten [the illness].[17]

Here, *médico* D addresses himself. He prepares the healing situation, calling upon his spiritual allies. However, in his songs similar passages frequently appear like "inserts". He pointed out that he "prepared" himself before curing and "reminded" himself during the process with phrases like the ones in the excerpt mentioned. Especially when feeling an enemy's attack or when experiencing confusion (*tsokas*), he said that he regained control with phrases like these.

The suffix *-ronki*, applied twice in this example, appears very often in medical songs. It is a narrative marker that indicates that the healer's work is guided by higher forces. "I, so it is told, will unfasten the illness." makes the singer part of a (mythical) narration (ILLIUS 1999: 246).

In general, the lyrics may address the singer himself, the spiritual entities he is communicating with, or the patient. The patient mostly is referred to in the third person, although sometimes also directly in the second person. The lyrics' direction changes quite frequently and sometimes remains unclear. Presumably, the patient should know (if s/he can understand the text) that during the singing performance, higher and mightier entities (as in the above example, God Himself) are in charge of his well-being. Surely, the *singer* must not forget this and must not get confused.

d) Associations with Loanwords in the Lyrics

The lyrics play an important role during the curing session. This is surprising, because patients from distinct cultural origins usually cannot understand the lyrics. However, as was shown above, healing efficiency does not correlate significantly with the patient's comprehension of the lyrics (as many treatments that were judged "efficient" were performed for mestizos or foreigners). Any patient who does not understand the Shipibo-Conibo language may recognize some loanwords from Spanish. I went through this process myself. Shipibo-Conibo *médicos* use loanwords mainly as substitutions—because their native language is lacking terms like (transcribed in Shipibo-Conibo pronunciation):

Rios rokotoro*bo*	God[-like] doctors
Rios*en* anjiri*bo*	God's angels
jawen simintirio	his/its graveyard
ani jortona*bo*	big fortunes

(see also the examples in the previous sub-section for a sequence of loanwords)

The mechanism is the same as in the previous sub-section *c)*. Usually, the slightly different pronunciation of the Spanish terms is intelligible. This means that any person who understands Spanish may get some "hints" about what is going on, especially if s/he is familiar with the regional Spanish vocabulary.

e) Extra-musical Parameters and Contextual Projections

The contextual setting subsumes: the patient is aware of his situation. This awareness consists of his confidence in the healer-sorcerer and the spiritual allies taking care of certain responsibilities. The certain (usually minimum) ritual structure of the sessions adds to this effect.

Faith and expectation are key elements. It is commonly known that in any healing process in any society, a patient trusting in his/her healer or his/her treatment often has a higher chance to be healed. For this reason, I only briefly mention this aspect.

f) Interaction with Additional Techniques

Techniques applied in the context that can be considered "physically transforming" are: massages (treatment code M in table 6), external or internal application of plant preparations (E, I) and diets (D). However, in Shipibo-Conibo curing sessions, only the manual massage technique is independent of musical performance. As shown above, plant

preparations and diets undergo a "musical introduction" on the subject.

In this study, we observed cases with significant "physical transformation" (Cases 2, 4, 5, 7 and 8), especially when at least two of the physically-oriented techniques were applied.

This leads to offer a preliminary conclusion: music is useful and able to manipulate certain psychological, psychosocial, and religious aspects of a person, while manual, pharmaceutical and dietary techniques are able to manipulate the patient's physical condition. However, if we would go with this conclusion, we would limit ourselves in the analysis. In the study, I have described a holistic healing method that involves not only body and mind, but also cultural and natural aspects as well as spiritual entities. All of these elements are in fact constituting, transforming, and affecting various aspects of human health.

5. Shipibo-Conibo Medicine: an Indigenous Explanation

Because of the complex relationships of body and mind, culture, nature and spiritual entities within the Shipibo-Conibo understanding of human health, I will undertake an attempt to subsume what I call an "indigenous explanation" of these relationships. In the Shipibo-Conibo language, the term *kikin* (correct) and the suffix *-kon* (indicating correctness) are used extensively when discussing curing matters. Illius translates these terms as follows: "quiquin (quechua) richtig, wirklich, authentisch". (Illius 1987: 235) and „-con *MOD* wirklich, genau, echt, sehr gut" (ibid: 207). These terms of "correctness" or cultural conformity are used by Shipibo-Conibo individuals in a way that suggests absolute categories. Therefore, I would insist on the fact that indigenous explanations on the subject underwent many transformations and alterations during history and depend also on the individual. In the way an "indigenous explanation" is depicted here, it is not meant to appear "complete" or "absolute" by any means. I am going to use the term "correct" in the sense as it is applied by the Shipibo-Conibo.

What follows is based upon long-term ethnographic research and qualitative interviews with indigenous people, especially with the *médicos* A, D and I. I have translated, interpreted and summarized their statements. The categories and sub-titles, I have introduced in order to make the text more readable. They do not exactly replicate an emic categorization. However, this summary intends to explain the terms and methods as faithfully as possible in respect of the understanding of the Shipibo-Conibo healer-sorcerers I have been working with.

5.1 Concepts

a) A Phenomenology of Health

A Shipibo-Conibo human being is considered healthy when s/he is not suffering from pain or nausea. A man should be a good hunter and fisherman (*mecha*) who likes working (*rayá*), knows how to produce items such as houses, tools, etc, (*onan*) correctly, and is respected in society. A woman shall work quickly and efficiently (*meyá*) and be *onan* (in their case producing fine artwork like ceramics and textiles) and be at good terms with the extended family. Correct alimentation (*pitikon*) is a valid criterion for both genders, as are artistry (*mení*) and immaterial aspects of *onan* (i.e. knowing at least some songs and being able to perform them in an aesthetically satisfying way). One is also expected to have some basic knowledge about *rao* plants, their preparation, and application.

An object has to be "healthy", too. For instance, tools, houses, canoes, etc. can also "suffer" from different etiologies and have to be maintained "healthy" by being "cured" in order to continue to work properly.

b) The Patterns kené

Most Shipibo-Conibo artifacts like clothes, houses, tools, gear, etc. are covered with visible patterns (*kené*, or *kewé*), and for festivities, the Shipibo are supposed to paint their face, hands and feet with *kené* patterns. Good (*jakon*) or correct (*kikin*) patterns excel in double symmetry and often in self-similarity in different scales. *Kené* are painted or embroidered by women and carved on wooden objects by men.

Beyond those intentionally designed and produced as "publicly visible" patterns, any "healthy" subject or object can be perceived in the eye of an expert as covered with the "publicly invisible" correct *kené*. If that is the case, human beings expose "body patterns" (*yora kené*) in correct proportions.

Distorted patterns indicate disorder (see ILLIUS 1987 and LECLERC 2003).

5.2 Transformations

c) The Diet samá

To achieve and maintain this condition of what is considered correct living and being healthy in Shipibo-Conibo society, people have "to diet" (*samatai*, Sp. *dietar*) on certain occasions. As mentioned above, social and dietary restrictions must be respected, usually after applying a *rao* preparation (cf. LECLERC 2003: 133-185). While dieting—i.e. applying the *rao*—, the human being is at the same time very vulnerable in his "spiritual aspect" to any disturbances or attacks, but, on the other hand, also wide open for the *rao'*s *yoshin* (spiritual entity).

Usually children and toddlers are already cured with *rao*, and anybody may diet as much as one likes during one's lifetime. When the diet is being done correctly, the *yoshin* will make it possible for the "dieter" to live thereafter in a more correct way. Many men diet to be good hunters or fishermen and women most commonly diet to become good artists. Preparation in pregnancy is accompanied by diets, and football players may cure their legs and diet to be good goal-getters. The diet (*samá*) is an overall concept of "correcting".

Before any diet, it is highly recommended to have a friendly healer-sorcerer "charging" the preparation with his song before using it. In most cases when a powerful *yoshin* is considered the animating force behind the diet, that *yoshin* should be "instructed" by a specialist. The specialist sings or whistles for this purpose, because spoken words would mainly be understood by "evil" (*jakoma*) entities (see the *boman* concept discussed in section 4: that is, *speaking* to an object like a cigar or plant preparation and then handing it over to be used by a patient is highly suspicious). However, some entities are "publicly accessible" and their manifestation (plant preparation, etc.) may be used by anyone.

Through any diet that one undergoes for being better off in life, like e.g., the football player, or for curing a disorder, the dieter also may learn more about the interconnectedness of human beings with nature. Special plants (*onamati rao*) that are regarded "teachers" for becoming a healer-sorcerer also can "be dieted" by anyone who so wishes.

A healer-sorcerer learns his duty in a long series of diets, instructed by a (human) teacher or on his own. He ingests certain "teacher" plants or uses them in baths. Then he retreats into the woods for months or even years, where he only eats minimal amounts of small fish and grilled green bananas and only drinks water. In this way, he converts himself into a plant-like being which is able to communicate with the *yoshin* in dreams and visions. From the *yoshin*—i.e. his "plant teachers"—he obtains knowledge about curing techniques, including songs, and may also receive spiritual paraphernalia (*inkanto*, *arokana*, etc; see LECLERC 2003: 144ff.).

A proper healer-sorcerer should undergo at least four years of overall diet time before officially practicing specialized curing—which means to survive on the battlefield of competing *médicos*. After sufficient dieting, the healer-sorcerer can contact the *yoshin* and even transform himself into one at will (in case of the *meraya*). Transformations into animals or other beings also become possible then.

A healer-sorcerer's power, however, will diminish with many treatments and dangers he lives through. Therefore he should always go on dieting, the more the better. Any action that damages his diet, like having sex, eating meat, drinking alcohol, etc., will lower his power little by little, so if he does not diet again later on, he will be overthrown one day, left by his allies, or even may turn into a mere sorcerer (*brujo*) because *brujo*'s actions do not require high diet power. In the same way, the "skill power" of e.g. a good artist or football player may diminish and s/he may have to refresh the diet.

d) The Medical Songs

The performance of any song—medical songs as well as songs not related to medicine—is learned through oral tradition, practice, and by diet. On drinking feasts, one is expected to be able to follow the main ritual songs, reproduce traditional love songs or insult one's rival by singing. Likewise, one is expected to be able to respond quickly and funnily in *kopiananti*, the statement-response singing in two opposing groups. Medical songs are acquired in similar ways. Oral tradition plays an important role because a healer-sorcerer-to-be will usually first practice singing along with his teacher or any related *médico* in curing sessions. The diet will then provide individual songs and vocal abilities (like

reaching very high pitches). The complex processes around learning, acquiring, transmitting or capturing medical songs are described in more detail in Brabec de Mori (2007).

Medical songs are regarded powerful when fulfilling the aesthetic criteria mentioned in section 4. However, songs performed just after the conclusion of a diet are regarded more effective.

In an exemplary curing session, the singer may first sing about detecting the patient's "body patterns", the disorder's cause and its relations in time and space. Then he opens the "spiritual aspect" (*kano*) of the patient's body. He calls upon his allied *yoshin* to help in cleaning the patient's *kano* (actually, the *médico* "enters" the patient's *kano* and cleans it from the inside, intentionally attracting the disorder to himself). Finally, he will try to send any damage back to its source. Concluding a treatment, he "closes" the patient's body and sings for covering it with the best patterns (*kené*) available. The *kené* also disguises the "protection" (*arokana* or *paanati*), which should be applied to the patient in order to prevent counter-attacks.

Working with a *yoshin* may proceed as follows: in his diet, the healer established contact with a specific *yoshin*, for example the *mokapari* plant's entity.[18] Singing its specific song or "summoning" it, he may instruct the entity to enter the patient's body and remain there even after the closing process. If the patient then ingests a *mokapari* preparation along with the corresponding diet, this may multiply the effect as also the physical aspect (*rao*) of this entity (*yoshin*) will be integrated.

Songs have the power to alter the patient's (or also an object's) *yora kené*, her (or its) "invisible" designs. That is, these "invisible" designs will be restored to "correctness". However, this is but one aspect, because the songs actually enable the healer-sorcerer to achieve anything his allied *yoshin* is able to support. For example, there are songs that let precious plant seeds rain down from above (*moro pakémati*).

In medical songs, *kano* is an important concept that may be translated as "framework" in a setting outside the medical context, as being applied e.g. to a Shipibo-Conibo house's building structure. In the *kené*-pattern context it refers to main pattern structures, such as frames or very broad lines, defining fields for smaller and more refined patterns inside. In the medical context, *kano* can be freely described as a surrounding or "landscape" for the healer-sorcerer's actions. Its appearance depends on the allied entities that were summoned and of the individual singer that interacts with them. Some Shipibo-Conibo also translate the word into Spanish as *camino* (way), *fuerza* (power) or *mundo* (world). The "spiritual aspect" of a patient's body, as explained in the curing process above, was also translated from *kano*.

Polyphonic songs yield their specific consonance in sound because the singing healer-sorcerers stay together within their *kano* "landscape". Since the constituting relation between *kano* and song is reciprocal, singers that would perform in dissonance would find themselves in different *kano*, interfering with each other. Likewise, entering different *kano* would cause dissonance in the songs and harmonic interference, which usually is unwanted.

However, the songs are but a vehicle for the *médico*'s and his *yoshin*'s powers. By singing songs, a *médico* directs these powers in a controlled way to achieve his goals. The songs are the communicative element between the singer, the *yoshin* and the patient. In the *ayawaska* context, the song determines the properties of the visionary *kano* "landscape". But in the end, the power for healing is a transformed power obtained from nature by the diet *samá*.

5.3 Implications of Medicine

e) Etiologies of Illness

If any disorder occurs, a human being's (or object's) "body patterns" get distorted. Any aspect of his/her correct life may have become "wrong", including his/her relations to human society, his cultural behavior, his interactions with nature and the spiritual beings. The disorder always has a specific cause or origin, which may be related to self-made mistakes (as most *irabana* causes, see below), to deliberate attacks by other beings but also to incidental encounters with beings carrying etiological attributes (a healer-sorcerer, certain animals, a *yoshin*, etc.). The etiology of disorders can be charted as follows:

1. Incorrect behavior: if a human being does not behave correctly (as is culturally defined), this usually does not directly result in a disorder (if the behavior is not antisocial, which is considered symptom,

not cause). However, it may provoke an etiology: for example, a man whose wife is pregnant may fell a *xono* (Chorisia Sp.) tree, which is considered an incorrect action in his situation, and his child would be born with certain defects, as a *yoshin bake* (demon's child). There are many rules for behaving in the person-society-nature-supernature continuum. The most common etiology from incorrect behavior in nature is the *irabana* (see below). Also social misbehavior may provoke etiologies. For example a fisherman not distributing his catch correctly among his family may provoke a family member to "cure" him or even to hire a sorcerer for doing so.

2. Affected by nature (*irabana*): many beings in nature are apt to affect a human being's condition when they interfere with him/her. In general, every being has a *niwe* ("wind", "air", see ILLIUS 1992) that might affect other beings, some more dangerous, some less or not at all. Most commonly, a human being may interfere with another being's *niwe* by accident or because of a lack of knowledge.

3. Affected by incorrect diet (*samá xatea*): if a "dieting" person does not fulfill the dietary restrictions corresponding to the plant, *yoshin* or treatment s/he diets for, s/he may fall seriously ill because the diet's power turns against the dieter.

4. Suffer a shock (*raté*): any shock may cause a part of the person's *kaya* (internal personality aspect, "soul") to get lost. Especially babies are often object to *raté* and may suffer symptoms such as debility, increased whining, diarrhea, vomiting, etc (Case 7). However, also adult persons may suffer *raté* and will be poorly motivated, pallid, nervous, etc. Encounters with *yoshin* are common causes for shock, such as starting up from one's sleep, being hit, etc.

5. Attacked with magical objects (*yotoa*): both certain animals (Case 4) and enemy sorcerers (Case 5) may send magic darts or other objects to injure the victim. These cases must be treated by a specialist *yobé* in order to be cured and may cause diverse symptoms.

6. Attacked with *boman*: a healer-sorcerer may "curse" a victim, as described above. The *boman* ability increases with any diet, but some plants are considered *yobé jiwi*, which may boost the *boman* skill, for instance in Shipibo-Conibo terms the trees *aná*, *komán*, *aton*, etc.

7. Attacked with song (*bewákana*): healer-sorcerers may use their singing to bewitch somebody, although bewitching is usually done by means of *boman* or *yotoa*. *Bewákana* often occurs during "healing" (!) sessions, when damage is returned to its causer or to the person who is suspected to having paid the original causer to do so.

8. Being "cured" by somebody (*raonkana*): this includes various etiologies, like application of "bad" plant or animal preparations (Case 3) or magic processes like burying a photograph in a graveyard. One may be "cured" by anybody who has a basic knowledge of these techniques, no healer-sorcerer is required. Of course, if a healer-sorcerer is the one who does the "curing", the procedure of removing that "cure" will be much more complicated.

9. Black magic (from foreign sources like mysticism books), applied by specialist black magicians or *oracionistas* (Case 8). This is not an indigenous concept but has entered their world and is now treated like an especially nasty (and immaterial) form of *raonkana*.

10. Any combination of the above.

f) Symptoms

Symptoms are not separated in the same way from the origin or cause (syndrome) as they are in Western understanding. The symptoms usually are the aspect of disorder which the patient formulates when consulting a *médico*, but once the cause is discovered, the symptoms play a very subordinate role. Very often symptoms get significantly worse (Case 2) when the treatment starts but should then disappear with the conclusion of the treatment.

Many phenomena that from a Western point of view would be regarded as psychiatric disorders are considered quite normal or a part of someone's personality. Yet, certain psychiatric symptoms are understood as antisocial behavior caused by a common emic etiology. Finally, many aspects of culturally incorrect behavior are considered curable symptoms, as mentioned before—like *tsiní* (too playful, crazy), *siná* (wild, angry, raging), *ranóya* (jealous), *yopa* (being a bad hunter/fisherman), *chikish* (lazy), etc.

g) Treatments

1. Treatment on your own: any human being usually gets "cured" by his parents in early ages. During adolescence, a male Shipibo-Conibo may take any *mechati rao* (remedy for being a good hunter)

on his own and do a diet for some time to reach this goal; females may diet *meyá rao* (remedy for creating better artwork), all without "supervision". Any cases of (slight) incorrectness may be treated in that way without exposure to the public.

2. Treatment by peers: many disorders can be treated with commonly known techniques. Many *rao* are publicly known and can be given to others without any rituals or preparations. Diet's modalities must be known and respected, though.

3. Treatment by specialists: as in most of the cases we studied here, a healer-sorcerer may "enter the patient's body" and take his/her place as the infliction's target. Transforming himself into the "illness", he binds together all damage inflicted upon his patient and sends it back to (and thus bewitches) its origin. This is why those treatments are regarded very dangerous: the healer-sorcerer could be overthrown by the power of the damage/illness or by the causer's counter-attack, and thus may fall ill or even die.

The most efficient way of achieving any goal is to diet. Even a sorcerer who does damage intentionally should diet in order to ensure the efficiency of his doings. A person who is being "cured" (by him or herself, by a peer or by a healer-sorcerer) should diet anyway, and usually, the longer and harder, the better. A healer may diet for his patient to help him/her.

5.4 Review

The system described above resembles an deeply intertwined complex of relationships combining the concepts of person-culture-nature-supernature and the techniques of applying plants, *yoshin*, diets and songs. It does not make much sense to study some isolated part of it without considering the whole. The Shipibo-Conibo concept of health and achieving correctness is by definition holistic. The holistic approach in its inherent emic logics is very precise and able to explain many phenomena that appear within Shipibo-Conibo society and within their interactions, not only with nature, but also with other cultures and modernization.

6. Conclusion

In this article, I first provided data from a case study involving nine different indigenous *médicos* and seven patients from different cultural origins. The results of this study indicate that the supposed "efficacy" of the treatments (*tratamientos*) does not significantly depend on the cultural origin of the patient. Analyzing the cases, it appeared that the healers were in five out of eight cases able to cure the disease, as viewed by them and the patients. The songs which are regarded crucial by the Shipibo-Conibo with respect to healing "efficacy", were then analyzed with an ethnomusicological approach. When treating emotional responses to the studied songs, approaches of music perception and cognition theories were also considered. Musical structure together with contextual factors indeed plays an important role in the process of indigenous Shipibo-Conibo healing.

When comparing aspects from Western sciences and emic knowledge one should be aware of comparing realities rather than methods or cosmologies. Using the scientific apparatuses of medicine, experimental psychology or anthropology, we may explain many of the medical processes and transformations in the case study. Doing so, however, we have to remain within scientific models. These models are based upon a Western understanding of nature, which implicates that spiritual entities do not exist beyond human or cultural imagination.

Consequently, one is faced with an (emically) logical system of interpretations that does not entirely fit into scientific terms. We can declare e.g. that indigenous reality is an inherently logical system of animistic beliefs. This, in my opinion, raises the problem of a possible imposition of cultural superiority.

Regarding the effects of music in healing contexts, one is always confronted with a problem of terminologies. Penelope Gouk (2000: 21) states that we face a historical problem when "these tales of Western disenchantment [in the sciences since Newton], of the loss of soul in an increasingly materialistic world, of how modern dualism contrasts with the holism of traditional societies, epitomize the problem academics (and also therapists) face when they struggle to frame music's effects in acceptably scientific terms. Terminology associated with mysticism or magic is by definition excluded, so what resources can legitimately be used to understand how music and healing interconnect?"

The Shipibo-Conibo do not have this problem: they simply express that words spoken by a person who has undergone long diets may be *boman*,

thus very dangerous as an etiology for disorders, and songs sung by the same person may be *mocha*, i.e. carrying an ultimate positive power. At least, such songs may have the property of *bewan tsakati* (piercing the listener), and, by the way, causing a peak experience.

A possible solution to these terminological problems could be that research on the efficacy of music may be somehow restructured in methodology. In medicine, there are precedents: e.g. acupuncture or homeopathic techniques, which are widely applied and appreciated by patients, yet their exact workings and effects are still subject to scientific research. Music therapy is a similar precedent: evidence that music therapy is effective is versatile, though we do not exactly know "why" (cf. TUCEK et al. 2007).

I suggest that indigenous explanations and findings should be regarded equally valid as scientific findings. In modern medical anthropology this is already the case in many studies (e.g. MONTAG 2008). However, in clinical and therapeutical settings in Europe, where biomedically trained personnel is confronted with an increasing number of patients of distinct cultural origin, there is still a long way to go to achieve the proposed equality of values.

7. Epilogue

However, there is one more issue that needs to be addressed: even in the rainforest on the banks of the Ucayali river the most powerful healer-sorcerers *meraya* do not seem to exist any longer. I could not find any active *meraya* during my five year's stay in the region. One can explain this as follows: the *meraya* in this picturesque emanation of magical power is a legend, and healer-sorcerers refer to him as an ideal construction to assure their own acceptance in society. Since there is always some nostalgia to be found in Shipibo-Conibo oral tradition, the figure of the *meraya* can readily be seen as another symbol of a once glorious past.

An emic Shipibo-Conibo view on reality provides its own explanation: when the ex-*meraya médico* I told me that before retiring as a healer-sorcerer he was able to transform himself into a black jaguar, he insisted that he *really* could do this, *here*, in the common human world, in a *physical* sense. Today, so he explained, hardly anybody would be able to achieve such a transformation because the especially powerful spiritual allies needed for a transformative process of such a dimension have also "retired", i.e. have fled to remote places. These places are inaccessible to the mestizo colonists and foreign extractive industries (oil, wood, coca, etc.) and their "incorrect" and very dominant way of life. Therefore, the Shipibo-Conibo who have adapted their ways of life to these new and "incorrect" surroundings, are also unable to achieve such transformations.

Shipibo-Conibo understanding admits and even explains logically that in modern Western society (including mestizo colonies) those spiritual entities do not exist, because they have escaped the "incorrect" view on culture and nature by this society.

Notes

1) The extensive fieldwork was made possible by grants from the University of Vienna and the Austrian Academy of Sciences (program "DOC"). In particular, I would like to thank Gerhard Kubik and Richard Parncutt for their support and the Phonogrammarchiv of the Austrian Academy of Sciences for providing recording equipment and archiving the resulting audio and video documents. Christian Huber kindly read and corrected the manuscript. Kristina Tiedje provided constructive critics and suggestions. The main acknowledgement, however, must be reserved for the healers and patients without whom this study would not have been possible. I thank them for their patience, their confidence, and the many things I could learn from them. For ethical reasons, all individuals mentioned in this survey were de-identified.

2) *Ayawaska* is a Quechua term, consisting of *aya* ("death", "dead", "soul") and *waska* ("vine", "liana"). In the Shipibo-Conibo language the brew is called either *nishi* or *oni*. There are various publications available on the preparation and use of *ayawaska* and the involved neurochemical processes. For example, the volume edited by LABATE and ARAÚJO (2004) provides many detailed discussions around *ayawaska*.

3) The indigenous group called Shipibo-Conibo or simply Shipibo historically comprised six or probably more sub-groups (SHELL 1973: 16-24). Nowadays it represents an ethnic unit speaking the same language with very slight regional differences. The Shipibo-Conibo, as well as their neighboring groups, consider themselves a *grupo étnico*. The number of Shipibo-Conibo living in Ucayali, Madre de Dios and Loreto can be estimated at approx. 45.000 (MINSA 2002: 24).

4) Except Case 1 (in the village CN [*Comunidad Nativa*] Patria Nueva), Case 2 (in Yarinacocha, but concluded with a 2-week's diet in Europe) and Case 5 (also in Yarinacocha, with a following 3-month's diet in CN Paococha).

5) There are many Spanish and Quechua loan-words used in Shipibo-Conibo language, sometimes substituting terms that are no longer used, but mainly being introduced because the Shipibo-Conibo language lacks adequate corresponding terms (e.g. from Spanish: *escuela*, "school"; *dios*, "God"; *ciencia*, "science"; or from Quechua: *koriki*, "money", *atapa*, "chicken", etc.).

6) The Shipibo-Conibo concept *rao* (substantive; "remedy") includes two verbs: *raonti* (transitive; "to treat/cure" somebody) with its ambiguous meaning of healing and bewitching, and *raoti* (intransitive; "to decorate" a person or object). A third verb associated to healing is *benxoati* (intransitive; "to heal an ill person" or "to store an item in its proper place").

7) Adequate Shipibo terms are: (i) *onanya joni* (a person who has knowledge), denominating the common healer-sorcerer or *médico*, (ii) *meraya* (translation unclear), a legendary master-healer, (iii) *yobé* (not translatable), a specialist in working with magical darts and objects, (iv) *benxoamis* (healer), presumably introduced as a conceptual translation of Spanish *curandero*, (v) *retemis* (killer), a similar translation of Spanish *brujo*. There are some more terms which are used less frequently.
8) In Shipibo terminology they are *onanya joni* (a person who has knowledge), save *médico* I who probably was a *meraya*, having retired in 1988. *Médico* G is considered a *meraya* by some peers, probably to underline his high reputation, but apparently he works in terms of an *onanya joni*. Also *médico* H, who is *yobé*, was considered a *meraya* before, as he pointed out, he lost the respective abilities when the back of his head was cut open in a *wexati* duel (ritual fight).
9) In Shipibo self-understanding, being e.g. an unlucky fisherman is considered a curable problem and might be brought before the *médico*. Also, if an adolescent daughter appears to sleep with a lot of pretendants, her parents could consult the healer-sorcerer for *tsinima iti*, to calm her desire. On the other hand, a "well-behaving" girl could be "cured" by somebody jealous to become *tsiní*, "playing with men" and end up in insanity. Likewise, a very good hunter or fisherman could be "cured" out of his peer's envy in order to make him lose his skills (*yopa iti raonkanai*). For detailed examples and treatments see Tournon (2002: 392-416). This author also introduces the terms "etótropas" and "etoactivos" (Tournon and Silva 1988: 163) referring to remedies (*rao*) used in such treatments.
10) The plants used in the presented cases are *bari rao, bana boains, inoaxatan, isintapon, jasin waste, jimi moxo, jiwi boains, joxo pionis, kanachiari, marosa, nishi boains, paiko, paotati moxa, ronon ewa chochowasha, ronon ewa tsebé rao, sawawa, tipo, wanin kaya rao, waste, waxmen, wiso pionis, xana, xenan, xexon, xoro, yochi*, as well as *bona* (honey) in different combinations. Many of these plants are mentioned in Tournon (2002: 392ff.). According to Tournon *et al*. (1998), some of the plants, e.g. the *waste* family, do not show active components. However, active components could be found by this author in dermatological applications (which do not appear in my study). He also observed antibacterial and anti-inflammatory properties in several known *rao* (Tournon 2002: 402ff.).
11) E.g. a sorcerer when using *boman* may utter "look, the girl over there stumbles!" and when looking there one will see the girl falling down. Or he could say, "a tree branch is falling on Juan's head", and Juan will be brought home from the woodwork with a serious cranial problem.
12) The use and meaning of these terms can differ from one singer to another: some may define any medical song as *ikaro*. Some may never use *mashá*. Some may sing *warmikara* (which is the only form connected to a topic) in *bewá* or *ikaro* form. Anyway, the above mentioned categories are understood by all Shipibo-Conibo (see my Ph.D. thesis, Brabec de Mori, forthcoming).
13) "Extraordinary states of consciousness" is a translation from German "Außergewöhnliche Bewußtseinszustände", defined by Dittrich *et al*. (1987: 35). There are a few studies that describe effects such as "enhanced creativity" experienced under the influence of psychedelic drugs (for an overview see Taeger 1988: 103ff.; regarding music and drug use, ibid: 131-59). In present times, little research is done on the topic because of certain legal difficulties.
14) There is no ethno-historical evidence of rites during eclipses, although the corresponding term *mochati* (to perform *mocha* songs) is known by many Shipibo-Conibo (cf. Gebhart-Sayer 1987: 228). In the collection of music I recorded on the Ucayali, there also appear a few associations of *mochati* with great dangers, for instance the summoning of *simpi jonibo*, which are horribly threatening demons. I suppose that the "most powerful" song performed without the proper knowledge or in an inadequate situation may also result in utter disaster, which a visit by the *simpi jonibo* is considered to be.
15) Performed by *médico* I in his home village. The song fits into the *bewá* category (archived in the Vienna Phonogrammarchiv under file D 5544).
16) Performed by *médico* G in Case 6 (Phonogrammarchiv file D 5580). The song is *mashá*, dedicated to cleaning the patients' bodies from the magic damage they were subjected to. The singing style resembles the description of "negative aesthetics" given above. For many more examples and anthropological interpretations on culturally relevant terminology in song lyrics see Tournon (1991) and Illius (1987, 1999).
17) Performed by *médico* D, in Case 7 (Phonogrammarchiv file D 5566). The song is *bewá*, dedicated to opening and preparing the visionary world (*kano*) for the healing process.
18) *Mokapari*, in regional Quechua called *chiric sanango*, probably *Brunfelsia grandiflora.* The example how to use this plant as a healer was mentioned by Jacques Mabit in an interview with the author (Phonogrammarchiv file D 5149).

Literature

Balkwill L.-L. & Thompson W. F. 1999. A Cross-Cultural Investigation of the Perception of Emotion in Music: Psychophysical and Cultural Cues. *Music Perception* 17,1: 43-64.

Balzer H.U. 2006. Regulatorische Veränderungen vegetativer Funktionen bei der Wirkung von Musik. Workshop paper presented at the Mozart & Science Kongress, October 1-4, Baden bei Wien and Vienna.

Brabec de Mori B. 2007. The Inca's Song Emanates from my Tongue: Composition vs. Oral Tradition in Western Amazonian Curing Songs. MS. Paper presented at the 39th World Conference of the International Council for Traditional Music ICTM, July 5-11, Vienna.

---- (forthcoming) *Sex, Drugs & Mashá iti. Dokumentation aktueller indigener Musikpraxis und Analyse identitätsbildender Aspekte am Río Ucayali, Peru.* Univ. Ph.D. Thesis, Geistes- und Kulturwissenschaftliche Fakultät, University of Vienna.

Dittrich A. & Scharfetter C. (Hg) 1987. *Ethnopsychotherapie. Psychotherapie mittels außergewöhnlicher Bewußtseinszustände in westlichen und indigenen Kulturen. (*Forum der Psychiatrie N.F. 26). Stuttgart: F. Enke.

Faresin A. 2008. The Use of Overtone Singing in Music Therapy. Paper Presented at the First Meeting of the Study Group for Applied Ethnomusicology, International Council for Traditional Music ICTM, July 9-13, Ljubljana.

Gabrielsson A. 1991. Experiencing Music. *Canadian Journal of Research in Music Education* 33: 21-26.

Gebhart-Sayer A. 1987. *Die Spitze des Bewußtseins. Untersuchungen zu Weltbild und Kunst der Shipibo-Conibo*. (Münchener Beiträge zur Amerikanistik) Hohenschäftlarn: Klaus Renner Verlag.

Gouk P. (ed) 2000. *Musical Healing in Cultural Contexts*. Aldershot: Ashgate.

Illius B. 1987 [2 1991]. *Ani Shinan. Schamanismus bei den Shipibo-Conibo (Ost-Peru)*. (Ethnologische Studien 12.) Münster and Hamburg: LIT-Verlag.

——— 1992. The Concept of Nihue among the Shipibo-Conibo of Eastern Peru. In Langdon J. M., Baer G. (Eds.) *Portals of Power. Shamanism in South America.* Albuquerque: University of New Mexico Press: 63-78.

——— 1999. *Das Shipibo. Texte, Kontexte, Kommentare. Ein Beitrag zur diskursorientierten Untersuchung einer Montaña-Kultur*. Berlin: Dietrich Reimer Verlag.

KRONBERGER H. & BRANDES V. 2004. SaludArt – ein Konzept zur Verbindung von Kunst und Spital. In TUCEK G. (Ed.) *Musik und Medizin. Beiträge zur Musik- und Therapieforschung* 1995-2004. CD-ROM. Wien: GaMed.

KUBIK G. 1988 [²2004]. *Zum Verstehen afrikanischer Musik*. Wien: LIT.

LABATE B.C. & ARAÚJO W.S. (eds) 2004. *O uso ritual da ayahuasca. 2nda edição revista e ampliada.* Campinas: Mercado de Letras.

LECLERC F.R. 2003. *Des modes de socialisation par les plantes chez les Shipibo-Conibo d´amazonie peruvienne. Une étude des relations entre humains et non-humains dans la construction sociale*. Ph.D. thesis, Laboratoire d'ethnologie et de sociologie comparative, Université Paris X – Nanterre.

MINSA (MINISTERIO DE SALUD DEL PERÚ) 2002. *Análisis de la situación de salud del pueblo Shipibo-Conibo*. Serie Análisis de Situación de Salud y Tendencias 5. Lima: MINSA.

MONTAG D. 2008. *Autonomy, Cohesion and Health. Perception and Responses to Fever among Urban Shipibo in Mai Joshin*. Ph.D. thesis, Institute of Social and Cultural Anthropology, University of Oxford.

ROE P.G. 1982. *The Cosmic Zygote*. *Cosmology in the Amazon Basin*. New Brunswick: Rutgers University Press.

SHANON B. 2002. *The Antipodes of the Mind. Charting the Phenomenology of the Ayahuasca Experience*. Oxford: University Press.

SHELL O. 1975 [²1985]. *Estudios Pano III: Las lenguas pano y su reconstrucción*. Serie lingüística peruana 12. Yarinacocha: ILV.

SLOBODA J.A. 1991. Music Structure and Emotional Response: Some Empirical Findings. *Psychology of Music* 19: 110-120.

TAEGER H.-H. 1988. *Spiritualität und Drogen. Interpersonelle Zusammenhänge von Psychedelika und religiös-mystischen Aspekten in der Gegenkultur der 70er Jahre*. Markt Erlbach: Raymond Martin Verlag.

TOURNON J. 1991. Medicina y visiones: canto de un curandero Shipibo-Conibo, texto y contexto. *Amerindia. Revue d`ethnolinguistique amerindienne* 16: 179-209.

——— 2002. *La merma mágica. Vida e historia de los Shipibo-Conibo del Ucayali.* Lima: CAAAP.

TOURNON J., CAUPER S. & URQUÍA R. 1998. Los piri piri, plantas paradójicas de la Amazonía. *Revista Antropológica* 16: 215-240.

TOURNON J. & SILVA M. 1988. Plantas para cambiar el comportamiento humano entre los Shipibo-Conibo. *Revista Antropológica* 6: 161-176.

TUCEK G., FERSTL E. & FRITZ F. M. 2007. A study of synchronization behaviour in a group of test persons during Baksy and Dhikr exercises via psycho-physiological monitoring. *Music Therapy Today* 8, 3. Available at http://www.musictherapyworld.net (17-07-2008) [Newsletter December 2007].

VIVEIROS DE CASTRO E.1997. Die kosmologischen Pronomina und der indianische Perspektivismus. *Société suisse des Américanistes, Bulletin* 61: 99-114.

1st version received september 2006, accepted september 2007, final revised version accepted december 2008

Bernd Brabec de Mori (born 1975 in Austria), currently works on his Ph.D. thesis in ethnomusicology. Corresponding fieldwork was accomplished with the help of a scholarship (program "DOC") provided by the Austrian Academy of Sciences. Having studied musicology, philosophy and history of arts at the Universities of Salzburg, Graz and Vienna, he now lives alternately in Gratwein/Austria and Yarinacocha/Perú, where he has been working for five years in temporary cooperation with the Universities UNMSN and PUCP in Lima and local institutes in Pucallpa. In Austria, he is employed by the Phonogrammarchiv, an institute of the Austrian Academy of Sciences.

Au 2, A-8112 Gratwein
email: boshirashki@gmx.at