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"Traditional medicine" and discourses of native identity in Brazil

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Abstract

The psychoactive substance known as *ayahuasca* has long been identified with Amazonian shamanism and traditional medicine. Over the last two decades its use has spread outside this region to urban populations in different parts of the world. This paper examines the adoption of the ritual use of this beverage by the Guarani Indians along the southern coast of Brazil. We argue that this process is related to the growing politics of identity of Brazilian indigenous peoples as well as to public policies that promote cultural diversity. In the case analyzed here, the adoption of ayahuasca is part of an ongoing cultural revitalization in activities related to shamanism, health and education as articulated by the specific desires and actions of one Guarani village and its leading family.

Keywords: *traditional medicine; Guarani Indians; public policies; shamanism.*

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E. J. Langdon¹ & I. S. Rose²

I. Introduction

The psychoactive substance known as *ayahuasca* or *yajé* (*Banisteriopsis* sp.) has long been identified with Amazonian shamanism and traditional medicine. Over the last two decades, its use has progressively spread outside this region to urban populations as an "entheogen," boasting unique properties that yield a specific spiritual experience. Ayahuasca circulates globally as a pan-indigenous shamanic substance while simultaneously specific groups vindicate it as cultural patrimony representing traditional medicine or spirituality in Peru, Brazil and Colombia (Losonczy and Mesturini 2011). This paper examines the adoption of the ritual use of ayahuasca by the Guarani Indians along the southern coast of Brazil thousands of miles from the Amazon basin. Although there is no historical or archeological evidence of indigenous use of ayahuasca in this region, its introduction is part of the growing identity politics of Brazilian indigenous peoples as well as public policies that seek to implement the Brazilian Constitution of 1988. A local health team working with the Guarani supported its adoption as a traditional medicine in an effort to comply with the National Health Policy for Indian Peoples, and the Guarani village became part of a circuit of spiritual practices shared by both Indians and non-Indians in the region. Not only has ayahuasca contributed to ongoing identity politics and the increase of collaborative relations between this group and the larger society, it also has influenced positively the collective life of the village and the status of its spiritual leaders and their families. On the one hand, the adoption ayahuasca is part of the general political and social context in Brazil since the new Constitution, and on the other, it articulates with specific desires and actions of the leading family of this particular Guarani village in their struggle for cultural revitalization in activities related to shamanism, health and education.

II. *Ayahuasca* as Global Shamanic Medicine

Amerindian shamanic systems and their practices are both complex and diverse making difficult any generalizations about the roles of shamans or the different techniques employed to mediate with the invisible forces operating in their cosmological systems. Although many groups use a variety of plants and substances to access "alternative worlds" (Schultes 1972), others have developed dreaming, corporal or sensorial techniques to evoke their shamanic experiences without the ingestion of psychoactive substances. In spite of the diversity of techniques, ayahuasca has, over the last two decades, become a global symbol closely associated with Western representations

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of indigenous shamanism; it is sought for therapeutic, spiritual and leisure purposes in a global network composed of groups exhibiting a broad diversity of interests and ethnic and socio-cultural origins (Losonczy and Mesturini 2011; Mesturini 2010; Davidov 2010).

Certain indigenous groups have employed *Banisteriopsis* sp., a jungle vine with origins in the Amazon basin, for centuries. The ritual ingestion of the bitter tea-like brews prepared from this plant and its additives expanded beyond its geographical and cultural origins to urban middle and professional classes seeking new spiritual and therapeutic experiences (Labate and Jungaberle 2011). Different from the indigenous context, the sessions performed for this new urban audience are directed to the participants' individual interests and goals and to the restoration of personal equilibrium or balance rather than for purposes of the collective community (Caicedo 2009).

The history of the spread of ayahuasca beyond the Amazon in Brazil has been different from that of Colombia, Peru, and Ecuador, where shamanic networks have transported it for centuries to the highland regions as part of popular medical practices in these Andean countries (Ramírez and Pínzon 1992; Salomon 1983; Taussig 1987; Langdon 2012). In Brazil, its expansion beyond the indigenous groups has been associated with *caboclo* religious practices identified as “ayahuasca religions” that emerged from the social-economic contexts of a declining rubber industry (Araújo in press). They were founded between the 1930s and 60s among the caboclo or “mixed blood” population of the states of Acre and Rondonia in Brazilian Amazonia.³ Beginning as small charismatic cults based on the mystic and visionary experiences of their leaders (*padrinhos*), the most well known of these religions, Santo Daime and União do Vegetal, spread to urban areas throughout Brazil in the 1980s in an expansion stimulated primarily by middle class interests. Since then, these cults have been established in other countries in South America, as well as in North America, Europe, and Asia (Dawson 2007; Labate and Keeney 2012). Besides the use of ayahuasca for religious and ritual purposes, psychologists and other professionals employ it as a therapeutic tool (Labate 2004; Coutinho 2011). In addition to this, there has been an increase in the diversity of secular and sacred expressions of ayahuasca's use in Brazilian urban centers.

Legal discussions regarding the use of this Amazonian substance outside of indigenous contexts began in Brazil in the 1980s with expansion of the ayahuasca religions, and these groups have played a major role in the struggle for obtaining legal status for the substance. After years of debate, the National Council of Drug Policies (CONAD) ruled ayahuasca legal for spiritual use in 2010 based on the principle of religious freedom (CONAD 2010).⁴ More recently, some ayahuasca religious groups are vindicating recognition as part of Brazilian cultural patrimony, and the State of Acre recently granted the status of state historical and cultural heritage to the Santo Daime center considered as more “traditional” and “original” (Labate 2012).

Concomitant to, and intersecting with, interest in ayahuasca stimulated by these Amazonian religions, a number of activities emerged among Brazilian urban groups that represent the growing eclectic and heterogeneous global movement characterized as the New Age. Often introduced by self-identified itinerant shamans from North and South America, indigenous rituals, objects and substances are highly valued among the variety of innovative spiritual and therapeutic practices. Anthropologist José Guilherme Magnani (1999) characterizes the phenomenon of “urban shamanism” as a specific network inside a broader neo-esoteric circuit. Like their international counterparts, the rituals, aiming for self-knowledge, personal growth and healing, are associated with “tradition”, “ancestrality” and shamanism as a universal capacity. Sonia Maluf (2005) also identifies neo-shamanism as part of a broader market of alternative and mystical practices in Southern Brazil.

³ See Labate, Rose and Santos (2009) for a comprehensive bibliography on ayahuasca religions.

⁴ For more information on the legal debates about the use of ayahuasca, see Labate and Feeney (2012).

Currently in Brazil, a network linking different groups and individuals through the circulation of concepts, substances, symbols and practices associated with ayahuasca and Indigenous shamanism is found in all regions of this largest South American country. One such example, and relevant to the case study examined here, is the Sacred Fire of Itzachilatlan (Macklin et al. 1999), an international spiritual group introduced in Southern Brazil in the 1990s. Characterized by pan-indigenous rituals such as the Sun Dance, Sweat Lodge (*Temazcal*), Vision Quest, and objects associated with shamanisms from North and South America, it assumed a Brazilian identity by incorporating ayahuasca into the variety of sacred plants in use by this group in other countries. Today in Brazil, its network of members spreads from the southernmost states to Pernambuco in the Northeast (Ferreira Oliveira 2012), and its annual events attract participants from all parts of the world.

The network consists of spiritual and holistic centers located in urban areas or small rural estates where urbanites gather to participate in rituals common to Sacred Fire and other esoteric practices. Journalists, psychologists and other professionals who have participated regularly in Sacred Fire events are generally responsible for these centers and the events that are typically announced through Facebook networks and other internet sites. Over the past five years, Amazonian Indians, such as the Cashinahua and Yawanawa, have integrated into the circuit of practices and conduct ayahuasca sessions in these centers from southernmost Brazil to Minas Gerais. Performing ceremonies that represent their own indigenous traditions, they lend an ethnic authenticity that is highly valued (Ferreira Oliveira 2012). At the same time, organizers of these centers also journey to Amazonian indigenous communities in the State of Acre to undergo shamanic training and to participate in festivals promoting shamanic practices and traditional culture.

Because of the strong role played by the ayahuasca religious leaders and other defenders (and promoters) of the substance in obtaining a positive ruling for its use within the religious context, ayahuasca has become a key symbol for urbanites seeking access to spirituality and shamanic self-knowledge. It is also associated with spiritual healing and holistic health, in keeping with the notions of energy, nature, equilibrium and primordial knowledge common to global neo-spiritual and therapeutic practices that have their origins in the 1950s (Brown 1999; Goldsmith 2011), transcendental psychology and popular and scientific interest in entheogens (Langdon in press; Losonczy and Mesturini 2010).

Ayahuasca has a metonymic relation with indigenous shamanism and is popularly perceived as the principal component of an ancestral tradition and its medicine. This metonymic association is both a product of the spread of ayahuasca outside the Amazon as well as the discourse of many ethnobotanists, chemists, anthropologists and others who present it as a unique and necessary substance, ignoring the variety of shamanisms, substances and techniques that have been practiced among the lowland Amerindian Indigenous groups (Calavia Saéz 2011; Brabec de Mori 2011). In addition, shamanism has always been a prime mediator between different indigenous groups, humans and invisible beings of the cosmos and, more recently, Indians and non-Indians. Particular shamanisms have always been subject to transformations (Calavia Saéz 2011; Langdon in press).

Although some anthropologists mistrust the motives of these contemporary urban shamanic practices, accusing their non Indian practitioners of decontextualizing and appropriating Indigenous knowledge and practices for personal gain in a capitalist market (Aldred 2000; Dobkin de Rios 1994; Johnson 2003), this study demonstrates that such an impact on indigenous groups is complex and riddled with ambiguities (Davidov 2010; Langdon 2007), and that the motives and benefits of these contemporary interchanges of shamanisms should not be perceived as unilateral or homogeneous.

We document here the positive role that the association of ayahuasca as traditional medicine has played in one Guarani community and argue that the incorporation of this substance in their traditional ritual practices is part of a larger process of cultural revitalization and identity politics that has been mobilized by the increase of indigenous organizations and modifications to the 1988 Constitution that guarantees the right to language, beliefs and cultural practices, including those of traditional medicine.⁵

III. Identity Politics in Brazil and the Shaman as Political Actor

The adoption of ayahuasca, a substance exogenous to Guarani traditional shamanic ritual, is related not only to its popularity among urban shamanic practices but also to the political context of the growth of indigenous movements and the changes in the constitutional reform of 1988 that recognized Brazil as a pluri-ethnic State. Reflecting the principles of Convention 169 of the International Labor Organization, the 1988 Constitution corrected the integrationist policy that had oriented governmental actions towards indigenous peoples and replaced it with a chapter dedicated to indigenous peoples' rights. They were guaranteed status as full citizens with the rights to traditional territories, subsistence, health, and education as well as full recognition of their forms of social organization, customs, language, beliefs and traditions.

The 1990s witnessed a multiplying and strengthening of the political participation of Indian organizations. They have increasingly exerted influence on governmental legislation and public policies with respect to indigenous peoples in health, education and patrimonial issues. Initially the struggle for territorial rights was given priority, but as Indian territories became increasingly legalized as Indian reserves, such groups amplified their efforts to social and cultural issues and identity politics. Among these, the promotion of "traditional culture" in the form of cultural performances throughout the country has become increasingly common, and special features of Indigenous dress, such as the feather headdress, and other practices have become diacritical elements of their identity (Langdon and Wiik 2008; Oakdale 2004; Conklin 1997; Conklin and Graham 1995; Grunewald 2005). Indigenous culture and, in particular, indigenous rituals, have become symbolic capital used for the vindication of native rights, be they promoted by recognized groups in the process of cultural revitalization or by "emergent" groups in the process of ethnogenesis (Pacheco de Oliveira Filho 1999; Bartolomé 2006). These movements have been stimulated by the growth and importance of the Indian in Brazilian legislation and in the public images linked to indigenous culture and traditional practices (Ramos 1998).

Health and education are two areas that have received significant attention in Brazilian public policy. The Minister of Education has promoted intercultural bilingual education. Under the concept of "differentiated education," there has been a significant increase in the preparation of Indians as professors, as well as the development of special courses for them, the institution of bilingual schools in Indigenous lands and attempts to adjust school curriculums to adapt to indigenous forms of knowledge and its transmission.

In 1999, a sub-system of Indian health was implemented based on the creation of Special Indian Health Districts (DSEI) under the responsibility of the National Foundation of Health. It is a sub-system of primary health services that is distinguished administratively from the Unified System of Health (SUS) by a separate and complex

⁵ Anthropological fieldwork using primarily participant observation was conducted for approximately ten months among the Guarani as part of Rose's doctoral research. For more information, see Rose 2010.

bureaucratic centralized structure.⁶ Its tasks are to guarantee universal access; community participation known as “social control” and health services that provide differentiated attention that reflects culturally competent primary health services (Brazil 2002; Langdon 2010).

In 2000, a document dedicated to the formulation of national policy under the newly created subsystem defines differentiated attention to be the recognition of “the efficacy” of indigenous medicine and “the right of these peoples to their culture” (Brazil 2002:13). The same document states,

The principle that permeates all the directives of the National Policy of Health Attention for Indian Peoples is respect for the conceptions, values and practices relative to the processes of health and illness belonging to each indigenous society and their diverse specialists (Brazil 2002:18).

In another part, the document characterizes traditional indigenous health systems:

(...) as based on a holistic approach to health, whose principle is the harmony of individuals, families and communities with the universe that surrounds them. Curing practices respond to each indigenous community’s internal logic and are the product of the particular relation with the spiritual world and the beings in the environment in which they live. These practices and conceptions are, generally, health resources of empirical and symbolic efficacy, in accord with the most recent definition of health by the World Health Organization (Brazil 2002:17).

Three directives for the practice of differentiated attention are outlined: training of human resources for work in intercultural contexts, articulation with traditional indigenous health systems, and training of Indian Health Agents in order to stimulate the Indian peoples appropriation of the knowledge and techniques of western medicine, “not as a substitution, but as an addition to the collection of their own therapies and other cultural practices, whether they be traditional or not” (Brazil 2002:16).

The Department of Indian Health at the national level has given little orientation or training to health professionals at the District or local level with regard to culturally competent clinical practices in the delivery of primary attention. Some health teams implemented efforts to provide differentiated attention in this sense, but this has not been the case for the majority, and after a decade, it is possible to affirm that clinical practices in Indian communities in general do not differ in nature from those in non-Indian communities. Cultural competence is not a priority for most health teams acting in Indian communities, and the success of such a policy faces a series of administrative and human resource problems (Diehl et. al. 2012; Garnelo et. al. 2003).⁷

Preoccupations with cultural and ethnic rights in the Constitution and the resulting public policies in health, education, patrimony, territorial rights and sustainability have stimulated the participation of Indian organizations as core actors in networks that connect local problems to national and international debates and social movements.⁸

⁶ The basic unit of the SUS system is the municipality; in the case of the indigenous sub-system, it is the Special Indian Health District. From Brasília the National Foundation of Health supervises the sub-system and is responsible for the administration of primary health services on Indian reserves.

⁷ From 2004 to 2009 the National Program for Traditional Medicine conducted a limited number of experimental projects involving community participation, but it had little impact on the sub-system as a whole (Ferreira and Osório 2007).

⁸ For example in the case of health and education, the government has established special indigenous councils at the local, district and national levels in order to ensure community participation in the respective programs.

Amazonian groups have received aid from international non-governmental organizations concerned with environmental issues, and from these new relationships a pan-indigenous identity associated with ecological knowledge and preservation has emerged (Conklin and Graham 1995; Ulloa 2010). As analyzed for the case in Brazil, the shaman is perceived as the guardian and protector of environmental knowledge (Conklin 2002; Albert 2002), and as principal mediator and translator of indigenous knowledge in negotiations with society at large (Carneiro da Cunha 1998).

It is within this political and global context that the project introducing ayahuasca and sweat lodges in Guarani communities on the southern coast of Brazil was implemented. Conceiving both to be traditional medical practices, the project articulated with the shamanic image, aggregating the qualities of traditional healer and protector the Indian community. It originated out of contacts between the inhabitants from a Guarani village, a medical physician who founded Sacred Fire in Brazil, and the medical team serving Guarani communities along the coast of the State of Santa Catarina. The project aimed to reinforce traditional medicine and traditional spiritual leadership as a solution to what was perceived as serious social disorganization. Its principal objectives were “to promote the health of the Guarani peoples through renewing and strengthening the mystical/spiritual qualities based on ancient traditional ceremonies” (Vargas 2002:8); to combat alcoholism and to reinforce the spiritual leaders of the villages, whom should constitute the basis for planned actions in the “health attention model for indigenous spiritual health” (Vargas 2002:13).

With approval for financing by the local headquarters of the National Foundation of Health, the Sacred Fire leader joined the health team. Specific activities of the project, based on a concept of traditional medicine characteristic of Sacred Fire’s discourse, included the building of prayer houses in villages where they did not exist; constructing conic sweat house dwellings, and identifying potential *karaikuery* or spiritual leaders in order to participate in Sacred Fire’s yearly gatherings held at its Brazilian headquarters in the mountains of Santa Catarina. The Guarani began to partake in the Vision Quest, Sun Dance and other Sacred Fire rituals.

During the four years of financial support, ayahuasca rituals and sweat lodge ceremonies were held in ten Guarani villages. The acceptance of these activities by the villages along the coast was mixed; many rejected the use of ayahuasca, interpreting it as alien to their traditions. However, the village that had most contact with the Sacred Fire leader, Mbiguaçu, accepted and identified ayahuasca as traditional medicine and subsequently incorporated it in their rituals held in the prayer house.

In this village, the project contributed to the strengthening Guarani self-identity in its relation to outsiders as well as to the creation of new opportunities of articulation with the larger society. On the one hand, external forces played an important role in the implementation of the project with the articulation of public policies promoting cultural plurality, the popular association of ayahuasca with shamanism and shamans acting as cross-cultural translators. On the other hand, the project’s success and its continuity is due to the articulation of internal processes, in particular the mobilization of existing expectations, motivations and activities associated with ritual and educational practices.

The Guarani in southern Brazil

The Guarani Indians are a transnational population that in 2008 stood at over 140 thousand. The Brazilian Guarani population is pegged at approximately 55 thousand, with nearly 10 thousand Guaranis living along the coast of southern and southeastern Brazil in a network of dispersed villages surrounded by non-Indians and connected by kinship bounds, exchanges, shamanic practices and, more recently, political articulation related to public policies (Pimentel et al. 2010; Macedo 2010). The constant mobility of these small semi-nomadic groups between villages has led some anthropologists to characterize their occupation on the Brazilian coast as a fluid “moving territory” (Darella 2003).

Despite the Spanish and Portuguese presence in Guaraní territory since early colonial times, the maintenance of the native language, mythology and traditional spiritual practices has functioned as an important strategy of resistance throughout this people's history. Although unable to isolate themselves from non-Indians in many situations, a large number of the Guaraní remain monolingual in their native language. In the presence of non-Indians, they are characterized as being a silent and closed group, known for excluding outsiders from their ritual practices.

The extended family is the basic reference of political, economic and religious unity in the Guaraní villages and constitutes the unity of social and biological reproduction through reciprocity. It is formed by several nuclear families integrated through a common set of progenitors or "grandparents" who generally serve as spiritual leaders (*karaikuery*) and are associated with shamanic attributes (Bartolomé 1979; Ciccarone 2004). A central element of a traditional settlement is the *opy* (prayer house), in which the *karaí* (spiritual leader) and his wife, the *cunhã karaí*, perform important rituals for the maintenance of collective and individual health. The participants dance and sing together, led by the *karaí* and his assistants, the *yvyraidjá*, attaining an emotional intensity that allows them to experience directly the flow of what they hold to be divine powers (Pissolato 2007:365). Besides leading these collective rites, traditionally the elderly progenitors perform healing rituals and provide council for most of the daily economic and social activities. The *karaí* is identified by the Guaraní as their "traditional doctor," as holder of a sacred, transcendental medical knowledge:

A *karaí* for us is a spiritual leader, a traditional doctor. He knows all about medicine. The elders have wisdom; they are a kind of living library. They have all the knowledge to pass on, because they are linked to *Nhanderu* (God or the Great Spirit). The *karaí* has the knowledge of life, of understanding. He knows about Mother Earth and about heaven too (Geraldo Moreira, bilingual school teacher and *karaí*, in interview Nov. 13, 2008).

Guaraní presence and visibility in the State of Santa Catarina increased during the second half of the 20th century, when Guaraní families from Paraguay, Argentina and other parts of Brazil began to re-occupy their traditional territory (Darella 2004). In a movement that intensified from the 1960s to the 1980s, the Guaraní began to claim the lands they occupied before the 16th century (Brighenti 2004). The number of villages increased along the Brazilian southern coast, intensifying Guaraní occupation in the region (Martins 2007; Darella 2004).

Many of these villages are located on the periphery of large cities, confined to small and non-productive lands. These communities suffer from poverty and its consequences, such as disease, violence, and alcohol abuse, which are reflected in higher mortality rates than those of the non-Indian population. Not all villages have a prayer house and some appear to have abandoned the collective rites that play a central role to Guaraní community health. Their subsistence agricultural practices are supplemented by government pensions and family aid along with the sale of handicrafts. It is common to see Guaraní Indians selling baskets and carved wooden animals on city sidewalks and busy highways. Like most Indians in southern Brazil, they are marginalized and labeled as "ignorant", "lazy" and "acculturated", as they fail to reflect the popular image of the authentic Indian modeled after the Amazonian groups that continue to use traditional dress and body ornamentation.

The duplication of the coastal highway BR 101 has contributed to increase Guaraní visibility within this region as well as to territorial disputes. The Guaraní have suffered from negative media portrayal, often depicted as Paraguayan migrants, that is, as strangers in Santa Catarina far removed from their autochthonous identity and cultural authenticity (Darella 2004). Territorial conflicts and environmental impact studies of the BR 101 highway duplication project underscored the telling problems of lacking territorial rights and stimulated the emergence of Guaraní political action throughout Santa Catarina. The rising political agency and consciousness of the Guaraní is evidenced in the creation of two Guaraní political organizations in 2006: the National Committee for Guaraní Lands *Yvy Rupá*, and the Guaraní Indian Committee *Nhemonguetá*. The latter is composed of leaders from the Guaraní

villages of Santa Catarina and was the first Guarani political organization created in southern Brazil for strengthening ethnic affirmation and guaranteeing indigenous rights. Also in 2006, Guarani peoples from Argentina, Paraguay, Uruguay and Bolivia began to form a political organization that was formally established in 2010 as the Continental Council of the Guarani Nation (CCNAGUA).

In addition to this, there was an increase in governmental and non-governmental programs implemented in Guarani communities to promote economic sustainability and social welfare. Health services and bilingual schools were established in most villages. In Mbiguaçu, a variety of activities were organized between 2007 and 2009, including an open event dedicated to health and environment; the construction of an ecological trail inside the reserve with the goal of receiving visits from non-Indian school groups; the First Traditional Guarani Olympic Games that gathered inhabitants from several villages in Santa Catarina; and the implementation of a high school course directed to environmental and territorial issues and sustainability. These activities were promoted by the National Health Foundation (FUNASA), the NGO Association Rondon Brazil, the State Government of Santa Catarina, the National Foundation for Indian Affairs (FUNAI) and the World Bank, among others.⁹

Guarani communities in the south and southeast of Brazil in general, including *Krukutu* and *Tenondé Porã* in São Paulo; *Sapukai* in Rio de Janeiro; and *Mbiguaçu* and *Morro dos Cavalos* in Santa Catarina, have emerged from behind the eclipse of a cultural invisibility that characterized them until the 1990s, through the creation of children's choirs as a display of Guarani culture in public events held for the larger society (Macedo 2011).

IV. The Village of *Yynn Morothi Wherá*¹⁰

The Guarani village, *Yynn Morothi Wherá* or Mbiguaçu, that promotes ayahuasca as part of its tradition, is located on the outskirts of Florianópolis, Santa Catarina's capital, with an estimated population of 120 people with 27 nuclear families. In 2003, it was the first Guarani Indigenous Reserve to be officially recognized in the State of Santa Catarina. Part of Guarani traditional territory, it was reoccupied in the late 1980s by an extended family led by Alcindo Wherá Tupã Moreira and Rosa Poty Djá Mariano Cavaleiro, an elderly couple locally and regionally respected as spiritual leaders. Born somewhere in the decade of the 1920s, the couple spent much of their adult lives migrating from one location to another in the states of Paraná, Santa Catarina and Rio Grande do Sul, alternating between Guarani villages on the coast and in the interior regions. The increase of the non-Indian occupation of Guarani territory and subsequent violence against the Indians often motivated their migration, and during one period they resided and worked among non-Indian communities. In 1987, they eventually settled, with the hope of living in accordance to the Guarani way of life, the *nhandereko* (Oliveira 2011:95-107).¹¹

The traditional medicine project was implanted in the late 1990s, as a result of dialogues initiated between the *karaí* Alcindo and the physician/Sacred Fire leader. The Guarani came to give important symbolic and

⁹ For FUNASA: <http://www.funasa.gov.br/site/>; for Association Rondon Brazil see <http://www.rondonbrasil.org.br/>; for Santa Catarina State Government see <http://www.sc.gov.br/>; for FUNAI see <http://www.funai.gov.br/>; and for the World Bank see <http://www.worldbank.org/> (all with access in October 2012).

¹⁰ Images which chronologically follow are: 1) Alcindo Wherá Tupã and Rosa Poty Djá; 2) the *Opy* (prayer house) at Mbiguaçu with a Sacred Fire altar; 3) the *Opydjere* (sweat lodge) in Mbiguaçu village; 4) an Invitation for a Guarani Temazcal conducted by the *karaí* Geraldo Moreira outside the village; 5) a flyer from Hyral's 2010 campaign for state Representative. Images 1-3 are the property of I.S. Rose.

¹¹ There are many references to the *nhandereko* in recent analyses of the Guarani. This concept is often translated as system, *ethos*, way of life, way of being and culture (see Darella 2004; Ladeira 2007; Mello 2006 and Pissolato 2007, among others).

therapeutic importance to ayahuasca, and several members of the health team later participated in the dialogue and took part in their rituals using the substance. The Sacred Fire leader resided for several months in the village, strengthening his relation to the Guarani and their acceptance of his innovations. In 2003, a local Santo Daime community began to supply ayahuasca for rites conducted by the Guarani, and soon thereafter the *Medicine Alliance* was formed, composed of Sacred Fire, Santo Daime and the Guarani. Since this time, members of these groups have participated in a circuit of ritual events that alternate between the village, Santo Daime's center in Florianópolis and the headquarters of Sacred Fire in the interior regions of the State. Such an alliance is a network of relationships of mutual influence in which substances, practices, rites and aesthetics circulate along with a dialogue of shared concepts and ideas referencing spirituality, fire, and ayahuasca both as medicine and as part of Guarani identity (Rose 2010; Langdon and Rose 2012):



When we drink the medicine (ayahuasca), at that very moment *Nhanderu* arrives, our soul is already right next to the fire. There everything appears; everything appears. We see who has the most complicated problems. *Nhanderu* shows [us]. With the help of this medicine I can solve these problems, you see, but the person must concentrate. Thus, at the time when we all drink the medicine, we must ask: "What should we do? What do we need?" The soul of all of us is at the edge of the fire. Then, from where I am seated I can see who has more problems, which ones are the most complicated. (Alcindo Wherá Tupã, karai).

Although there are no historical records documenting the use of ayahuasca among Guarani groups, most of the village inhabitants identify this drink as a part of their "traditional Guarani medicine." Several factors contributed to its positive acceptance and its current role in Guarani collective rituals. One was the link between the Sacred Fire leader and a prophecy made by Alcindo's grandfather, who had predicted the demise of Guarani culture and its revival with the aid of a *djuruá*, or white man. More recently, Alcindo had a similar prophetic dream, and the arrival of Sacred Fire's leader in the village, with the express interest of wanting to know about Guarani spirituality, became associated with the prediction. Dreams are an essential element in Guarani shamanic tradition (Bartolomé 1979), and serve as important access to the past and present as well as to the ancestral world of the spirits. Narratives of personal visions provoked by the ingestion of ayahuasca reveal that such experiences are attributed a status similar to that of dreams, allowing access to the reality of shamanic cosmology. Members of Alcindo's family affirm that when they first drank ayahuasca they entered into contact with their ancient grandparents and other spiritual beings and that Alcindo began remembering the long forgotten songs and practices of the Guarani, proof that this "medicine" was part of their ancestral past. Ayahuasca also enhanced other capacities central to Guarani shamanism: vision, sensation and perception. The beverage was instrumental in empowering the main attributes of the Guarani spiritual leaders: healing, communicating with the sacred and mediating between different worlds and beings that compose the cosmos – such factors are taken as testimony to the authenticity of tradition, identity and medico-sacred knowledge. Thus the experiences surrounding the Ayahuaca bolster Guarani shamanic praxis and cosmology, legitimizing its use as traditional medicine in the eyes of Alcindo's family (Rose 2010):

When we take the ayahuasca medicine we are ingesting knowledge itself. It is the knowledge of our grandparents, the blood of our grandparents. This is how we learn. I didn't understand why elder people cry when they pray. Now I understand: they are praying for our ancestors. And in their prayers, our grandparents always remember the Guarani people (Celita Antunes, Alcindo's grandson's wife, interview Oct. 01, 2008).

Another important factor in its adoption relates to the period in which ayahuasca was introduced. Alcindo and Rosa's family remember their frustrations with the village's economic, cultural and spiritual crisis in the late 1990s. Respect for the authority of Alcindo and Rosa as spiritual leaders was diminishing, and the village members were abandoning the Guarani way of life. They reported that family violence, alcohol abuse and reduced participation in opy rituals, important for the solidarity of the group, were diminishing:

Too much drinking. My father in law was the *cacique* here when I arrived in the village. I remember that there was too much drinking... (Celita Antunes, Alcindo's grandson's wife, interview Oct. 1, 2008).

Continuing with the above testimony, Celita, wife of Hyral Moreira, Alcindo's grandson, goes on to express that she was on the verge of leaving the community because of the abuse of alcohol and the associated social problems that had ensued. She affirms that it was the arrival of the Sacred Fire leader who heralded the renewal of collective ritual activities through the introduction of the "medicine" and the sweat lodge ritual.



The project had several positive impacts on the community that have been reported both by Guarani as well as the health team and anthropologists working with the community. Several observers cite that collective ritual activities were strengthened and positively influenced community life, and that Rosa and Alcindo's influence increased in social and political life (Langdon and Rose 2012; Mello 2006; Santana de Oliveira 2004).

Their house has become a center for the community where residents gather nightly to drink *chimarrão*, a tealike infusion prepared from *Ilex paraguariensis*, share the Guarani ritual pipe and listen to Alcindo's stories and directives about the next day's activities (Oliveira 2011). The growth of community participation in the traditional prayer rituals resulted in the construction of a large new prayer house with a fire altar incorporating Sacred Fire's symbols. A sweat lodge, an igloo-shaped mud dwelling inspired by Sacred Fire's Temazcal, was also constructed. This edification was baptized with a Guarani name, *opydjere*, meaning "round prayer house."

Rosa and Alcindo received renewed respect as healers both within the village and among other Guarani communities along the coast.



Our community is one of the Guarani villages that has advanced the most. It has existed for 20 years, but in the last four or five years, we have gone a long way: [in] family structure, [in] terms of the community itself, [in] the manner of receiving many people, not only Indians. Today we are a reference point. And the medicine (ayahuasca) helps. In truth, the medicine simply helps the human being reflect on what he or she should do. Because in day to day life, we don't even perceive, don't think. It is during the moment of the ceremony that you really see yourself, you are truly with yourself, and can evaluate what you are doing and what to do. Medicine simply helps you reflect on what you are. (Hyral Moreira, cacique and karaí, interview August 19, 2008).

Participation in the Medicine Alliance also created new interactions with the larger society, facilitating new forms of economic benefits and fiscal support. Not only did the health team members participate in the rituals, according the elderly couple enormous respect, but also, contrary to many of the other Guarani settlements, the karáí allows regular participation of other outsiders, who reciprocate with money, food, tobacco or other necessities. Besides the reciprocal relations of ritual participation in the Sacred Fire and Santo Daime centers,¹² Alcindo and his *yvyraidjá* (shamanic assistants) lead rituals in the different religious and spiritual centers in the metropolitan area of Florianópolis, resulting in further economic benefits. They have established a close relation with the students of an Applied Naturology course offered by a local university.¹³ Based on a holistic view of health and nature, the course trains its students in a series of alternative therapies that range from forms of homeopathy to shamanism. These students frequently visit the village and the Guarani helped them construct their own opy and a shelter for the Temazcal on the university grounds, where younger members from Alcindo's family eventually conduct ayahuasca and Temazcal rituals.



The personal characteristics of this elderly couple as spiritual leaders and their life-long migration in pursuit of the Guarani way of life that led them to settle Mbiguaçu, differentiates them and their extended family from most Guarani villages. While a common response by most Guarani has been to attempt to continue with the strategy of invisibility, the Moreira family has participated actively in the political and cultural revitalization process occurring along the coast of southern Brazil: the territorial disputes, the development of agricultural projects for sustainability, bilingual schools, and participation in indigenous health and educational councils. As Hyral Moreira, Alcindo's grandson, states above, Mbiguaçu is considered a precursor with respect to the other villages and it is a leader in the network of Guarani communities along the coast in which ritual activities complement and intersect with new forms of cultural and political expression with society at large.¹⁴

The family of Alcindo and Rosa occupies a pivotal role in strategies of spiritual and cultural revitalization occurring within and without the Guarani villages. Their offspring and descendants participate as karáí assistants in the village ceremonies and are the most active in Sacred Fire and Santo Daime events outside the village. Several, including women, have participated in the Vision Quest and Sun Dance events held at the Sacred Fire headquarters and have been responsible for the recent introduction of the Vision Quest in Mbiguaçu. They also perform Temazcal and ayahuasca ceremonies in the New Age centers of the region and are important translators of Guarani culture and spirituality for interested outsiders. Among the younger women, Celita Antunes is important politically within the village. She helps mediate internal conflicts and organize ritual performances. As evident in

¹² Valued as special participants, they are not charged for participation, as are interested non-Indians.

¹³ Naturology (*Naturologia*) was formulated approximately 15 years ago as an alternative therapeutic system that proposes integral health care through natural health practices and education. Currently three Brazilian universities offer courses in it. Naturology claims to represent a systemic and complex approach to health based on the interdependency of psychobiological, sociocultural and environmental aspects of life and the principles of ancient oriental philosophies, such as Traditional Chinese Medicine and Ayurveda Medicine.

¹⁴ This confers with anthropological observations, including the role of the village in the struggle for land (Mello 2006).

her testimonies above, she is active in dialogue with the non-Indian actors present in Mbiguaçu and participates frequently in the ritual events outside the village, including the Vision Quest in Sacred Fire's headquarters.

The Moreira family not only associates the ayahuasca ritual with the revitalization of Guarani spirituality, but they also see the fire, a key symbol of Sacred Fire, as expressing their mission to maintain the continuity of Guarani practices. The Sacred Fire altar with its various symbols now occupies the center of the *opy* in Mbiguaçu. Celita Atunes, wife of Alcindo's grandson Hyral, narrates how her understanding of the mission of their village came about during a ceremony when the fire was beginning to die out.

This happened some six years ago, in a ceremony when the fire suddenly extinguished. Hyral tried to light the fire again and everybody that was in the *opy* started to feel bad. It seemed like the medicine was choking us. Grandfather [Alcindo] began to sing and pray. He said that it was not an effect of the medicine; it was the *tata* (fire) that was extinguishing itself. Our own people the Guarani were ending. If we hadn't ignited the fire that night, it would never again have been lit. The spirit of the Guarani was fading. Grandfather spoke: "There is no more order. You can go searching out there, throughout Brazil, the entire world, but you will not find anyone praying, not even our people, [not] truly praying - praying for the path, for the Sacred fire. Thus it is here that it has been lit again." That affected me deeply. I have heard many things. It seems as though I heard again all my uncles who have already died, my grandfather who talked to me about the importance of preserving Guarani wisdom. Hyral also understood that it was the moment to ignite the fire again (Celita Antunes, interview Oct 1, 2008).

As evidenced, the burning of the ceremonial fire, now in the center of the *opy*, represents continuity for the Guarani people. In addition, the mission of cultural revival is explicitly expressed through the new roles and opportunities of indigenous leadership created by public policies in health and education. Alcindo's three sons are bilingual teachers devoted to the alphabetization of the Guarani children. Their oldest, Agostinho, has been a pioneer educator in indigenous schools in different parts of Rio Grande do Sul since 1978. Geraldo, the second son, was the first bilingual teacher of the village when the school was first established in 1998; and the younger brother, Wanderley, is currently its pedagogical coordinator (Oliveira 2011:129). The younger brothers are enrolled in the course created for qualifying Indigenous teachers at the Federal University of Santa Catarina initiated in 2011 and directed especially to the three ethnic indigenous groups of the region.

Geraldo Moreira is Alcindo's main assistant in the *opy* rituals and is a primary mediator with non-Indians as an expert in translating Guarani ideas and concepts for the wider non-indigenous public (Rose 2010). He was active in the creation of village's children's choir, the *Yvychi Ovy* chorus in 1996 (Santana de Oliveira 2004). As with other Guarani choirs created along the coast for the public display of culture, the chorus performs in public events and schools in order to promote their music and beauty of their culture.¹⁵ Hyral Moreira, Alcindo's grandson, is the current cacique or political leader of Mbiguaçu and also an important shamanic assistant. A defender of Guarani culture, Hyral is nationally recognized as a Guarani political leader and as an important shamanic assistant in village rituals. In 2010 he was a candidate for state Representative in a campaign that circulated his picture donning a large feather headdress with the slogan "Let's make a better planet to live in: for social development and sustainable environmental health." Currently he is running for city council in the Brazilian 2012 elections. He represents himself on his internet blog wearing the same feather headdress, one that he received from the politically active Xucuru of the Brazilian Northeast, with the new slogan: "a new culture in politics."¹⁶

¹⁵ The group recorded its first CD *Nhee garai mara eyn* ("Endless sacred song") in 2003.

¹⁶ See <http://caciquehyral.wordpress.com/>, accessed, August 2012.



We started to revitalize our tradition and we have the responsibility to keep this going. I always say that maintaining this tradition is a great responsibility. How can I explain the satisfaction that comes from making a tradition live again? It is impossible to measure this. We are responsible for a whole generation that is growing up according to our tradition, according to our culture and to our knowledge. Only a few years ago we didn't have this in our community. For example, when I was younger, I didn't want to be an Indian. I wanted to be like white people. Today I want to keep my culture. Today the children are going to the ceremonies in our prayer house. We explain to them about the ceremonies, about their reasons and purposes. This is a great satisfaction for me. I am very satisfied to be able to lead this young generation, to help the children develop within our culture. This is priceless. (Hyrar Moreira, interview August 19, 2008)

The articulation of the traditional medicine project with the bilingual school in the village is particularly notable. The school employs several members of the Moreira family. Along with Geraldo and Wanderley, two other members of the family are professors and two of Alcindo's daughters are employed as part of the service staff. The professors have embraced fully the cultural revitalization project of the village. They created a collection of bilingual books entitled "Contributing to the revitalization of the Guarani Culture" containing myths, descriptions of rituals and other information (Moreira and Kodama 2008, 2009). The publication of these books was funded by resources from the organizations mentioned above: the World Bank, the State Government and the National Foundation for Indian Affairs (FUNAI).

Articulation between members of the Moreira family as spiritual leaders dedicated to the maintenance of the Guarani way of life with the activities that they develop in the school as professors is particularly evident in the school's 2008 mission statement. The "valuing of the Guarani tradition" is primarily expressed as the promotion of the "indigenous spiritual tradition." The mission begins by identifying Guarani spirituality with an ancient ancestral spirituality as expressed by the Sacred Fire or the Red Path:

"Knowledge and Wisdom Guarani Tata Endy Rekoe"

Tata Endy Rekoe is one of the most ancient traditional indigenous spiritual organizations of South America, existing since time. We call *Tata Endy Rekoe*, "Sacred Fire", for it is the center of life itself, the fountain of light and warmth, as well as true Wisdom that comes from the Guarani language, spoken by the Guarani people. This tradition, in the vision of the ancient indigenous elders, has as its principle proposal the integral evolution of the universe and of all its beings, including the full development of all the physical, emotional, mental and spiritual capacities of human beings as individuals and as a people or race. This integral development is contemplated within the equilibrium and harmony of the cosmos, in particular with this beloved planet which we inhabit and that we consider our mother. The opportunity of evolution that we have through the sacred ground of our Mother Earth is seen by us as a beautiful stage that, when followed with conscience, is crowned with great learning and spiritual instruction. The evolution of the spirit's material manifestation on this planet through our physical body, whose interior is permeated with the sacred blood that has the same color as earth, is the true way of the heart, that which our ancestors called *Tapé Marã'ey* (the Red Path). In our vision, we believe that this spiritual indigenous tradition of South America, or *Tapé Marã'ey*, possesses in its roots the same fundament as all spiritual traditions of the four human races of this world (red, yellow, black and white), for the basis of the spirit of life is one, even if we have different interpretations for this same spirit (Guarani School Plan 2008:01).

This mission statement issued by the schoolteachers is in keeping with other articulations that are ongoing in the village. It is common to compare the *opy* to school, regarding both as places of the production of knowledge and people (Macedo 2010:155). The planning for the school year of 2008 includes, along with the educational activities, support of the *opy* rituals and the promotion of traditional dance, music, sacred instruments, traditional medicine and the conscious management of natural resources (Guarani School Plan 2008).

V. Final Reflections

The introduction of ayahuasca and the Temazcal ritual as part of traditional medicine was a product of the dialogues between initiatives of the health professionals in charge of primary services for the Guarani communities along the Southern coast of Brazil and desires and aspirations of Alcindo and his extended family. It is important to recognize that it was a local project, and not one originating from Brasília, that emerged out of personal experiences with the use of ayahuasca and notions of traditional medicine and spirituality. It received four years of support from the non-governmental organization responsible for the primary services in the Guarani communities.¹⁷ In the case of Mbiguaçu, both the health team's dentist and doctor had several years of experience with the Guarani and established close relations with the community. They were important in the support of the project proposed by the Sacred Fire leader, who joined the team with its approval and was valued primarily for his ritual knowledge rather than as medical doctor. The strengthening of traditional spiritual leadership and medicine was seen as a solution to resolve the weakening position of the *karaí* and the problems in social disorganization, alcohol abuse and family violence. One of these professionals was a member of Santo Daime, the group that provided ayahuasca for the project, contributing perhaps to the acceptance on the part of the team of ayahuasca as a universal indigenous medicine. The team members and those of the NGO that hired them established extremely close relations with the Guarani. Besides their scheduled visits to the community to provide primary health services and to refer more difficult problems to the specialized services of the Unified Health System in the nearby municipalities, they participated regularly in the community rituals and both the doctor and dentist began *karaí* apprenticeship with Alcindo. The NGO also implemented other projects related to traditional knowledge, subsistence and community participation. The Sacred Fire leader, who served on the team for the duration of the project, was associated with several prophetic dreams and consequently identified as the non-Indian predicted to help revitalize the culture. The relation between the health team, the NGO and the community was so strong that, in September 2011, when the new Special Secretary for Indian Health attempted to substitute the NGO with another, the Guarani staged a general protest blocking the national highway that runs along the coast and occupied the headquarters of the Special Indigenous Health District in Florianópolis (SC).

For Mbiguaçu community, the conception of traditional medicine held by the health team articulates with Guarani anxieties as to the loss of tradition, their notions of collective well being, and the relation of health to the cosmological and shamanic system. As common for most lowland indigenous cultures, health is a result of the forces operating in a multi-dimensioned universe that not only impact upon individuals, causing illness and misfortune, but also upon the collective body. For the Guarani, the human condition is unstable and provisionary oscillating between the two poles, one associated with perfection and immortality; and the other with animalism and predation. The collective rituals performed in the *opy* by the *karaikuery*, the traditional spiritual leaders, maintain the health of the community and are essential to the continuity of the Guarani way of life, designated as *nhandereko*.

The strengthening of traditional medicine for the Guarani in Mbiguaçu is part of a larger process of identity politics that characterizes not only this community but also the general indigenous movement that has been growing throughout Latin America. Not only have the non-indigenous groups of global society increasingly looked to indigenous knowledge as a resolution to the current environmental crisis, but Indian political organizations also voice this discourse in their struggles for ethnic rights and identity. The most recent example of this is the People's Summit, held simultaneously as a parallel and extra-official event to the Rio+20 United Nations Conference on Sustainable Development in June of 2012. The Summit stressed that lack of effective actions to overcome social and

¹⁷ Project funding was rejected at the national level (Luciana Ferreira, personal communication).

environmental injustice since the United Nations Conference on Environment and Development (Rio 92 or Eco 92) two decades ago and declared the goals officially established by Rio+20 as inadequate for the current global crisis.¹⁸

As part of the Summit, over 1.800 leaders and representatives from indigenous peoples and political organizations organized a Free Land Encampment. Guarani presence in this event was represented by the organizations ARPINSUL (Articulation of Indigenous Peoples of Southern Brazil),¹⁹ Guarani-Kaiowa Great Council *Aty Guasu* and the Continental Council of the Guarani Nation. In contrast with the final conclusions of Rio+20, the final declaration of the Indigenous organizations proposes a model of “The good life/The full life” (*Bom Viver/Vida Plena*) based on indigenous knowledge, one that opposes capitalism, consumerism and global economic policies and favors human rights, harmony and respect for all cultures and Mother Earth. Its repudiates violence toward indigenous leaders (including the recent violence experienced by the Guarani-Kaiowa) and the construction of large projects in Indian territory, such as the Belo Monte dam, and argues for the protection of indigenous lands, improvement of health conditions and differentiated education. Important for the case examined here, it also voices the importance of indigenous spiritual and environmental knowledge, finalizing the document with the statement: “The planet’s salvation lies in indigenous people’s ancestral knowledge” (Cúpula dos Povos 2012).

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¹⁸ See <http://www.uncsd2012.org/index.html> and <http://cupuladospovos.org.br/>, accessed October, 2012.

¹⁹ Created in 2006, this organization represents the various indigenous groups in southern Brazil, See <http://www.arpinsul.org.br/index.php>, accessed, October 2012.

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