

THE CONCEPT OF HEALING AND PERFORMATIVE EFFICACY IN SHAMANISTIC RITUALS¹

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ABSTRACT

To understand the concepts of healing and efficacy, it is necessary to go beyond the vision of biomedicine as well as that of classical symbolic anthropology. For biomedicine, a cure is demonstrated by observable physiological signs found after ingestion of a substance. The symbolic approach argues that healing rituals are efficacious because they respond to important cosmological and ontological questions, provoking a transformation of perspective in the patient by means of shared representations that instigate psychological and physiological changes. Based on research on shamanic practices among the Siona of the Colombian Amazons and their narratives about experiences of affliction and healing, I show that the restoration of well-being involves more than psychotropic substances and shared symbols. The performative approach seeks to comprehend healing in contexts in which the body is engaged in its totality, independent of shared symbolic meanings or the physical effects of substances.

KEYWORDS

Healing; Cure;
Performative efficacy;
Ritual; Corporality;
Shamanism.

1. This is a revision of “La eficacia simbólica de los rituales: del ritual a la performance” (Langdon 2013), published with permission. I thank National Council for Scientific and Technological Development (CNPq) for its support of my research on Indigenous performance and health since 1988.

Many years ago, I saw a film about a young man suffering from Down syndrome and associated partial blindness. He participated in a healing session conducted by Kathryn Kuhlman, a faith healer famous for the performance of miracle cures in front of thousands of people in large stadiums. The young man was one of many sufferers who marched across her stage to receive the healing powers of her hands and gifted prayers. The spiritist stood in the center of the stage dressed in a white gown with draping sleeves that waved like wings in the wind of the electric fan blowing behind her. After she laid hands upon him and prayed to almighty God to bring him sight, the young man staggered back, recuperated his balance, and literally shining with joy, shouted, "I can see! I can see the audience; I can see my mother clearly! I can see!" He was then quickly ushered off the stage to be followed by another patient. The next scene of the film focuses on an optometrist in his office, who categorically states that the young man's vision had not improved, arguing that the comparison of exams before and after the healing ritual prove that no change in vision occurred. The last scene of the film shows the young man and his mother in their kitchen. He is visibly subdued in comparison to the glowing revelation of sight he expressed on the night of Kuhlman's healing spectacle but he continues to state that the doctor is wrong, that he does see better.

I showed this film to my students more than four decades ago, shortly after I had returned from two years of doctoral research among the Siona people in Colombia. I studied their shamanic health practices and healing rituals with the use of *Banisteriopsis* sp. and its mixtures, known in Colombia as *yagé* and more widely as *ayahuasca*.² The documentary mentioned above raises the same question that students and others have asked me over the years about shamanic rituals employing mixtures of *Banisteriopsis* or other such substances: "Do these rituals really heal people?" There can be no simple response to this question for the notion of healing is extremely complex. To comprehend the nature of healing, it is necessary to begin the discussion with a series of related questions: What do we mean by healing? What do we mean by healing efficacy? Who determines that a cure has occurred?³ What is the relation between the healing experience and the body?

2. My first research spanned from 1970 to 1973 and I have been able to continue to make return trips to the region thanks to a grant from CNPq.

3. A similar paradox about healing and ritual was published in 1989 (Pereira 1989, Sullivan 1989) regarding a famous Brazilian ecologist who was diagnosed with an incurable illness due to poisoning by an Amazonian frog, which had occurred many years earlier during field research. Two Indigenous shamans were summoned to perform healing rituals while he was in a hospital. They rejected the physician's diagnosis and performed their rituals in remove the evil. Afterwards, he claimed that he was better, indicating that he was sleeping better and feeling more comfortable. Several months later he died.



Most of my analysis is based upon half a century of research on South American shamanisms and classical theories in symbolic anthropology concerning Indigenous health systems, rituals, and the healing experience.

The argument I raise in this study is not limited to evaluating the efficacy of rituals in non-western societies. I propose that the nature of illness and healing on the phenomenological level operates in similar ways across different cultures. However, as expressed by Indigenous intellectuals (Kopenawa e Albert 2015, Tunubalá Yalanda 2022), their healing traditions have their own forms of knowledge about health and different questions about the nature of illness and healing guide their therapeutic practices. Young (1976) pointed this out three decades ago, claiming that most rituals answer important cosmological and ontological questions that arise in the face of serious illnesses. What marks the difference between biomedicine and other medical systems is that the former focuses on the individual in a disinterested universe, whereas, in most others, the individual is a member of a collective in an intentioned universe. Sullivan notes that different healing traditions mark different appraisals as to the nature of reality, which can be cosmic in the case of shamanic traditions or chemical in the case of biomedicine (Sullivan 1989). Thus, the comparative focus on health systems is important for a deeper understanding of efficacy.

Studies of shamanism and non-western systems of healing have their origins in the 19th-century, a period when anthropologists perceived “primitive”⁴ mentality as being qualitatively different than the scientific one. Thus, this supposedly “primitive mentality” was characterized by the lack of the capacity to rationally perceive reality. Rationality was conceived as the capacity to objectively observe the relation between cause and effect. Early anthropologists who studied medicine, such as Rivers (1924) and Ackerknecht (1942), contrasted them with “scientific medicine” and claimed that the “primitive” systems were based on a magical perception of reality, one in which rituals are employed to change events in the natural world. For them, such attempts inevitably failed since they are based on incorrect laws of nature. The most familiar examples are the laws of similarity, in which similarity produces similarity, and of contagion, in which actions performed on one part of the system affect the whole (Frazer 1890/1980).

Both Rivers and Ackerknecht made important contributions to the growth of the study of non-western medicines. However, and perhaps because

4. During the 19th and early 20th centuries, the characterization of original peoples as primitive or as savages was used in an ethnocentric way by anthropologists.



they were both trained medical physicians, they affirmed that primitive medicine, as an example of primitive mentality, could never evolve into scientific medicine. Like others of their time, they confused systems of knowledge with mental capacity. They characterized primitive medicine as primarily “magical-religious” and European medicine a rational science, one that depends upon the objective observation of cause and effect. For both authors, primitive peoples were blinded by their magical beliefs and thus do not, and cannot, experiment with or observe nature objectively as we do.

These first anthropologists who studied the topic of medicine categorized shamanic practices as magical and classified shamans as “doctor-magi-cians” or “doctor-sorcerers” due their capacity to do harm as well as good (Métraux 1944). Discussions in classical anthropology presumed that both magic and magical practitioners would disappear in the face of modernity and the growth of the control of science over disease. However, the second half of the 20th century has shown that these ideas about shamans and the inefficacy of their rituals are complete misconceptions.

Anthropological thinking has experimented a true revolution regarding shamanic concepts and methods. The classic and essentialized concept of culture has been left aside; culture is no longer perceived as having clear and defined limits restricted to a specific geography or people (Geertz 2000). The anthropological gaze is directed more toward the emergence of culture in specific contexts, to action and praxis, as well as to a series of associated themes that include interaction, performance, experience, self, subjectivity, and agency (Ortner 2011). Regarding ideas about magic and magical beliefs, symbolic and performative perspectives have substituted the classical debates about the logic of magic. Anthropologists today are no longer preoccupied with the objective validity of beliefs, but rather with how people engage in their reality constructed by social and cultural processes (Good 1994). It is important to point out that, in the case of healing, this engagement is frequently created by ritual performance and its sensorial and aesthetic elements (Laderman and Roseman 1966, St. John 2008, Turner 1974, Curare 2019).⁵

At the same time, a global and heterogeneous movement, characterized by a deep respect for indigenous knowledge and practices (Ingold 2015,

5. I thank the reviewer’s observation that my study ignores the more ample debate in contemporary anthropology about the rupture of the binary opposition between nature and culture and the repositioning of that of nature following the perspective of original peoples. However, this study is not dialoging with the discussion about different realities or perspectives. I myself have made contributions to this debate in other articles (Langdon 2022). However, this is not the theme of this article — written a decade ago in dialogue with those who argue for the curing efficacy of the substances, ignoring the ritual context (Langdon 2013).



Viveiros de Castro 2018) is growing along with an interest in the effectiveness of shamanic substances, often referred to as entheogens or psycho-integrators (Apud Peláez 2020, Grob e Grigsby 2021, Roseman et al 2022).

Outside academia, traditional and neo-shamans have emerged from their local communities to conduct workshops and shamanic training as well as to perform healing rituals. In some cases, shamanic techniques and substances have been appropriated for use in rituals with very different cosmological orientations (Platero and Rose 2022). Ayahuasca stands out as one in full expansion and whose use is being adopted not only by religious groups such as Santo Daime and União Vegetal (Groisman 2000, Labate, Santos and Rose 2008, Bernardino-Costa 2011) but also by those in the international circuits of contemporary shamanisms (Losonczy and Mesturini Cappo 2010; 2014, Labate and Cavnar 2014, Brabec de Mori 2021).

ILLNESS AS PROCESS

In the 1960's, a number of anthropologists began to examine the power of symbols in human interaction and experience. In this context, studies of non-western medical systems conceived of culture as a dynamic production of meanings between different actors and directed attention to the role of symbols in human perception and experience (Moerman 1979, Dawsey 2005). Some of these studies recognize that the non-western healing traditions frequently obtained positive results in contexts in which biomedicine failed (Kiev 1964, Kleinman 1978, Kleinman and Sung 1979). My research with the Siona, an Indigenous peoples of the Putumayo, demonstrates that their response to deal with illnesses is not substantially different than ours or of those in other societies. As praxis, the experience of illness has to be understood as a dynamic process that may involve several actors and different therapeutic practices, depending on the seriousness and complexity of the illness. The meaning of the illness, as well as its subjective experience, is constructed through a process of negotiation between the various actors. It involves an initial diagnosis, choice of therapy, and evaluation of that therapy. If unresolved, the process begins anew: new symptoms may be identified, leading to speculations about different causes and pointing toward other types of therapy. Other therapeutic practices are sought, often to answer different questions about the treatment. These too are evaluated, and if the illness continues, the cycle begins once again.

When the Siona feel ill, they reflect upon what symptoms they are feel-



ing and identify the problem according to their experience in the past and that of those around them. This initial diagnosis generally attempts to identify bodily symptoms and to select a therapy among those known to resolve similar problems in the past. Herbal remedies or industrialized pharmaceuticals are commonly the initial choice.

Like all peoples, the Siona have notions about the workings of the human body, although these notions neither necessarily follow ours nor do their categories of illness correspond with those of biomedicine. One of the important differences between non-western medical systems and ours regards the search for symptoms outside the human body that may indicate possible causes of the illness. If an illness begins abruptly, with serious symptoms such as a high fever, and/or following a nightmare or social conflict that involved the ill person, there is a suspicion that the meaning of the illness (and its cure) must be found in a larger cosmological or social perspective. Speculations as to invisible or social causes of illnesses begin after successive failures of treatment that had functioned in the past in similar diagnostic situations. Thus, the network of those involved in the diagnosis and search for treatment expands as the illness continues to defy treatment, and therapeutic specialists from a variety of curing and healing traditions may be sought. The therapeutic practices selected in this process are motivated by different but related questions: what corporal or environmental conditions are causing the symptoms? What agent (invisible or not) is responsible for the illness? Why has the illness been caused? When questions about the cause go beyond the physiological symptoms, the search for a cure diverges from the biomedical notion, and healing from a wider perspective is sought.

The term healing or heal, as opposed to curing or cure, implies a sense of totality. Cure refers to a more restrictive perspective. In fact, the term for health has its origin in a Greek word that signifies whole, and the Old English *hælan* means to heal or remove anxiety. Thus, healing implies a transformation from illness to the restoration of well-being in a holistic sense, whereas cure implies the resolution of physical symptoms. Although it has not always been the case, the European medical tradition (currently designated as “biomedicine”) has increasingly become influenced by the biological and technological vision of illness to the exclusion of other social, psychological, or spiritual factors that are perceived by other medical systems as causes of physical or mental suffering. Kleinman, an important pioneer in the symbolic approach to medical anthropology, defines biomedicine as a system of medicine based on theories of biological processes, perceiving disease as a universal process independent of context and free of cultural values and notions (Kleinman

1980). Concomitantly, he observes that there has been little attention to healing, the most basic of all health care processes.

Shamanic systems of health, like many others not based solely on a theory of biological processes, hold culturally specific notions about illness and its causes. It is impossible to assume that all groups share the same ideas about health, illness, and shamanic practices. However, recent ethnological discussions have helped us to understand certain general principles about notions of the body and illness processes among lowland South American Indigenous groups. Persons and bodies are socially constructed and bound in webs of social relations in visible and invisible realms (Santos-Granero 2012). The concept of predation is a key metaphor for understanding native perceptions of the illness process, its causes, and its meaning (Fausto 2007). Among the Siona, illness is conceived as a process of dying, marked by weight loss, rottenness, darkness, and other qualities associated with death. A common expression for describing or characterizing illness is that it is an object or evil substance in the body that is sucking the blood (and life) of the victim. Causes that initiate this process may include violations of hygiene rules or prescriptions regarding eating, hunting, bathing, or other daily practices. Some illnesses are caused by more serious violations or social conflicts that motivate attacks in an intentioned universe characterized by visible and invisible beings. A shaman may be the aggressor using his powers to cause an invisible agent (*huatí*) to enter the body or by casting a shamanic substance into the victim. In such cases, a ritual must be performed to identify the invisible cause can be identified and eliminate it through a counter-attack.

In earlier publications, I have treated the praxis of therapeutic itineraries, itineraries in which the family group initially seeks treatment that aims to relieve the patient of the symptoms thought to have a commonly known cause. The aim most often is practical, to relieve the symptoms and return the patient to normality. However, if the illness defies customary treatments, anxiety and worries about serious incapacities or even death raise questions that go beyond the instrumental cause of the illness. Speculations emerge about the possible social or spiritual disruptions that constitute the ultimate cause of the illness, explaining why it defies normal treatment and indicating why that particular individual is ill at that particular time. In this sense, healing in its wider meaning is directed at attempts to answer ontological questions about the nature of suffering. In such cases, the Siona invoke an intentioned universe (Viveiros de Castro 1996) to understand what is really happening.

A specific case that is relevant to our discussion is one that lasted for o-

ver three years. For months Ricardo, my major collaborator, complained of a strange itching sensation at night, which left no physical symptoms but caused him to lose sleep. He had certain suspicions as to the cause of his suffering. For him, the itching began after a trip to the Summer Institute of Linguistic headquarters, where he met Indigenous collaborators from another region of the Amazon basin known for its powerful shamans. Upon his return home, he felt something fall on his head as he walked on the path to his fields. He tried to brush it away but found nothing. After working in the field, he began to experience itching over his entire body and attributed it to the dust, dirt, and sweat that accumulated while working under the hot sun. He took a bath and changed his clothes, but from that night on, the itching plagued him. As long as the itching caused him discomfort and lack of sleep but did not prohibit him from fulfilling his normal duties, he did little more than complain about the situation and ask an occasional visitor to the Indian Reserve if he knew some sort of remedy to stop the itching. At some point, he began to have severe skin eruptions that prevented him from working. Consequently, he seriously began searching for a cure, experimenting with a number of therapies recommended by neighbors, non-Indigenous folk healers and pharmacy attendants. Finally, at my urging, he consulted the doctor at the local health post, who diagnosed his problem as a “sun allergy”. His symptoms persisted over a number of months and were finally alleviated with medicateons the doctor had prescribed.

However, during these months in which his affliction resisted treatments, he increasingly speculated on a possible sorcery cause, since the event of the invisible substance falling on his head marked the onset of the illness. He argued that because that event signaled sorcery, he needed to see his brother-in-law, Elias, a Cofan shaman who lived two days travel by boat. He expressed with great clarity that he was attempting to cure his physical symptoms in order to travel and have Elias diagnose the invisible cause of the illness and heal him. Once his skin improved, he made the long journey and returned six weeks later. During that time, Elias administered a number of herbal remedies while also performing a series of yagé rituals to discover the cause and understand the source of the invisible object that touched Ricardo on that path. Through these rituals, he discovered that a local rival shaman, who wished to harm Ricardo’s shamanic knowledge, had sent a snake to urinate on the path Ricardo had walked on, causing itching and eventual skin eruptions. He removed the evil object (*rau*) causing the illness and sent it back to its source. Ricardo returned healed and pleased with the shamanic treat-ment. It is interesting to note that the nocturnal itching without physical marks never completely ceased. Years later, when I returned to visit him, he continued to have

the problem but since it did not threaten his daily activities again, he gave it little attention.

Ricardo's skin problem and his therapeutic itinerary demonstrate the difference between curing and healing, a distinction that was extremely clear to him when he explained why he needed a shamanic ritual. The different goals of the chosen therapies match the distinction made by theorists of ritual when they speak of instrumental efficacy and symbolic efficacy (Douglas 1966, Mauss 1974). The former deals with observable material results, whereas the latter depends upon the patient's experience of healing, i.e., the re-establishment of a sense of wellbeing.

SYMBOLS AND REPRESENTATION

Symbolic efficacy has been explained in many ways by a number of anthropologists interested in the impact of symbols on human life. In two well-known articles, Lévi-Strauss (1967a; 1967b) proposed his theory of symbolic efficacy. In one of these articles, he describes a Cuna sha-manic ritual in which a woman was having difficulties giving birth. The text relates how the shaman used mythic chants to provoke the unconscious structuring of the chaotic and painful experience of the patient, producing a positive result. In those two articles, he argues that the shared cultural tradition, mythic structural thought and faith in the shaman, as well as the psychoanalytic process of abreaction contributed to produce the symbolic efficacy of shamanic performances. On the one hand, many anthropologists have questioned the structural argument suggested by him regarding how the mythic form (rather than the con-tent) unconsciously structures experience. On the other, most theories (whether structuralist or not) agree with the argument that symbolic efficacy generates a transformation on the unconscious level that creates an understanding of the situation and an experience of healing (Moerman 1979, Csordas 1983).

Another analytic argument suggests that symbols are effective because they translate shared values, are expressive, and induce motivations. In his famous article on religion, Geertz (1966) stated that symbolic action recreates propositions about the world in such a manner that people act as if they were real. In this sense, symbols are created and recreated by action. Sacred rituals organize existential suffering and the person's illness on a phenomenological and ontological level, resulting in a trans-formation of experience that lasts after the ritual ends. Through ritual, symbols model the way in which social actors see, feel, and speak about the world (Ortner 2011), resulting in actions coherent with the reality created by the ritual.

Geertz focused mainly on sacred rituals, defining religion as a cultural and symbolic system that is expressed through ritual. Ritual, in turn, has a powerful impact on participants, establishing long-lasting dispositions and motivations. For Geertz (1966), religion does not offer answers as to how to eliminate suffering but addresses central existential questions regarding the nature of life and suffering, helping to cope with inevitable loss and difficulties. Unlike Lévi-Strauss, he does not focus specifically on the theme of ritual healing. Young (1976), a pioneer in medical anthropology, expanded Geertz's theory to consider the power of symbolic expression in healing rituals, arguing that efficacy is found in the fact that ritual confirms the ontological reality of the group. This occurs particularly in the cases that involve the unknown or unseen, elements that are generally central to non-western healing practices.

In a well-known article on the Ndembu (Turner 1964), Victor Turner made important contributions to the theories of symbolic efficacy during 1950's and 1960's. In that study, as well as in subsequent discussions on symbolic theory (Turner 1964; 1969; 1974), he expanded upon the psychological and social meanings of symbols to demonstrate that ritual healing addresses both individual problems and those of the social group. For him, transformation reaches into deep psycho-physiological levels via the symbolic manipulation of symbols that represent the orectic pole — the sensorial and the emotional, with the ideological or normative pole representing the norms and mores of the group. In this sense, ritual addresses the interface between personal and social problems, i.e., “for both the maintenance and radical transformation of human social and psychical structures” (Turner 1969, 4). Regardless of a structural or interpretive orientation to understand the power of symbols, most theorists share the idea that symbolic efficacy brings about a transformation on the unconscious level that creates a comprehension of the situation and an experience of healing (Csordas 1983).

These authors recognize the importance of the performative aspects of ritual. Lévi-Strauss (1967a) refers explicitly to ritual performance as enactment, as a reliving of mythic events, not a miming or simple reproduction of events. Turner's idea of *communitas* focuses upon the experiential aspect of ritual, which makes transformations possible. He opens his discussion in *The ritual process* (Turner 1969) claiming that it is the emotional and imaginative nature of sacred ritual that he wishes to explore, an aspect generally avoided by anthropologists. In his later discussion of the physiological and social poles of ritual symbols, he explains that ritual “really works” when the qualities of these two poles are exchanged via the drama of ritual action.

[...] the singing, dancing, feasting, wearing of bizarre dress, body painting, use of alcohol or hallucinogens, and so on,

causes an exchange between these poles in which the biological referents are ennobled and the normative references are charged with emotional significance. (Turner 1974, 55).

However, both authors emphasize that ritual communicates through the shared meaning of symbolic expression that creates the collective experience and sets in motion unconscious psychological mechanisms. For Lévi-Strauss, what is shared is an underlying mythic thought structure, and he claims that the shamanic complex of healing efficacy requires three interrelated elements of the collective experience: the shaman and his authority, the patient, and the public, all three experiencing enthusiasm along with intellectual and emotional satisfaction that produce collective support for both the shaman and the patient (Lévi-Strauss 1967a). The shaman is empowered and legitimized by the collective. Turner, in opposition to Lévi-Strauss, focuses not on the sharing of mythic structure but on the shared “semantic” or interpretive aspects of symbolic expression⁶, which operate on a deep psychological level because of their symbolic associations with the orrectic semantic pole and become operators in ritual as a result of their performative aspects — dancing, music, drinking, etc.

The contributions of symbolic theory for the understanding of ritual healing are important, but they present two limitations that must be accounted for when examining shamanic rituals, particularly if we look at shamanic healing rituals today. The first has to do with the nature of the shared representations and the limits of collective representations. Critics of Lévi-Strauss point out that his use of Nordenskiöld’s data for his analysis of the Kuna healing session ignores that fact that the patient cannot accompany the mythic narration in the shaman’s chants. Shamanic use of dense metaphorical language makes the meaning and structure of the myth incomprehensible for the patient. The fact that participants do not understand the shamanic language is not unusual in the Amazon. Incomprehensibility has sometimes been attributed to the use of an archaic language unfamiliar to the non-initiated. Others claim that the density of the metaphors render shamanic language incomprehensible. Buchillet (1992) has pointed out that the Desana shaman sings so low in healing ceremonies that no one can hear him. In an example far from the Amazon, Prince describes a successful healing ritual in Lucknow, India, performed before the tomb of a Muslim saint with no healer present (Prince 1980 apud Csordas 1990).

I have testimonies made by several Siona in which illness was caused and/or cured through dreams without the intervention of ritual in the

6. Laderman and Roseman (1996, 2) use the phrase “structures of representation” to refer to what I am calling the semantic interpretative factor in ritual healing.

case of the latter. Dream experiences and their interpretations parallel the visionary experiences induced by yagé (Banisteriopsis sp.). Like shamanic rituals, dreams are used to acquire power, to discover true causes of misfortunes, and to influence events. When dreaming, the person goes to the dream place, *ëoru*, which is inhabited by the Dream people, *ëo bain*. They play a role similar to the Yagé people who accompany the shamanic apprentice in the ritual experience. In dreams, the Dream people are the allies. Like the Yagé people in ritual experiences, they explain what is happening, and, in some cases, take an active role in defending the dreamer from danger. Dream experiences have a direct relation to events in daily life. What happens in the dream realm affects events in the wakeful reality. Thus, dreams can announce or result in a good hunt, the onset of an illness, or the cure of an illness.

Dreams can also signal the acquisition of knowledge or power, as with Ricardo after I had given him a remedy to alleviate his flu symptoms in 1971. The next day, Ricardo told me that he slept, traveled, and saw a big city with a large garden full of healing plants. A tall white woman, dressed in white clothing with yagé designs, appeared to him and led him through a garden telling him about the plants. This dream signals the acquisition of knowledge in a way similar to yagé visions. The remedy that I had given him had stimulated his dream experience about the acquisition of new knowledge. Perhaps I am represented as a possessor of knowledge, but the motif of his dream is not uncommon. It reflects the Siona narratives about yagé journeys to cities in the heaven realm, of their inhabitants and of the women who show their healing plants. Gardens, cities, and the people in the heaven realm are all common elements in yagé visions that represent the acquisition of power.⁷

Ricardo also told me of several other dreams, and one is particularly important for thinking about the symbolic power of healing without the ritual or the use of ayahuasca. For two weeks Ricardo suffered from a high continuous fever that also caused vomiting. The fever and vomiting began after he had a bad dream indicating a shamanic attack, and despite the fact that a number of healing rituals were conducted during this time, nothing helped to alleviate his long continuous and intense fever. Then, one night he had another dream.

I was dying. Then, I had another bad dream.
“Oh, what will I do? I am going to die,” I thought.
Then I thought of God.
“Oh God, pity me. Make me dream good things to make me well,” I thought.

7. See Langdon (2016) for an example of such images.

Then, in the dream place I was going down river.
The Dream people were in the canoe too.
I was going and a person like my father came.
“Where are you trying to go?” he asked.
“I am going downstream, Father,” I said.
“No, it is not the time for you to go,” he said.
“Leave this place and return,” he said.
“Why are you coming to this place? People don’t come here,”
he said.
He spoke and then he immersed his *waira*⁸ in a gourd with
healing water, making it fresh.
He waved the *waira* over me, making the cool drops fall
on me.
He waved it, then he blew over me, “This way you are suffer-
ing. Other people have done bad to you and you became sick”.
“Much you are suffering,” he said to me.
“Yes, I am suffering in this way,” I said.
“Return today from this place, child, and don’t come again,” he
said.
“Return and bathe in the realm of healing flowers,” he said.
“In the health restoring flower realm,” he said.
Then in the dream place I bathed.
I bathed in the dew that fell from the trees in that place.
When I bathed, my body became fresh and the sickness
fell away.
“Now return, return and remain there, child,” he said.
“This path. This is the only correct path, follow it home,” he
said, and I went.
I was coming now. I arrived near my house and saw it. I
arrived and woke up in this place.

This dream, although experienced without ritual and the use of ayahuasca, is replete with the symbolism in the Siona cosmology that represents their central preoccupations qualities associated with life and death. Disease that persists in spite of treatment is normally suspected of being caused by witchcraft. It is associated with the qualities of darkness, rottenness, and heat. To be sick is expressed in Siona language as “to be dying”. Death is the journey down river to the end of the world, a place that, according to his father in the dream, was not yet for him. Health is associated with opposite qualities, with lightness, freshness, youth, and strength; qualities of the restoration of health via freshness, particularly that of taking a bath in the dewdrops of an important healing plant, are vividly expressed in Ricardo’s dream of his return to health.

8. This curing whisk, also known as *pichanga* in the past, is a collection of leaves that are used to “cure” or “clean” and are shaken rhythmically to the beat of ritual chants. The *waira* can be used over patients as well as over remedies and or yagé.

Before returning to my discussion of ritual, I would like to point out an important aspect of this healing dream that is unrelated to its symbolic message but to the corporal sensations of healing that were stimulated by the drops of cooling water and the freshness of bathing in water shaken from the waira. This dream, as an equally corporal and symbolic experience, shows the importance of the unity of experience.

That healing is a corporal as well as a symbolic experience implies certain limitations to the interpretative force of symbols while not denying their effectiveness. Tambiah (1979) pointed this out in his discussion about ritual efficacy that combines formal features with cultural (or semantic) meaning to argue for a performative approach to ritual that instigates the transformation of experience. If, in fact, shared representations or mythic thought do not always explain the efficacy of rituals, the limitations of the semantic approach become even clearer when participants in a healing ritual hold different expectations and representations. For example, participants in Peruvian shamanic rituals come from various different cultural traditions (urban, mestizo, and Indigenous) with disparate cosmologies and mythologies (Losonczy and Mesturini Cappelletti 2014, Platero and Rose 2022). The lack of shared perspective is increasingly the case with the expansion of neo-shamanism and the use of hallucinogens in complex societies. What is characteristic of the neo-shamanic movement and other “new era” practices is that, for the most part, they are cosmologies in the making that draw upon western notions of the individual and personal myths as well as images of non-western collective traditions (Maluf 2005, Losonczy and Mesturini Cappelletti 2014).

A second limitation to Turner and Lévi-Strauss’s discussions of semantic efficacy is their psychoanalytic bias, which emphasizes the resolution of psychosomatic illnesses. Lévi-Strauss draws upon the psychoanalytical theory of abreaction between the shaman and patient. When the woman in childbirth is able to order her psychological reality, her body responds and she delivers the baby successfully. Turner’s discussion of the exchange between the referents of the physiological orectic pole with those of the social pole also depends upon the psychoanalytic theory of drives and desires. In a specific discussion about the influence of Freud on his symbolic theory, he is very clear as to the psychoanalytic basis of symbolic power (Turner 1978). Moreover, his analysis of the healing of the Ndembu leader stresses the psychosomatic nature of his problems and characterizes him as “neurotic.” His neurotic anxieties of inadequacy are resolved through the healing ritual by the collective support of participants.

The application of psychoanalytic theory to healing rituals dealing with



mental illness was characteristic of the 1950's and 1960's. Enquiries into the success of non-western healing systems tended to focus upon “mental illnesses” in tribal societies (Kiev 1964). Since then, there have been a number of changes in anthropological theory and focus that have contributed to comprehending healing efficacy as a unified corporal experience in contexts in which shared symbolic representations are not necessarily a key element in the force of the ritual. Performance theory and the current paradigms of the body help us move beyond the Cartesian dichotomy of the body and mind and the necessity of a shared culture to account for healing in the globalized context of contemporary rituals. The paradigms of performance and embodiment⁹ overcome the limitations of the symbolic approach by focusing on deep corporal and sensorial engagement, even when participants may not be part of the same social group. Healing efficacy is best understood as a unified corporal experience in contexts in which shared symbolic representations are not necessarily a key element in the force of ritual.

THE SIONA YAGÉ HEALING RITUAL

Like other Amazonian groups who have shamanic cosmologies, the Siona perform yagé rituals to negotiate with the invisible entities residing in the four heavens as well as in the jungle and river in this level, called the first heaven. These entities lie behind all visible phenomenon of this world — the weather, the plants and trees, the animals and fish, the geographical features, celestial stars and planets, etc. For our discussion here, they play an important role as causes of serious or chronic illnesses.

The Siona refer to the visible and invisible realms of experience as two sides of reality, “this side” which is ordinary reality and the “other side” in which the spirits dwell as humans. The two sides are inherently linked for everything that happens in this side has a counterpart in the activities of the spirits in the other side. Thus, the normal rhythm of life, as well as the change of seasons, the appearance of game or fish, and the maintenance of good health depend on these normally invisible entities. Equally, all disruptions, such as misfortunes, illness, and death, have their ultimate cause in the other side. The two sides should not be thought of as separate but as having a concomitant relationship that creates the necessity to “see” what is not normally seen.

Contact with supernatural beings is necessary to ensure that life proceeds

9. Embodiment, as a paradigm, was first coined by Csordas (1990) and is inspired primarily by Merleau-Ponty and Bourdieu's reflections. It has become a well-accepted notion that signifies the collapsing of the dualities of mind and body, subject and object to address the phenomenological reality of the body and its praxis.



normally and to defend oneself if misfortune occurs. Through its vision-ary experience, the yagé ritual is the major mode of contact. Although other additives are also employed in the brew and other vision-producing stimulants are taken separately, yagé is the main substance ingested in ritual and sets the pattern for the use of other psychoactive substances.

The shaman, the ritual specialist, is especially important for he mediates ordinary humans and the beings on the other side. He bargains with the spirits to ensure the well-being of the community and its daily life.

Thus, he asks the masters of animals to let their “children” out of their underground houses to be hunted or Sun and Thunder to bring about favorable weather for their subsistence activities of agriculture, hunting, fishing, and gathering. He can see into the past and future, and, with his power, he can heal people of illnesses and behavioral disorders caused by the activities of the entities on the other side, as we have seen in the case of Ricardo.

As a guide, he leads participants in ritual through the other domains of the universe and protects them from malevolent spirits. Participants desire to travel with the shaman and see what he knows, but dangerous spirits can intercede and cause one to become lost in a world of blackness and death rather than that of the magnificent colors and scenes shown by the master shaman. If the guiding shaman does not take note when this happens and bring the individual back to ordinary reality, it is believed that the person will fall seriously ill and perhaps die (Langdon 1979).

The status of master shaman is gained through a long apprenticeship in which the novice passes from “only a man” to “one who has left” and finally, if he is able, to the status of master shaman, known as “jaguar,” “one who drinks,” or “one who sees”. As the novice drinks yagé, a substance called *rau* begins to accumulate in his body that empowers him to travel in the visionary worlds and contact the spirits. *Rau* signifies more than a substance in the body. It is a polysemic symbol and central to understanding the shaman’s power (Langdon 2017). It refers to his “knowledge” and is synonymous with the number of spirits he knows. Each spirit has its own vision and song that must be mastered if the shaman is to be able to contact and influence it. As he experiences more visions, his *rau* increases accordingly.

There are various mechanisms present in the ritual to direct the experience. The goal of the ritual is to enable all members to experience



what Dobkin de Rios (1972) has called a “stereotypical vision,” and the Siona use several means to bring this about: the journey to be made; the choice of the class of yagé to be prepared; the method of preparation; the songs, incantations, and dances of the master shaman; and the presence of yagé designs on ritual implements and clothing.

Each time yagé is taken, it is ingested with the intent of entering into contact with a specific domain, such as going to the house of the master of animals, to the house of a malevolent entity that is causing an illness, to the sun or moon, etc. The shaman announces the objective of the ritual beforehand, and he and his helpers prepare a mixture of a specific class of yagé with specific additives that will give them the visions desired. The Siona recognize at least twelve different classes of yagé, which are identified by the nature of the visions they are supposed to produce and by certain morphological features and stages of growth of the vine.

On the day of the ritual, participants limit their hunting activities. They stay close to their household and prepare themselves, taking baths, dressing in clean clothing, painting their faces, and adorning themselves with necklaces and sweet-smelling plants to attract benevolent spirits. They say their manner of dressing emulates the sweet-smelling Yagé people, their allies in the invisible domains.

At nightfall, they gather at special ritual house in the jungle. At one end of the hut, the shaman sits before a bench with the prepared yagé and ritual implements, including a chalice-like cup decorated with designs inspired by its visions, other painted bowls, a feather staff made from the scarlet macaw, and the whisk of dried leaves (*waira*) mentioned in Ricardo’s dream above. A large pot with yagé designs located beside the bench contains the preparation that will be consumed. Around dusk, the shaman begins to “cure” the yagé in the cup by singing and shaking the *waira* to rid the preparation of possible bad effects. Next, he “arranges” the yagé in the same way so it will produce the desired visions. This stage of the ceremony consists of an invocation to the spirits he desires to see and establishes the participants’ expectations for the experience. The shaman drinks first to make sure it will provide the desired visions. As he begins to feel the effects, he sings of what he is seeing. This is the signal for his assistants to bring him his large feather crown and feather staff. Sun, the primordial shaman, wears a similar crown on his journey across the sky each day and a scarlet macaw sits upon his shoulder. Then, participants request that they be served. The shaman sings over each cup of yagé he gives them. Each one drinks and returns to their place to wait for the visions.

Once participants feel the effects of the hallucinogen, both sides of reality fuse and their experiences reflect that of the shaman as he sings of the places through which he is traveling. He describes in song the spirits he is seeing, the geometric motifs upon their faces, clothing, walls, and benches, and the colors of the visions. He thus guides them through the various realms of the universe. He also whistles and plays bamboo flutes. In the bright world created by the ritual, participants experience the spirits singing and playing instruments. Healing rituals are dramatic performances that recreate the shamanic battle taking place on the other side in which the shaman attempts to return the cause of the illness to its origin. The non-involved participant will see the shaman singing, playing music on flutes (today the harmonica), running about, and gesticulating. When he addresses the patient, he “cleans” with the waira, blowing and sucking specific locations of the ailing body to draw out the object of the illness (the *rau*). Examination of the *rau* is used to diagnose the origin of the cause and to give a prognosis. If this object is mainly black or dark, it means that the patient is being consumed by the *rau* and that a cure is improbable. If it is clearer, symbolizing freshness and life, then the ritual, perhaps combined with remedies afterward, is likely to be successful. The shaman can also be seen “casting the object” back to its source. He may leave the yagé house and participants can hear him battling in the forest realm or perhaps elsewhere.

In describing their own experiences with yagé, the Siona portray them as both fearful and marvelous, descriptions which are much more forceful than the dry description I gave of the ritual (Langdon, Laffay and Maniguaje-Yaiguaje 2021). To tell about these experiences in performance is part of their tradition of oral literature. They have captured their experiences in personal narratives, and for the anthropologist who wants a view of the inner transformative experience, the Siona are quite willing to tell them. This is also true of their dream experiences, as we have seen in Ricardo’s narrative above. What is common to both kinds of experiences from a subjective point of view is the fusion of ritual activities with the complex shamanic cosmology that is corporally experienced and not merely observed.

It is apparent that not only the ritual symbols but also the multisensorial experience of rhythmic instruments, clothing, decorated objects, and shamanic songs describing the spirits, their design motifs and colors help guide and transform the participants’ subjective experience. The powerful element of DMT (N, N-Dimethyltryptamine) in yagé cannot be ignored, but as mentioned before, the patient does not always drink the substance, particularly if he or she is seriously ill. However, the shaman performs over participant’s body, blowing, sucking, and extracting the

illness. This was the case in one of the first healing rituals in which I participated. I was working among the highland Sibundoy and accompanied the final months of a woman dying of advanced cancer or glandular tuberculosis. I first met her through the local health post doctor, who said that she had been interned in his infirmary for a few months but that she needed specialized treatment. Since I had a car, I took her and her husband to the regional hospital some hours away. Once the doctors examined the open wounds on her stomach, they told us that there was nothing to do other than simply return home to wait for death. Her husband did not seem to be shaken by the news, and, once home, he told me that he was going to ask a shaman to heal her and to find out what really was happening. I was privileged to be invited to the ritual, attended primarily by the immediate family. All of us took yagé, excluding the patient, and when it was over, the shaman explained the cause as witchcraft and indicated that it was too late to cure her. Following this ritual, the husband accepted the negative prognosis, and the next time I visited them, a handmade wooden coffin stood outside the entrance to the house, awaiting her death.

In order to illustrate aspects of the subjective healing experience, I would like to present a fragment of a personal narrative from Ricardo in which he describes a ritual in which his father, as shaman, brought him back to health. When he was in early adolescence and beginning to drink yagé, he had a frightening experience in the jungle with an encounter with a *huati*, a malevolent spirit sent by a jealous shaman. As a consequence, he developed an extremely high fever and began to vomit a pure black liquid with rotten leaves, a clear sign of witchcraft. The narrative describes the first curing rituals his father performed. They consisted of ritual blowing and cleansing with the leaf whisk as well as chanting over the herbal remedies ingested by Ricardo. After two such healing sessions, his vomit changed to a clear watery liquid. As in the case of his skin problem, once the symptoms were alleviated, his father performed a yagé ritual to heal him. The narrative starts here with the yagé ritual, which Ricardo briefly relates and then elaborates on his subjective experience when he also drank yagé in the second ritual.

Then they cooked yagé, and my older brother carried me up.
He carried me up to the yagé house and my father blew to
cleanse the sickness.

All of the sickness objects of the spirits he blew;
He conversed with the spirit that frightened me;
He saw all that happened, sang yagé chants, and blew on me.
As he blew, I got better; that time I returned to health.
Time passed; again they cooked another house of yagé.
They cooked and I thought "This time I am going to drink."

My father sang many chants.
He sang and cured me and when he was finished, "Father,
give me yagé to drink," I said.
"You want to drink?" he said.
"I want to drink," I said.
I said, and he began to chant over the yagé.
He cured it, finished, and blew, "Drink, child, one
mouthful drink; drink and see; drink," he said.
And one mouthful I drank.
I drank, and then the yagé came.
When it came, only very black insects appeared to me,
thus the yagé came to me.
When it came, first I saw all darkness. Oh! The yagé
showed me only black men and their realm of darkness.
The yagé came to me thus. The drunken spirit people, the
yagé drunken spirit people, arrived to me. Oh! They tried to
catch me with palm cords.
They tried and I defended myself.
I worked to defend myself; then, the drunken spirit people
pulled out their tongues.
And they came screaming at me.
As they came, I was a dying person, not remembering any-
thing on this side. They came, and I was dying on this side. I
was dying as my father went singing into the jungle. He
left and returned.
He came, and I did not remember anything of this world. I
was not conscious. "Oh, little brother is dying," my older
brother said coming to me.
"Singing Parrot?" he called my yagé name.
I was thinking of nothing.
I didn't respond and he sang a spirit chant.
I couldn't swallow his remedy at all.
And he took a knife and pried open my teeth. With a leaf
spoon that he had made, they poured the liquid into me.
Slowly and refreshingly the water flowed in.
As it flowed, my father began to blow the *rau*.
As he blew, I saw the *juinja bain*, the tender heaven people
who look like us.
They came personally to me, descending on the mirror that
my father had in his hand,
He blew on the large mirror.
My father sang of the spirits and they descended with the
large mirror and with this mirror I saw my father singing
and blowing to cure me.
He saw the place of dizziness, sang many yagé chants, with

the spirit language he was healing.
He cured, I saw all the people as they descended to my
father, descending and singing to this place and seeing this, I
returned to this side.
“There is no more sickness,” he said as he cured, and rapidly
to this side I returned healthy.

HEALING AND PERFORMANCE

This narrative above is replete with symbols that communicate the sha-manic cosmology that is invoked when people are suffering from sudden and violent illnesses, as well as in other rituals. The elements related to darkness and rottenness represent the dark and evil forces that can come from the evil *huati* or spirits and cause illness and death. In the same way, clarity, freshness, and light denote healing powers. Here I would like to go beyond an interpretation of the symbolic messages to focus on aspects that are representative of what I have been calling the performative approach. There are several features that permit us to understand how such an analysis applied to healing moves beyond the limitations of the structural interpretive theories of ritual efficacy and their dependency on psychoanalytic processes (Laderman and Roseman 1996). The performative approach to healing builds upon earlier discussions of ritual efficacy to comprehend healing in contexts which engage the body in its totality, independent of shared symbolic meanings and a Cartesian division between body and mind.

Heightened experience: Performance has an emergent quality of immediate experience, a temporary and singular quality resulting from the aesthetic communicative resources, individual competence, and the goals of participants within a particular situation (Bauman 1977). In this sense, the shaman enacts the healing process by calling upon a number of aesthetic resources (his songs, dancing, drum beating) to create a heightened and engaged experience for the participants. In the specific case of the Siona, the shaman enacts his battle with the beings on the other side, running about, extracting the illness as an objectified substance from the patient’s body, casting it back to the realm from which it came. The Siona often reported that they saw him as a jaguar who growled as he ran about.

Multisensorial input: While classic ritual theory recognizes the importance of sensorial inputs, the performative approach brings multisensorial inputs to the forefront. Drumming, music, sounds, rhythms, and dancing contribute importantly to the experienced reality. This can result in synesthesia, in which various simultaneously experienced sensorial inputs

are received to create a unified experience in which one sensorial input is experienced by another (Sullivan 1986). Certainly, the use of entheogenic substances, such as mixtures of Banisteriopsis, contributes heavily to such experiences but synesthesia is not exclusive to hallucinogenic experiences.

Collaborative expectancy in participation: Schieffelin's (1985) classic article on séances demonstrates clearly how meaning and experience emerge from interaction during performance. He demonstrates that it is the collective expectancy among all participants that creates the experience. Siona healing rituals are structured in several ways to set up expectations for the experience. The class of yagé chosen for the ritual establishes what domains of the universe will be explored. This is further reinforced when the shaman invokes the spirits chanting over the yagé chalice, a ritual moment that is referred to as "arranging" or "curing" the yagé. He does this before he drinks it, as well as each time he serves a participant.

Similarly, he chants over or "cures" herbal remedies to give them their power. The relation between the act of singing and the injection of power into the substance to be consumed could be thought of as a speech act that has performative power, according to Austin (1965). Thus, the phases of the ritual, the chanting, and other performative strategies establish certain expectancies in participants as to what they should experience.

Moreover, we could also say that participants collaborate in the emergence of the experience by accompanying and identifying what is supposed to be going on. This was shown clearly to me in an occasion in which I played a tape of a shamanic séance performed by a Kichwa shaman from the Napo region of Ecuador.¹⁰ This region is adjacent to the Putumayo River that separates Ecuador and Colombia. Their various Indigenous groups (Kichwa, Shuar, Cofan, Siona, and Secoya) participate in a shamanic network that shares several performative characteristics in their healing rituals, including musical instruments, use of ayahuasca, the leaf bundle or *waira* shaken rhythmically to clean patients, breathing techniques through blowing, dancing, and singing. When I played the tape of the healing session, Ricardo listened intently and explained to his wife the progression of the ritual, from its initial preparations of yagé to the shaman's travels in the invisible realms. He accompanied the ritual via its performative elements — the music and rhythms — since he did not know the language in which the songs were being sung.

10. *Soul vine shaman*, a record produced and distributed by Neelon Crawford. The folder that accompanies the record is by Whitten et al (1979).

Corporal, emotional, and sensorial engagement: Csordas (1983) has discussed the rhetorical power of healing rituals as a corporal or embodied experience and argues that the persuasive power of ritual activates endogenous processes of healing. Ricardo's narrative of his dreams and ritual carry many images that speak of his bodily experience. The illness is hot and rotten. Healing enters as a cooling refreshing substance. His description of the mirror reflecting the descent of the healing people, his father chanting over him, and the simultaneous sensation of coolness demonstrates the fusion of the corporal and imagery experience.

Taking the lead from Csordas (1990) and his notion of embodiment, Laderman and Roseman (1996) examine various forms of shamanic healings from the perspective of embodied experience and the persuasive power of ritual performance. Concerned particularly with healing, they argue that performance analysis allows us to shift from an emphasis on the structure of representations (what I have called the "semantic or interpretive approach") to that of practice and emphasis on the intensity of experience which is corporally informed in the ritual experience. For healing to occur, the senses must be engaged not only through the symbolic representations but also through aesthetic qualities, including the importance of sensuous forms of sound, movement, odor, and color. Healing efficacy creates an embodied experience, which becomes powerfully engaged through performance.

It is necessary to recognize that a particularly powerful aspect of many (but not all shamanic rituals) is the use of entheogenic substances, or what Winkelman (2000) calls psychointegrators. Shamanic practices utilize a number of corporal, sensorial, and chemical techniques to stimulate neurophenomenological phenomena known as altered states of consciousness (Goodman 1990). A number of studies in neurophysiology, psychoneuroimmunology, and other fields of research argue for a neurophenomenological basis of human symbolic experience (Laughlin et al 1990). Turner (1987), shortly before his death, attempted to trace the link between play, performance, ritual, and structures of the brain. I certainly do not have the capacity to elaborate on what has become exceptionally specialized knowledge, which includes research on shamanic rituals and cultural experience and draws from a number of other fields in the neurosciences.

However, as Winkelman observes, the use of entheogenic substances is a powerful technique that enhances other elements in ritual performance to engage the body and to stimulate the transformation of experience, one which creates a new reality or phenomenological world that is embodied and not just corporal or cognitive. These substances make a significant contribution to ritual efficacy, or in Turner's words (1987, 55), to make that the ritual "really work."

FINAL CONSIDERATIONS

I have tried to make several points in this study. The first is to distinguish between the notions of cure and heal. The first is limited to the biological model of disease in which the cure can be directly observed by external observation and is the instrumental result of therapeutic practices. Heal-ing, on the other hand, is an embodied experience in which the sufferer is transferred to a new phenomenological reality. As discussed by other authors, it involves a higher and more holistic level of experience, which, in the case of many Indigenous rituals, dreams, and visions, can include the unity of the environment, subject, cosmos, and history (Wright 1998). Healing redirects attention and experience. Most authors cited here regard healing as a restoration of well-being on the psychobiological, social, and spiritual levels. It is in this regard that Young (1976) observed that most ritual practices succeed for participants because they confirm ontological and existential propositions about the world.

In discussing the limitations of the semantic or meaning approach to ritual, I have not discarded the value of the contributions of symbolic anthropology to the understanding of healing efficacy but I have tried to demonstrate certain limitations to the structural representational approach as well as to the psychoanalytic basis of shared symbols. Both Turner and Levi-Strauss recognized that for a ritual to work, the body must be engaged, but it was others (Tambiah 1979, Schieffelin 1985, Sullivan 1986, Laderman and Roseman 1996) who placed the sensorial, esthetic, and emergence of experience in the center of the analysis of ritual healing.

Much of my discussion has been based on experiences with traditional shamanic healing, but it is relevant to the question of healing and rituals in the contemporary world, in which we find shamanic techniques being used and combined with other therapeutic practices in new contexts and in which shared and normative cosmologies and symbols cannot be assumed. Although new cosmologies can emerge from the performance experience, many participants gain healing satisfaction from exotic therapies that contain a semantic logic that they may not share or even understand. The classic theoretical models based on collective sharing are insufficient to explain the popularity of shamanic techniques in new-age religions and practices. At the same time, entheogenic substances are not the only factor of ritual efficacy; we have clear evidence of healing occurring in rituals without the use of substances.

It is not the substance by itself that heals but its contributions to the performative efficacy that results in a transformation of experience.

Here, we have defined healing from a wider perspective, as a phenomenological embodied experience. However, the experience of being healed does not necessarily prevent death, as in the case of the ecologist mentioned in a footnote. Although he felt and slept better after receiving the shamanic healing, he died a few months later (Pereira 1989). Not all healing is efficacious in the biomedical definition of cure. In fact, rituals can fail in both healing and curing, but that is another topic.

In closing, I would like to conclude this article with an important paradox about the resolution of suffering as expressed by the Argentinean poet, Almafuerte: “Todos los incurables tienen cura cinco minutos antes de la muerte” (<https://www.lanacion.com.ar/lifestyle/las-mejores-frases-del-poeta-alfuerte-al-cumplirse-un-nuevo-aniversario-de-su-muerte-nid28022021/>).¹¹

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11. “All the incurables have a cure five seconds before death”, “Cure”, or *cura* in Spanish, can also refer to the priest who arrives to perform final rites over the dying.

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