

# Literature Review: Anthropological Perspectives on Contemporary Andean Healing Practices

N. Mason Cummings

**Abstract:** *Anthropological literature surrounding shamanic healing practices is abundant and highly variable, and there are a number of publications that analyze the nature of healing practices from a myriad of different contexts and approaches. Shamanism is a central element to many healing practices in the Peruvian Andes, and related literature has been published in many different languages. This analysis reviews many of the English publications that discuss Andean healing practices by comparing different theoretical perspectives along with assessing the nature of healing practices themselves.*

## Introduction

For thousands of years before European contact, shamanic traditions have been an integral component of Andean society, virtually inseparable from broader elements of social structure. In fact, “the aspect of pre-Columbian culture which has endured best is that of healing” (Cloudsley 2003:66). These traditional healing practices are intimately linked with local cosmological beliefs, along with fluctuating contexts of social, economic, and political landscapes. Because healing is a fundamental element of broader social structure and cosmological intersubjectivity in the Andes, it is relatively well researched and documented by scholars from around the world. Publications on this research can be categorized into three relatively broad analytical realms: (1) healing practices and medicines, (2) disease etiology and relevant cosmological discussions, and (3) shamanism/healing and its relation with broader social structures. Within all of these bodies of research, investigators have heavily emphasized the importance of social context in relation to healing practices. With a few exceptions, this paper reviews the developments in the field since the late 1980s, with a specific focus on more recent publications. The review summarizes many of the English publications on these subjects, and briefly discusses, but does not evaluate, a small portion of the plethora of Spanish publications (due to language-related issues regarding proper interpretation and analysis). Furthermore, the primary goal of this review is to analyze the various theoretical platforms on which scholars conduct their research, and to briefly critique the research methodology in relation to these theoretical perspectives.

## Overview of Theoretical Perspectives

There has been a fundamental shift in theoretical perspective in the past several decades that has emphasized the central role of social contexts. Miles and Leatherman (2003) emphasize the importance of multiple layers of analysis, including a concern for political economy and post-colonial structures and processes and how they intersect with individual conceptions of the body, mind, sickness, health and healing. This contrasts

with the relatively narrow emphasis on ecology and social adaptation that characterized the theoretical perspectives of scholars in the 1970s and 1980s (Miles and Leatherman 2003). More recent publications call attention to macro-political and economic factors structuring local environments, along with the importance of social relationships in shaping both cosmology and health. Here we see a basic shift from a cultural ecology perspective to functionalist, political economic, feminist, and even postmodern perspectives. Accordingly, many scholars have begun to analyze healing practices as a means for families to renegotiate their identities in a changing social context (Greenway 2003). Miles and Leatherman (2003:10) also explain that “the greater recognition of agency among participants in health systems is a key theme reflected in more recent medical anthropology and in the Andes and the gender, class, and power negotiation is well recognized.” Crandon (2003), in addition, stresses that social facts that pertain to illness are not always scientific and objective, but are more often social, political, or economic. Finally, Greenway (2003) asserts that a proper understanding of illness and healing requires an understanding of how these practices both convey and shape conceptions of identity in complex and shifting social landscapes. All of the authors reviewed here, to varying extents, make some allusion to the social facts that pertain to illness and disease. It is thus imperative to explore how disease etiology and the efficacy of healing practices are integrated into other aspects of cultural identity (Greenway 2003).

Another fundamental theoretical issue surrounding the study of shamanic practices has to do with ethnographic perspective and interpretation. The bodies of research under review exemplify broad a narrative spectrum that ranges from the positions of objective observer to subjective participant. Furthermore, many key elements of healing practices seem to be lost in the process of translating Andean cosmology into a Western framework of disease causality. For this reason, “few fields of anthropological inquiry have generated more controversy than shamanism studies” (Jeralemon 1990:105). In considering these interpretational discrepancies, it seems most appropriate for Western ethnographers to assume a postmodern perspective in their analyses of shamanic rituals. In addition, it is important that we consider the limitations of translating Quechua narratives regarding healing practices into Spanish or English.

Translation becomes even more of an issue when Western ethnographers directly translate the cosmological significance of healing rituals as they observe them through their own interpretational lenses. Greenway (1998), for example, emphasizes the concept of embodiment in her ethnographic analyses. She argues that an examination of the rituals’ various material representations of the body illuminates the components of embodied identity in this particular context. Despite her rigorous and detailed fieldwork, Greenway’s view of the body as a material representation of culture seems to oversimplify the complexities of Andean cosmology while largely neglecting to account for social and political-economic forces behind illness and healing.

### **Healing Practices and Medicines**

The scholarly publications which focus the *least* on the importance social landscape are those that analyze the various ceremonial practices and ethnomedicines. There are, however, relatively few recent publications that focus exclusively on

ceremonial traditions or medicines without making implicit reference to broader elements of social context. Clarac de Briceno (1997) discusses the various medicinal practices within the Andean region in a Spanish publication. In the various English publications as well, authors may mention or discuss the use of San Pedro cactus, coca, or other medicinal plants and practices, but they generally always do so amidst their discussion of broader elements of social context and cosmology.

Glass-Coffin (2003), a feminist anthropologist, discusses her personal experiences of participating in healing practices as an imperative step to establishing a relationship between her and her subject. “The only way we were able to enter this relationship was because of my willingness to become Isabel’s patient” (Glass-Coffin 2003:237). It appears as though much of the ethnographic research conducted in this field was done through means of participation. Glass-Coffin (1999, 2003) and others (Cloudsley 1999, Greenway 1998, McKee 2003) give detailed descriptions of healing ceremonies after regularly attending them, and the authors then go on to contextualize their descriptions within the specific social and cosmological framework. Many journals do indeed give adequately detailed descriptions of healing ceremonies and the entheogenic substances involved, but these descriptions are generally not confined exclusively to these details alone. Rather, investigators often incorporate these tangible elements of healing ceremonies into a broader analysis of social and ideological frameworks.

### **Disease Etiology and Relevant Cosmological Discussions**

All of the authors under review seem to acknowledge the importance of disease etiology and shared cosmology in regards to Andean healing practices. Silverblatt (1983), for instance, stresses that Andean conceptions of disease and health can best be understood in relation to their cosmology. Cloudsley (1999), in addition, emphasizes the importance of the historical contingency of the cosmological landscape of Andean societies:

500 years of coexistence with Catholicism have evolved a syncretism which, after some investigation, will reveal a wealth of pre-Columbian cosmology and myth (Cloudsley 1999:65)

Here Cloudsley implies that proper investigation of healing practices calls for a contextual understanding of both historical and present social processes.

Religion and cosmology are clearly an integral part of the efficacy of Andean healing practices and disease etiology, and all of these elements are intimately tied to broader social structure. Healers make sacrifices and offerings as an effort to maintain harmony and restore order to the physical and social environment (Cloudsley 1999, Greenway 2003), and diseases are seen resulting from an imbalance in these reciprocal social and environmental forces. It is thus imperative to develop a detailed understanding of local cosmological beliefs within a historically contingent social context in order to properly analyze the foundational elements of any particular healing ceremony.

Another important element of cosmological understanding lies in the inherently Western conflict between spiritual and empirical, which is often incompatible with Andean conceptions of the cosmos. In the Andes, “there is no split between the spiritual and empirical that requires joining” (Cloudsley 1999). Yet through means of direct participation in healing ceremonies, Western ethnographers seem to undertake an

endeavor to bridge this gap between the spiritual and empirical worlds for a better understanding of the cosmological significance of these ceremonies. It would thus be appropriate to assume that much of the *local* scholarly documentations in Spanish (Polia 1995, Bastien 1998) would provide a more adequate illustration of these concepts. Clearly a proper understanding, even *experience*, of local cosmology is necessary in order to grasp the intersubjective concepts of disease etiology. Jerolemon (1990:113), in addition, argues that “ritual is performance and such is often adapted to the beliefs and expectations of the audience.” We can therefore assume that a ritual in the presence of a Western ethnographer may differ from a ritual taking place in a traditional context. Furthermore, a proper understanding of cosmology must be integrated into the scope of the entire social system, along with its historical antecedents.

This fundamental issue of ethnographic perspective also entails different forms of narrative to illustrate local cosmology. Condori and Quispe’s (1996) personal narratives provide a bottom up perspective. While their stories may not necessarily entail issues of disease and healing, they do subjectively illustrate Andean cosmology from a local perspective. These basic cosmological ideas, then, can be applied to the context of healing in order to better understand disease etiology. Again, however, it is important to recognize the problem of translation, as Quechua concepts and ideas may not be compatible with English or Spanish linguistic frameworks. Schaedel (1988) alludes to these discrepancies in his discussion of different Andean speech communities. Here we see an inevitable conflict between narratives of scholarly documentation and personal testimonies. At the heart of this conflict lies a linguistic gap that scholars seem unwilling or unable to properly bridge. Joralemon (1990) also emphasizes the importance of multiple informant research. In the case of Condori and Quispe (1996), for example, we cannot assume that these two individuals are representative of Andean society as a whole.

### **Healing and Social Structure**

One critical fallback to the work of ethnographers seeking to analyze Andean healing practices in the 1970s and 1980s was their inability to contextualize these practices within a broader social framework (Miles and Leatherman 2003). These investigators placed excessive concern on objectifying these trends by analyzing through the lens of ecological determinism. In the process, they neglected to take into account the ubiquitous roles of social, political, and cosmological factors. More recent publications, however, have shifted their scope entirely. Now it seems widely recognized that “ethnomedicine can be an important source for revaluing cultural identity” (Miles and Leatherman 2003:10). Moreover, Greenway (2003) emphasizes the importance of recognizing the close link between medical and political ideologies and practice in the Andes.

Not only is the role social context important in the empirical analysis of Andean healing and disease etiology, it is also a foundational component in structuring the intersubjective cosmology behind these phenomena. The notion of disease is applied not only to the condition of the individual, but to the condition of society as a whole (Silverblatt 1983). Furthermore, an imbalance in social forces (as reciprocal components of a unified cosmos) is seen as the most common cause of disease and sickness. It is therefore necessary to understand the role of these social forces in a more specific

cosmological context in order to analyze their subjective roles in illness and healing. Local interpretations of illness are shaped by historical and political contexts (Crandon 2003), it is therefore crucial to account for these variables in ethnographic analysis.

It is also imperative to recognize that, in both past and present contexts, healing practices can also act as a means of initiating social influence. Here investigators must recognize the role of agency among healers within the context of a particular social landscape. Shamanic traditions can thus be seen as a means to both accommodate and resist social mandates (Glass-Coffin 1999). Greenway (2003:93), in addition, explains that illness and treatment “also provide strategies for maneuvering one’s social positioning, power, and access to resources.” This is especially important in the context of conquest and globalization, as the Andean social and political landscape becomes exponentially submerged under the wing of a world system.

Glass-Coffin (1999, 2003), a feminist anthropologist, articulated the importance of social structure in both illustrating and shaping healing practices by focusing her analysis on gender roles and Andean shamanism. She asserts that shamanism (as an integral part of the Andean social system) acts to structure gender roles and exacerbate inequality. Female healers are, more often than not, the ones accused of sorcery. The ones who admit their guilt, however, generally attempt to justify their behavior as rectification against social injustice. Here it becomes apparent that the role of social context is an integral part of healing components on several levels, and we must account for the countless multidimensional variables at work in these processes.

It is clear that the social environment is inseparable from the Andean framework of disease etiology and healing practices. “The environment shifts, emerges, affects, and shapes health, as do the constructions of self, identity, family, and community in the inhabitants of these multiple (changing) landscapes” (Miles and Leatherman 2003:10). It is thus crucial for investigators to analyze these healing practices with all of these elements of social context in mind.

## **Conclusion**

The shift away from environmental determinism was an imperative theoretical transformation that allowed investigators to attain a better grasp of Andean healing practices. Disease etiology is not something that can be objectively assessed with tangible, empirical data. It seems as though proper understanding can only be truly attained through subjective experience.

Research must synthesize a variety of perspectives, including the focus on the political-economic context of ill health in the Andes, a recognition of intracultural diversity within the Andean region, and the need to understand the complex interplay of local and global factors that contribute to this diversity (Miles and Leatherman 2003).

Further research should continue to account for the importance of social context and cosmological intersubjectivity. One thing that this body of research seems to lack, however, is the culturally-framed cognitive effects of entheogenic substances within this particular region. While this is well documented in other areas of the world, even the neighboring Amazon rainforest, English literature on Andean healing practices seems to lack proper analysis of these important elements. It should be noticed that the universal

physiological alterations induced by the consumption of hallucinogenic plants are *experienced* in reference to specific cultural models. While many contemporary scholars do seek to understand this notion of cultural models within a broader social context, they seem to neglect to interpret the actual experience of disease and healing as culturally framed phenomena. If a Western participant were to ingest a hallucinogenic substance during a healing session, for example, he/she would certainly expect to experience profound alterations in consciousness, which are indeed guided to some extent by the shaman, but his/her beliefs regarding illness origins would likely negate any revelatory experiences consistent with those who adhere to the cultural model of this particular context. Therefore an adequate understanding of local cosmology is an imperative prerequisite to the analysis of disease etiology and healing.

Ethnographic perspective and the translation of Quechua ideas into Western frameworks is another important element to account for in future research endeavors. In many cases, it seems nearly impossible to translate Quechua ideology into a Western analytical framework, and scholars must be wary of reformulating these ideas to fit the context of Western scholarly discussion. Scholars should emphasize this fundamental dilemma of translation, at the very least, rather than seeking empirical explanations for such subjective issues.

There is clearly no universally-applicable theoretical platform by which to analyze disease etiology and healing practices in any society. By contextualizing these analyses into a broader social framework, scholars are able to make distinct connections between everyday social processes and their role on illness causality and healing. It seems as though understanding the incompatibilities between Western and Quechua cosmological frameworks is the first and most important step in understanding the subjective reality of disease causality and healing in the Andes. Only when this issue is properly understood can scholars incorporate the ubiquitous social elements to objectively contextualize these practices.

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