

Evil is on this earth: on the compositions in Karajá healing practices and the spirits' communication regime

○ Mal está neste chão: sobre as composições nas práticas de cura karajá e o regime de comunicação dos espíritos

Eduardo Soares Nunes 

Universidade Federal do Oeste do Pará. Santarém, Pará, Brasil

Abstract: Today as they seek treatment for diseases that result from being affected by spirits, the Karajá, a Central Brazilian indigenous people, turn to their own shamans, shamans from other indigenous groups, regional healers, as well as their faith in God. All of these healers, despite their different knowledges and techniques, are equally considered shamans, while non-indigenous doctors cannot cure these illnesses and are only sought out to treat 'white people's diseases'. This marked difference between diseases and doctors contrasts with the regime of absolute communication for healing spirit ailments, and is the subject of this analysis. In dialog with the anthropology of health on one hand and the question of religion on the other, I argue that what allows healers from different origins to treat bewitched persons (unlike doctors) is the fact that shamanism actualizes the regime of infinite difference or absolute transparency from primordial times into the present day.

Keywords: Karajá. Biomedicine. Shamanism. Regimes of difference.

Resumo: Em busca de tratamento para doenças resultantes de acometimento por espíritos, os Karajá, povo indígena centro-brasileiro, recorrem hoje, além de seus próprios xamãs, a xamãs de outras etnias e curandeiros regionais, bem como a sua fé em Deus. E todos esses curadores, a despeito de seus diferentes conhecimentos e técnicas, são considerados igualmente xamãs. Os médicos não indígenas, em contraste, não podem curar esses adoecimentos, e a esses especialistas só se recorre para tratar as 'doenças de branco'. A diferença marcada entre doenças e especialistas, no último caso, contrasta com o regime de comunicação absoluta no primeiro. É a essa diferença que o artigo se dedica. Dialogando com a antropologia da saúde, por um lado, e com a questão da religião, por outro, proponho que o que permite que curadores de origens diversas tratem pessoas enfeitiçadas, diferentemente dos médicos, é o fato de que o xamanismo atualiza o regime de diferença infinita, ou de transparência absoluta, dos tempos primordiais.

Palavras-chave: Karajá. Biomedicina. Xamanismo. Regimes de diferença.

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Corresponding author: Eduardo Soares Nunes. Universidade Federal do Oeste do Pará. Programa de Pós-Graduação em Antropologia e Arqueologia. Rua Vera Paz, s/n. Unidade Tapajós. Santarém, PA, Brasil. CEP 68040-255 (eduardo.s.nunes@hotmail.com).

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A few years ago, I was at a restaurant on the pier of São Félix do Araguaia (MT) when I saw a Karajá man, whom I knew well, get off at the next port carrying a gas canister. I waved and shouted, playing with him commenting on the canister. He laughed and answered me, saying that what he took to his house was *tari hèè*, “white people’s firewood”. In a characteristically Central-Brazilian style, the Karajá always mark the difference between what is their own and what is foreign – from white people or other peoples. This has nothing to do with ‘using’ or not using these ‘things’ – which, in addition to material items, also include knowledge and modes of relationship – but with a careful memory and discrimination about the origins of things. Football, a sport played by the Karajá with remarkable frequency and enthusiasm, belongs to white people, as do industrialized clothes, foods and drinks that are part of daily life in the villages. Certain eating habits, such as the consumption of certain animal species or the marked preference for hunting over fishing, are ‘things’ of other indigenous peoples – the Karajá are dedicated fishermen and consume a very limited variety of hunting species.

But there is an aspect of the life of this people that escapes this systematic effort to mark the differences between themselves and others that results in the formulas of proportionality so characteristic of the Amerindian world (see Lima, 1996; Viveiros de Castro, 2002) – blood is jaguar’s manioc beer, as in the classic Amazonian example, or gas is white people’s firewood, and so on. I refer to the healing dimension of shamanism or, to be more exact, to the healing practices of diseases caused by being afflicted by ‘spirits.’ To be more exact, I say, because the Karajá often resort to their shamans to treat these illnesses, whose epitome is sorcery; but they do not resort only to them. Regional healers and shamans of other indigenous peoples are also sought, as well as seeking God to combat similar evils or afflictions; and, more importantly, all of these can promote effective treatments. Although differences are recognized, they are not the relating nexus between these different healers. Here, instead of formulas of

proportionality, we find equations: all are equally shamans, and their differences boil down to the resources and strength that each can mobilize – in the same way, in short, as Karajá shamans differ from each other.

To put the question synthetically, if the Karajá are so systematic in marking the difference between what is their own and what is not, why is it different when it comes to shamanism? If the discrimination of origins is so important for their mode of creativity and for what they call *inỹ bàdèdỹnana*, “our knowledge” or “our culture” (see Nunes, 2022), why, in this case, are the distinct origins of the different healers no more than secondary? That is the question I would like to address in the following pages.

The material presented in this article suggests convergences, on the one hand, with discussions of the anthropology of health, specifically when articulating indigenous and non-indigenous therapeutic systems. As I hope to show, however, the sharp distinction that the Karajá draw between ‘Indigenous’ and ‘white people’s diseases’ (and, correspondingly, between specialists capable of treating them) puts these convergences in the background in relation to others, referring to the problem of ‘religion.’ I refer to the apparently ‘syncretic’ character of the healing possibilities they resort to, in a context of coexistence and communication between different religious matrices. The argument I develop, however, touches these two approaches only to move away from them. I would like to look at the issue through the prism of shamanism, as it is its nature, as I understand it, that allows us to comprehend this line of escape across discrete differences that makes it possible for either a shaman, being Karajá or of other indigenous people, a non-indigenous healer, or God to heal a Karajá person afflicted by sorcery.

Shamanism, I must warn, is also the context of ethnography. Although I had worked as a collaborator with the Special Department of Indigenous Health – SESAI among the Karajá at different occasions (from 2011 to 2016), my ethnography was not in the context of indigenous health, but focused mainly on the themes of kinship, ritual, and shamanism.



The description presented is nourished by the opportunity to accompany patients undergoing shamanic treatment and to listen to reports on cases of illness and cure, but it is not an empirical research dedicated to the contexts of articulation between shamanism and the indigenous health care system.

INDIGENOUS DISEASE, WHITE PEOPLE'S DISEASE

Before white people arrived in the Araguaia valley, where the Inỹ live immemorially¹, there was no death by natural causes. Each and every death is the effect of the action of some agent and, as a rule, generates speculation and accusations about who would be guilty: every death, in short, is some variation of a murder. The most common – when it is obviously not an accident, such as the attack of an animal or a murder perpetrated by physical means – is that the culprit is a sorcerer; in some cases, however, death may result from direct prey by some spirit.

The presence of white people (since the mid-seventeenth century, intermittently, and permanently from the first decades of the twentieth century – see Rodrigues, 2008; Nunes, 2016) was followed, among many other things, by a range of new, foreign diseases. After the contagious diseases, 'contact diseases' such as influenza and measles, the bodily transformations caused by the use of white people's things, especially their food, brought other diseases now well known to the Inỹ – anemia, diabetes,

hypertension, liver, or heart problems and so on. The cause of death in these cases is not an issue: in general, there is no imputation of a culprit, so these diseases, when fatal, come closer to what is called 'death from natural causes².' This new epidemiological context began to coexist with Inỹ illnesses, which resulted in a distinction between *tori binana*, 'white people's diseases,' and *inỹ binana*, 'Inỹ diseases' or 'indigenous diseases,' that is, sorcery³.

Some of the symptoms of the latter are quite clear, such as sudden changes in mood/behavior, tingling in the body, hearing voices, or having visions. Others, however, are the same as some 'white people's diseases' – headache and vomiting, for example. Thus, when a person becomes ill, an important question is what kind of illness afflicts them. In daily life, it happens that people are taken to a shaman who, after examination, assures them that it is a *tori binana* and that, therefore, they need to be taken to the hospital; and that people are hospitalized and the disease continues to evolve until the family takes the sick person to be treated by a shaman. Each specialist can only treat diseases that are 'their own.' If the person has a white people's disease, the shaman's efforts will be vain; if they are bewitched, no doctor will be able to cure them. In the latter case, hospitalization can, in fact, aggravate the patient's condition since the intravenous application of saline, the shamans say, intensifies the effects of the sorcery, which can accelerate the patient's death⁴.

¹ The Karajá are a people who speak a macro-jê language (Davis, 1968). Just like the Javaé and Ixỹbiõwa, they call themselves Inỹ. All three peoples speak variants of the same language, *inỹrybè*, which presents a differentiation of speech by the speaker's gender (see Ribeiro, 2012). The feminine and masculine variants of the words appear indicated in the text by means of the symbols ♀ and ♂, respectively.

² In posing the question this way, I am not suggesting that the 'white people's diseases' would be strict or merely physiological, which would imply rebutting their difference to the 'Inỹ diseases' over the great divide between matter and spirit. What I want to emphasize is only that, in this case, there is no recognition of an external agency (a spirit, or a sorcerer) as the cause of the illness; and that the Inỹ establish a direct relationship between excessive consumption of alcohol or sugar and liver problems or diabetes, for example – although developing the point better, of course, would need to consider these illnesses from their notion of body, which escapes the purpose of this article.

³ As I have already said, *inỹ binana* diseases also include illnesses resulting from direct prey by some 'spirit,' that is, without the mediation of a sorcerer. As these are in much smaller quantity, I shall take, for the sake of writ, 'Indigenous disease' as synonymous with sorcery.

⁴ The idea is not new. In a newspaper part dated 1969, the following passage is found: "Doctors Coge Kinati and Gun Bergstein, from the Paulista School of Medicine, are trying to save a two-month-old, dehydrated carajá indigenous baby who is hospitalized at the Hospital dos Índios at Ilha do Bananal. If the little indigenous girl is saved, the work of integration will be facilitated between the hospital and the indigenous people, who will have confidence in the doctors. There is a bit of distrust, natural due to prejudices, since an adult indigenous woman died there. The shaman predicted the death of the indigenous woman and this awakened ancient and deep-rooted beliefs. The Carajás thought it was the hospital saline that killed the young woman" ("No Bananal, índios cantam...", 1969).



Only a shaman can heal an illness caused by sorcery, and there are many shamans in addition to the Inỹ, including whites. Still, doctors are not shamans. For many indigenous peoples, this does not prevent some sort of articulation between shamanism and biomedicine, either by the joint action of indigenous and non-indigenous specialists – although, when it comes to ‘indigenous disease,’ biomedicine is often recognized by the indigenous people as capable only of providing palliative care, alleviating symptoms, but not healing⁵ – or when shamans appropriate aesthetics and medical knowledge, in addition to allopathic remedies, incorporating them into their practices (see Barreto, 2021; Kelly, 2016; Greene, 1998; Follér, 2004; Assumpção, 2014; Andrade & Sousa, 2016; Scopel et al., 2012; Langdon, 1994; Macedo, 2021).

For the Karajá, however, there is no possible compatibility. There is no therapeutic articulation between indigenous and non-indigenous ‘medicines,’ but rather something that could perhaps be defined as a ‘differential diagnosis:’ the determination of what ails the patient and, consequently, what type of specialist can treat them. This determination is not trivial. There are many cases where different understandings are disputed, doctors and shamans point out different causes, and the family leans to one side or the other. It is, then, by the effect of

the treatment that the cause can be confirmed (see also Macedo, 2021, p. 14): a hospitalized patient who does not improve under medical care or a shamanic treatment that does not result in improvement in the patient’s condition are evidence that the specialist initially sought is not the one who can treat the patient – which is to say, they are evidence that the cause of the disease is not what was imagined⁶. What matters, however, is that this determination, peaceful or disputed, implies the exclusion of one ‘medical system’ over the other.

Still, it is evident that, from a certain point of view, shamanism coexists and articulates with biomedicine⁷ – as it is evinced by the therapeutic itineraries of people who begin treatment in a hospital and end up in the hands of a shaman, or vice versa. This “encounter between different medical traditions” (Follér, 2004, p. 109) was characterized by Greene (1998, p. 641) through the notion of “intermedicality”, a “contextualized space of hybrid medicines”. As much as it seems to point to some kind of therapeutic articulation, the notion nevertheless emphasizes the conflict and clashes that emerge from the coexistence of different medical systems, in addition to the asymmetry of power and the constant impetus of biomedicine to capture ‘ethnomedicines,’ making them part of health care that is considered a universal right⁸. Intermedicality, therefore, is

⁵ This reflects the fundamental difference between indigenous and non-indigenous etiologies, making the notion of a “therapeutic complementarity” equivocal (Cardoso, 2004, p. 165).

⁶ It should be noted, however, that there are situations in which the controversy remains open even after the death of the ill person. In a recent case, a woman’s death was blamed by doctors on tuberculosis. In her village, this explanation was widely accepted. But her relatives maintained suspicions that she was the victim of a spell by the family of a boy murdered by the son of the deceased woman a decade earlier – an event that generated a sharp split between the two relatives and triggered a series of retaliations over the years. I was told, for example, that a young man was seen a few times, in the late afternoon, in the back of his house, doing what they identified as a witchcraft practice learned from non-indigenous healers. “They say it was tuberculosis, but I think it was a spell. I don’t know,” one man told me.

⁷ I speak of biomedicine in a broad sense, referring to the matrix of knowledge that is actualized in different professional specialties. The point is important mainly because indigenous health care teams are multidisciplinary, involving doctors, nurses, nursing assistants, nutritionists, and psychologists, among other specialties, so that the encounter of biomedicine with shamanism (of whatever nature, collaborative or conflictual) is not always conducted by doctors.

⁸ Along with the right to health, to put it another way, comes a very specific, historical and culturally localized understanding of the health-disease process: that anchored in the biomedical idea of the body, which assumes the disease (congenital or acquired) as derived from the structure or functioning of the organism. In this sense, the recognition of the importance and effectiveness of ‘ethnomedicines’ often reverberates collaterally in culturalist, or even folklorist, understandings of indigenous explanations of their illness processes, which makes “cultural differences” appear simultaneously as something that should be valued and as a barrier to biomedical practice (see Achatz, 2022). From the indigenous point of view, in contrast to this organicist conception, “the disease is a relationship” (Barcelos Neto, 2008, p. 56, author’s emphasis), so that behind each illness there is always an agent, usually non-human.



the phenomena that happen “between” indigenous and non-indigenous medical practices, but hardly refers to a properly therapeutic articulation – it would rather be a form of *anti-mestizaje* (Kelly, 2017) than “hybrid medicines”. But this interpretation presupposes a relationship between entities of the same nature – biomedicine and shamanism both as medicines, ‘ethnomedicines’ of (a set of) different peoples – which, it seems to me, is not the case⁹. It is only from a strictly sociomedical perspective, which takes shamanism from the point of view of public health that such a notion of intermediality can make sense.

Shamanism can be considered a therapeutic system, in its own manner, although it is much more than that: being

an eminently cosmopolitan art, illness and healing are just one of its sides that, nevertheless, imply sets of relationships that extend far beyond the body, and far beyond the human. However, it can hardly be considered a ‘native medical system’¹⁰. If this framework allows us to glimpse a set of issues pertinent to the problem of public health – I do not intend, of course, to deny this –, it obliterates other dimensions of the phenomenon, precisely those that are of interest to the discussion I propose. For if there is an effective therapeutic articulation between ‘systems,’ as we shall see, it refers rather to the field of religion than to that of health: in other words, it is within the scope of shamanism that this articulation takes place¹¹.



This is a broad debate that goes beyond the scope of this paper. I would, however, like to add a point of complexity to the characterization I have just made, something that would need to be better developed elsewhere. I refer to *luahi*, herbal remedies usually applied topically or in baths. Although shamans are the source of this knowledge¹², many people, especially older women, know which plants they can use to make medicines for specific purposes. In this case, some ‘white people’s diseases’ can also be treated. The most emblematic example was undoubtedly the fight against the

Covid-19 pandemic. After some elders died of the disease in the village of Santa Isabel do Morro, a remedy was prepared in analogy to the one used to treat the effects of *watò* (the term is more commonly translated as ‘flu’ but refers to a range of respiratory problems). Being widely used by infected people who had respiratory symptoms, there were no more deaths from the disease, even in the most acute pandemic moments, when several non-indigenous people died in the neighboring city of São Félix do Araguaia, for example. In the case of many other peoples, there seems to be the

⁹ It seems to me absolutely opaque the idea that “the processes that are part of the health-culture relationship among this indigenous people of Amazonian jungle [the Siona] are of the same nature as those operating in our society, although there are differences in etiological theories as well as in therapeutic technologies and procedures” (Langdon, 1994, p. 115). If by this is meant simply that indigenous ‘medicines’ are cultural systems, the statement is tautological. If one considers, on the other hand, the differences between etiologies, procedures, and techniques, the difference is radical and ontological; and the equivalence between them can only be operated through a reduction of perspective from one medicine to another – more precisely, a reduction of shamanism to the problem of public health.

¹⁰ Even, it should be noted, in terms of a health-focused discussion. It is in this sense that Garnelo (2022, p. 302) chooses to speak of “healing and care systems,” instead of “indigenous medicines,” “taking into account that the maintenance and/or recovery of health is a domain that covers much broader fields than that of healing practices.”

¹¹ It is not by chance, it seems to me, that shamanism has been historically versioned from these two perspectives: if there is, as we have seen, a whole literature that treats it as a “native medical system,” in different traditions of studies – from evolutionism to the anthropology of religion, through classical theory (see, for example, Evans-Pritchard’s bibliographic essay (1965)) – shamanism was characterized as “indigenous religion.” The limitations of the two versions are quite similar.

¹² The auxiliary spirits of the shamans tell them which medicine to use in the treatment of a particular patient. In the words of the late shaman Hiberderi, “The remedies, [we know] as in a dream. The medicines, he [auxiliary spirit] points them to me, the medicines, plants. It is true that there are medicines, plants.” Remedies can also sing to reveal themselves to shamans when they go into the bush (cf. Nunes, 2016, pp. 277-278).



same kind of asymmetry: doctors are not shamans, so they cannot cure 'spiritual diseases' or 'indigenous diseases;' but indigenous healers can cure 'white people's diseases,' at least some of them. Rather than to a therapeutic articulation, however, this refers, on the one hand, to the limitation of scope and effectiveness of biomedicine (which can only treat diseases whose cause is known to it in advance and for which there are already procedures and medications with proven effectiveness) and, on the other hand, to the open character of shamanism, which refers, ultimately, to the fact that the ability to heal comes from the relationship of shamans with their auxiliary spirits, if not directly from these spirits themselves¹³.

It is now time to turn our attention to Karajá shamanism in order to precise how the processes of illness and healing unfold.

ILLNESS AND HEALING

A person walks in the bush or by the river, alone or accompanied when he feels or witnesses something strange. Returning to the village, he falls ill. At night, he suffers from dilated vision: even inside the house, lying down, he sees the sky through the roof, or is able to see what is happening in the distance. Mainly, he begins to see an aruanã dancing and singing. A shaman is brought to see the sick person and utters the sentence, "an *aõni* ♂ has caught him." This is the most common script for initiatory crises to shamanism

(see Nunes, 2016; Toral, 1992). Being treated by another shaman, the person slowly recovers as he establishes a relationship with that *aõni*, the aruanã¹⁴ he sees dancing at night and who will henceforth become his auxiliary spirit.

Aõni ♂, *anõni* ♀ is a term referring to a quantity of non-human beings inhabiting the three levels of the cosmos. In general, they are monstrous and dangerous, sometimes anthropophagous [*inỹròdu*, 'eaters (*ròdu*) of people (*inỹ*)] – not by chance, the translation that the Inỹ most offer for the term is 'beast'¹⁵. However, some of them, such as masked aruanãs, can have their danger relatively controlled and converted into benefits for humans, provided that a shaman mediates their relationship with them. The aruanã that appears to the sick person is, in fact, only a particular manifestation of the *aõni* that will become his auxiliary spirit. This being, who he usually no longer sees in the form of an aruanã, talks to the shaman, points out dangers and relevant events and helps him treat his patients.

Shamanism is a multisensory practice which involves the development of hearing, vision, skills with the use of hands, and the ability of *rexytyta* ♂, *rexytãkytãka* ♀, to extract their own image-soul¹⁶ and thus travel through the cosmos. These trips are fundamental for the acquisition of power, as well as for some treatment processes. The sense that singularizes shamanic ability is vision: shamans, they say in Portuguese, have their *aparelho* ('apparatus'), which indicates their ability to see things that human people

¹³ This openness of shamanism is manifested in the ability to promote 'new forms' of healing from analogical experimentation. See, for instance, how João Paulo Barreto qualifies the *kumuã*, Upper Rio Negro healing specialists, as "eternal researchers" who "apply the formulas of *bahsese* [blessings] in everyday experiences, in the contact of new cases of illnesses that appear and that always require a re-reading of the *Kihti ukũse* and the new formulas of *bahsese*," configuring a practice oriented towards "experimentation" and "satisfactory result" (Barreto, 2021, pp. 180-181).

¹⁴ The aruanãs (*ijasò*, in the vernacular language) are masked entities that inhabit the three levels of the cosmos. Having their soul-image (*tytyby* ♂) brought by the shamans to the village, where the men manufacture replicas of the straw masks that are their bodies, they sing and dance for months in a ritual cycle of their own. Each aruanã is a pair of masks. On the *ijasò* and their ritual cycle, see Toral (1992), Pétesch (1992), Rodrigues (1993, 2008), and Nunes (2016).

¹⁵ In Portuguese, *bicho*, just as the regionals call figures like *Curupira* or Nego d'Água referring not to the animal world, but to the supernatural. It is from this use of the term by the regionals, in fact, that the Karajá's translation of *aõni* seems to derive.

¹⁶ The most common nominal expression to refer to the image-soul, the person's agentive component, is *tytãby* ♂, *tãkytãby* ♀, lit. "old (*tãby*) skin/bark (*tyy*).". In this expression, however, as well as in discursive contexts generally linked to ritual and shamanism, the image-soul is referred to only as *tyy* ♂, *tãky* ♀ (see Nunes, 2016). Its qualification as "old" derives from the fact that the image-soul of the person "has already been used" by some relative (Rodrigues, 1993, p. 82); e.g., the image-soul of a newborn is the return of a deceased ascendant.



in normal circumstances cannot see – an *aōni* walking through the bush or sorcery on the body of a sick person, for instance. Despite the centrality of the vision to define a shaman – a shaman is one who has ‘the eyesight open’ – it is through the hands that all shamanic work is carried out. Healers carry on their palms green patches of the plants they use to heal; a sorcerer’s palm, on the other hand, is marked red by their victims’ blood – which of course can only be seen by those who have an apparatus, not by ordinary people. The same abilities that allow a shaman to heal also allow them to practice sorcery. But sorcery ‘spoils the hand’ of the shaman, who will later see his ability to heal reduced or nullified. Besides shamans themselves, some people only learn to manipulate and throw sorcery, people with ‘bad hands’ (*-èbo bina*) but who do not have the shamanic abilities of sight, hearing, and mobility through the cosmos.

Just as a person can be ‘caught’ by an *aōni* and, consequently, become a shaman, there are illnesses also caused by an *aōni* attack that do not lead to the same path. The patient then needs to be treated by a healer to recover. But these are exceptional cases. Sorcery is the cause of the vast majority of illnesses. Its forms of action on the victim’s body are potentially infinite since sorcery is invented by sorcerers, using any type of material at their disposal to cause specific effects (from staplers, so that the victim is ‘stapled,’ e.g., unmoving, without reaction, to liquor to induce the person to drink, for example).

Some kinds of sorcery focus primarily on the victim’s body, introducing tiny arrows (*wyhy*) that cause localized pain or other materials such as cords that tighten the throat. Others, introduce one or a legion of *aōni* into the ‘inside’ (*wo* ♂, *woku* ♀) of the person, provoking ‘madness’ (*itxýtè*), the sudden appearance of unusual thoughts (such as suicidal ideation), crises such as seizure attacks or generalized malaise and apathy – once again, diversity is the norm. Still, others cause the disjunction between the body and the image-soul of the patient, which is placed in situations that affect the victim.

This description is certainly very brief, as it would be impossible to inventory all the variety of sorcery forms and their effects – the cases reported in the following sessions will hopefully give more concreteness to the issue. What is important to remember is that shamanic treatment usually consists of extracting that which sorcery puts on the victim’s body: whether it is an arrow or the *aōni* that have come to populate his ‘inside.’ In order to do this, it is necessary to see what affects the patient, to have hands capable of extracting the sorcery-object or the *aōni* and, in some cases, to be able to travel through the cosmos (to seek the image-soul improperly separated from the victim’s body). That is precisely why doctors cannot cure sorcery. If a person is hit in the leg by a arrow-sorcery, feels pain, and starts to lose mobility, there is nothing a doctor can do, not even to alleviate the symptoms: the arrow needs to be extracted, and only a shaman can do it. Even more so when it comes to cases of prey by an *aōni*.

This sharp separation of domains, led by distinguished experts, is completely undone when it comes to other types of healers: shamans of other indigenous peoples and non-indigenous healers are able, as much as Karajá shamans, to heal illness caused by sorcery.

‘IT IS THE SAME THING’

Perhaps due to their relative isolation from neighboring peoples, the Karajá do not usually seek shamans from other ethnic groups. This, however, is an open possibility – which should not surprise, given the many cases of circulation of shamanic treatment between different indigenous peoples. At the beginning of the crisis of suicides by hanging, whose origin is a sorcery called *bàtòtàka* ♀, *bàtòtaa* ♂ (‘tying the throat’) and which severely afflicted the Karajá throughout the 2010s (on this, see Nunes, 2017a, 2017b), the indigenous asked the State-provided indigenous health care service (*Secretaria Especial de Atenção à Saúde Indígena - SESAI*) that Mapulu, a renowned Kamayurá shaman, be brought to ‘remove’ the sorcery from their villages. During her stay, the



shaman located, removed and destroyed three sorcery-objects and performed some individual treatments. As a result of her work, suicide attempts ceased in the next six months – when, before, the attempts occurred almost daily. Still, the problem was not solved for good, as the shaman herself warned. In 2015, she went again to the village of Santa Isabel do Morro. This time, however, she performed only individual treatments¹⁷. The Karajá closely observed her methods. She used a dry leaf to make a thin, long cone used as a kind of cigarette. Pulling the smoke and blowing it into her hands, she then proceeded to extract the sorcery. In the end, the object extracted from the patient's body was materialized in her hands in the form of a brown mass and was shown to the patient and his or her family. The treatment session took place inside a house, and the queue of those waiting for care stretched out the door.

The Inỹ emphasized her ability to show the sorcery-object (something that Karajá shamans cannot do), which gave them certainty about the origin of the illness – that it was sorcery indeed – and the effectiveness of the healer's treatment. The Karajá attribute to the upper Xingu shamans and those of the Javaé, a power greater than that of their own: these other peoples, as they say, have 'strong shamans.' And for that very reason, they also fear them. Too powerful, they are potentially terrible sorcerers.

Mapulu's visit was exceptional both for the collective action, in the case of a sorcery that became a real epidemic, and because it was made possible by SESAI. In daily life, the family seeks a shaman of their trust and pays for his services. And it is not only Inỹ shamans who are sought

after. Increasingly, it has been frequent for families to take their patients to regional healers, non-indigenous people who perform healing work, usually not associated with any particular religion. These people are called *tori hãri* by the Karajá, 'white (*tori*) shamans (*hãri*).'

During the biennium I lived in São Félix do Araguaia-MT, a city next to the village of Santa Isabel do Morro, I got to know one of them. A middle-aged lady with a house full of plants and visitors in search of 'treatment'¹⁸. It was, in fact, because I visited her in the company of a Karajá friend who sought her services that I met her. In a room inside the house, several images of saints and other entities make up the scenario where she blesses people. She told me that she goes to state of Bahia every year, where she updates her knowledge and from where she brings herbal medicines that she resells to her patients – medicines that can be ingested, applied topically, or used in baths. In Bahia, she learned the art of 'macumba,' as she referred to it – something evidently influenced by African diaspora religions, although I was not able to identify which one.

She also told me about cases in which she dealt with bewitched Inỹ people – about several of them, I could also hear reports from the Karajá themselves, in terms always very similar to hers. A girl, for example, came to her very ill. The healer prayed and managed to calm the patient. She then ran her hand around the girl's neck and removed a bundle of hair that was strangling her, asserting that it was an Inỹ sorcery. In another case, a mature man came weak, very thin to see her. The healer prayed, then put her hand on his neck and removed a string ('of those used in the ornaments'¹⁹) that was tied to his throat, tightening it; so he

¹⁷ I witnessed only the second passage of the kamayurá shaman through the village of Santa Isabel. What I know of her first visit I owe to reports both from Karajá themselves and some SESAI-Brasília employees who joined the action.

¹⁸ I mark the word 'treatment' in quotations, as this is not the term generally used by non-indigenous people who seek these healers. 'Pray' or 'bless' are the most commonly used verbs. The Karajá, in turn, usually refer to their visits to these healers in the same way as the visits of a Karajá shaman to the patient's house: that they go there to "remove sorcery." The very word "healers" is used here in lack of better term, in order to mark a distinction with shamans (healers or sorcerers) – which will be outlined below. A more detailed description of how indigenous and non-indigenous people refer to the different healers could be helpful, but would escape the purposes of this article.

¹⁹ It refers to the bracelets and garters made with industrialized string (replacing the previously used spun cotton) that make up the ritual ornamentation of *dexi*, *woudexi* ♂, *deobutè* ♂ and *wàlairi*.



could not eat. It was also an Inỹ sorcery. This same man had already told me his story before, pointing out that, after she treated him, he regained his appetite and never felt the discomfort that affected him again: “she healed me, she really healed me.”

In the same way as to shamans, however, the ambiguity weighs on her that, if she can heal, she can also harm. A Tapirapé man threatened her after she said he was responsible for some sorcery deaths. I heard people accuse her of being a sorcerer herself, and some stopped looking for her after cases of illness that, according to other shamans, were caused by her.

Another healer from São Félix do Araguaia is quite renowned for his healing practices; an ordinary man of short stature, who alternates therapeutic practice with an occupation in regional commerce. I did not know him, but from the many reports I could hear, the origin of his practice is probably related to spiritism. He blesses his patients and administers herbal remedies to them, which he manufactures and sells. He also masters divinatory practices: manipulating materials such as garlic and salt, he makes small gestures in order to know who is speaking bad things or trying to do harm to one and, when he goes to sleep, a spirit reveals it to him; a few years ago he managed to guide back to the village an Inỹ boy who was wandering for ten days in the bush under the effect of sorcery, after talking to his auxiliary spirits and seeing the boy’s location. His auxiliary spirits also protect him. An Inỹ man told me that he learned some of these protection techniques from him through teaching and bathing.

One night, his dogs started barking toward the bush. He left the house to see what it was, but as soon as he stepped outside, he felt a hand on his chest, holding him and preventing him from following. The next day, he went to talk to a Karajá shaman of his trust, who told him that a very dangerous *aõni* was walking near the village: someone had stopped him from putting his life in danger. It happened again sometime later. He was distracted by the water’s edge when children playing nearby yelled, warning

him about an alligator approaching him. A few days later, he was going down to bathe in the river when he felt a hand on his chest, holding him again. He came back and said he would bathe later. A woman stepped down in his place and bathed quietly when the man’s wife went to the riverbank and saw a huge alligator right beside her. Again, he consulted a shaman about what had happened and was told the animal was moved by sorcery to catch him. Why did the alligator not catch him the other day when he was distracted? “Because you have a lot of faith,” said the shaman, adding that some ‘angel’ was protecting him - I will return shortly to the question of ‘faith’.

Speaking of this non-indigenous healer, some people have told me that the *tori hãri* (‘white shamans’) are stronger than Inỹ shamans for two reasons. First, they see and talk while awake with their auxiliary spirits, whereas Karajá shamans can only do so when *rexityytaa*; when sleeping, they extract their image-soul and walk through the cosmos. A man told me he sought out this healer when he felt unwell. He would look to the side and talk, which confused him: “are you talking to me?”. “No,” he replied, stating that he was talking to his auxiliary spirit. For the same reason, Javaé shamans are considered stronger than the Karajá ones: they see everything underwater. For example, they see the river dolphin moving at the bottom before it rises to breathe, just as they see many animals in their human form (cf. Toral, 1992; Rodrigues, 1993).

They are also stronger because, unlike Javaé and Karajá shamans, they can choose to do only good. The *inỹ hãri* are inevitably implicated in the same circuit as the sorcerers. Even if they only heal, they always own sorcery as a form of ‘protection.’ When an *aõni* catches a person, the sorcerers will soon try to convince him to ally with them and become a sorcerer. Even if the person does not accept to join them, they offer him sorcery-objects, which the new *hãri* is compelled to accept, even if he does not intend to use them; otherwise, the sorcerers will be angry and may attack him. When a shaman is healing



many people, sorcerers can come and ask them to stop, at least for a while, or not to heal a certain person. If the healer refuses, he may end up attacked by the sorcerers themselves – negotiating is always necessary. The strength of the *tori hãri*, in this sense, is their ability to escape this circuit and 'do only good.'

When I asked the Karajá if these non-indigenous healers were really shamans, in the sense they give to the term, I always heard the same emphatic answer: "yes, they are shamans!". I remember a conversation I had many years ago with cacique Raul Hãwakati, from Buridina village. He told me about his impression when he attended a work session in a spiritist house, comparing it with Karajá shamanism: "It's the same thing, there's no difference." Because, whether Karajá, Javaé, of other indigenous peoples, or non-indigenous, everyone has the eyesight open, communicates with the "spirits," and heals through them. Differences, it is evident, are also recognized, based on distinct techniques and procedures. These differences, however, are especially significant with regard to their healing power. Just as Karajá shamans differ from each other, there are 'stronger' and 'weaker' shamans. Hence, that the Xinguana shaman extracts the sorcery from the patient's body and reveals it in physical form or that the *tori hãri* talk awake with their auxiliary spirits are rather quantitative indices, e.g., an index of their greater shamanic power, than qualitative, i.e., something that indicates a fundamental or perspective difference. But in what is fundamental, e.g., in their ability to heal afflictions caused by sorcery, 'it is the same thing.'

FAITH SAVES

Above, we saw how a shaman explained to another man that he had been protected from sorcery because he 'had a lot of faith.' This is a fairly common statement. Many people report that they have protected themselves or even healed from sorcery by resorting to pastors and, especially, the Bible. I have heard several reports of people who, in moments of crisis caused by the action of

sorcerers, opened the sacred book and prayed to God and thus did not succumb.

In the case of a man whose illness I followed closely, a series of crises provoked by sorcery caused him sudden changes in behavior, strong headaches, and numbness in the body, in addition to hearing voices telling him to hang himself. When he began to feel unwell, he opened the Bible and prayed, which calmed him and slowed his symptoms. From another man, I heard a similar report. During the worst moment of the suicide epidemic to which I referred above, this Karajá, who lived in the State of Tocantins, came to visit his relatives on a holiday. After having a few beers, he returned to the hotel where he was staying. When he entered the room, he began to feel ill. "I felt a desire, a true desire to kill myself." He looked at the curtains and could only see them as an object with which he could hang himself. Startled, he sat on the bed, opened a Bible on the bedside table, and prayed. He soon felt better. Then he left, and it never happened to him again. One last example. Pedro Hurusýni is 'originally' from the village of Fontoura, but has lived in Santa Isabel for years. Today, he calls himself an 'evangelical.' During a turtle fishing expedition, he told me about his religion. He said he believes in Jesus and started telling me about one of his 'revelations.' At the time, Hurusýni was still living in Fontoura. A famous sorcerer from that village had thrown sorcery on his son. Pedro then decided to challenge him. He went to him and said that he was not afraid, that only Jesus knew about his life, that he could be bewitched, but only Jesus knew about his life. Angry, the man threw sorcery on him. In the evening, Hurusýni expected the worst. Nothing happened at first until he a series of apparitions started to unfold. He was very afraid and thought he was going to die. The last appearance was of a group of collared peccaries running towards him; in their midst was the sorcerer, so Pedro was sure that man was trying to do him harm. His wife saw nothing. He was trembling in bed; his wife called him, and he would not wake up. When the apparitions came, he prayed to



Jesus and stood firm in his faith. He prayed fervently, and gradually his torment passed. His faith, he concluded, protected him, Jesus protected him²⁰.

Recently, a young woman told me, "I'm not afraid of sorcereres, no. My God is stronger." People who, like her, convert to Protestant religions (unlike those who declare themselves Catholic) sometimes say they "don't believe" in sorcery. However, just a little longer conversation is enough for these same people to report some kind of event involving the affliction by spirits – sorcery included. Rather than a true disbelief, this refusal of sorcery seems to express two questions. On the one hand, the will to experience a life free of the evil that sorcery is²¹. On the other hand, there is the recognition, widely shared with the non-Protestants, that God is mightier than any sorcerer or any shaman; for God is himself a shaman, the greatest of shamans.

GOD AND THE DEVIL

In the Iny mythology, a figure that stands out is the demiurge An̄xiwè (♂, K̄n̄xiwè ♀). He was responsible for much of the transformations that made the world what it currently is. It was he who discovered sex; who stole the sun from King Vulture and thus created the balanced regime between day and night; who made the definitive separation between humans and animals through the theft of certain goods (axe, baskets, canoe, culinary fire, etc.), which allowed true humanity to emerge. For all this, in the first moment of rapprochement with the Karajá world, religious people, especially the linguistic missionaries of the Summer Institute of Linguistics (SIL) (who systematized the writing of the Karajá language and translated the

New Testament), associated the figure of An̄xiwè to the Christian God, in an attempt at translation. But this effort did not prove productive. If, apparently, the Iny accepted this translation for some time, as soon as they began to understand Christian theology better, they began to deny such association. In their eyes, An̄xiwè could not be God because, unlike the latter, his actions are not motivated by the good. An̄xiwè is a demiurge and a trickster, his creations and conquests occurring, as a rule, by deceit, fraud, and trickery. Let's briefly look at it.

In the beginning of the world, there were only An̄xiwè and his grandmother. He did not know sex. His penis stiffened, but he did not know what his 'food' would be. It was only when he looked directly at his grandmother's vagina, and his penis hardened immediately that he understood that it could be 'the food of the penis.' Disguised, she copulates with his grandmother and proves his intuition right. From this inaugural violence, a fundamental characteristic of today's human sociality originates. "Due to this event," comments the translator of a version of this story registered by Rodrigues (2008, p. 51), "of Tan̄xiwè [sic., Javaé pronunciation] having had sex with his own grandmother, we inherited this habit of having sex, of producing children, to increase the population, because before it did not exist."

Discovered – more specifically, denounced by the Curassow, whom he sets on fire in retaliation – An̄xiwè goes on a long walk. He gets married and spends time with his wife and mother-in-law. But at that time, the sun ran very fast through the sky, and daylight lasted very little. Motivated by criticism from his mother-in-law, An̄xiwè

²⁰ Other ethnographic cases indicate a similar transit between shamanism and Christian religions. See, for example, the rapprochement that the Potiguary of Ceará establish between their own healing practices and the evangelical churches, in the sense that both deal, despite differences in method, with 'spiritual problems:' in the words of a healer, "the evangelical churches came to our village. Among them, getting cured is not much by the use medicinal plants, but it is a spiritual matter. Anyone facing spiritual problems goes to an evangelical church" (Andrade & Sousa, 2016, p. 195). In reverse, but indicating the same type of transit, see also the statement of a young Kawaiwete that "the pastor can plague those who stop attending church. That is, according to the indigenous person, the pastor has the power to make people sick" (Assumpção, 2014, p. 85).

²¹ A utopia, in its own way, similar to that of the Wari' who, when they first converted to Protestantism, wanted to experience a life without affines (Vilaça, 1996). There is no life on this earth without sorcery because, as one man once told me, "sorcery has existed since the world is the world."

turns into a putrefying beast to attract Rararesa, the King Vulture. By means of this fraud, Ànǎxiwè manages to catch the King Vulture and force it to hand over the sun, which was its *raheto* – great feather headdress. Establishing the balance between day and night, he follows his walk.

On the way, he meets several animals that, at that time, were people and talked. The plot always goes more or less this way: Ànǎxiwè covets some item that this or that animal possesses, makes a deceptive offer, steals the original item, and turns those beings into animals (into only animals, 'definitely' animals). The Lizard was cutting down a tree with his axe; Ànǎxiwè proposes an exchange, offering a clay axe; he accepts, but the instrument breaks at the first blow; when he complains, Ànǎxiwè retorts that from then on he will be *tōrikòkò* (♀, *tōriòò* ♂), the lizard animal, which stands on the tree trunks shaking its head back and forth. And so with several other animals. Until the demiurge arrives at a place that became known as *iròdu iryna*. There, he steals the fire from the animals and runs away. Pursued by these, Ànǎxiwè throws a handful of dirt over his shoulders, creating a lake separating him from his pursuers. The animals send several snakes until one manages to bring the fire back. Ànǎxiwè then orders Krò Lahi (Grandmother Toad) to cross the lake, drink as much water as possible, and vomit over the fire the animals had. With this episode, Ànǎxiwè ends his series of transformations of animals (into animals, needless to say).

How could Ànǎxiwè be God if he deceives, tramples, and steals? In the eyes of the Inǎ, he looks just the opposite. Right at the beginning of my research with the Karajá, I was in Buridina talking to Karitxǎma about these old stories, to which we got at the person of Ànǎxiwè. She told me, then, that "people say he is God. But for me, it's not God, no. I think it's more like the Devil! Because he only deceives people." I have heard countless statements like

that. Ànǎxiwè is the "Wicked," the "Demon," the "Devil," terms used by the Inǎ.

God, the true one, the only one, is Xiburè. He is also a powerful *aōni*. *A biu làdu*, 'dweller of the Above World,' he is the greatest of all *hàri*, shamans. *Biku* ♀, *Biu* ♂, the upper level of the cosmos, is stratified into three layers. At the time Ànǎxiwè walked on this earth, Xiburè was in the layer closest to the middle world. From there, he fed people. When one was hungry, he was asked: "I will eat such a thing!", and the desired thing appeared immediately in front of the person. When the food ran out, Xiburè renewed it until the person was satiated. One day, however, a young man doubted his powers and said he wanted to eat a "porridge of feces", but refused to eat when the plate appeared in front of him. Offended, Xiburè climbed to the last level of the Above World, where he is to this day. Too far away, he no longer hears people's requests for food, so they need to plant, hunt, and fish to feed themselves.

Xiburè is the source of the greatest shamanic healing power there can be. Although he is not a 'creator,' like Ànǎxiwè, his unambiguous benevolence towards humans causes the Inǎ to regard him as God. Putting it directly, Xiburè is God. As Mahuèdèru once said, "in Portuguese, he is God, but we call him Xiburè." It is not said that Xiburè is the God of the Inǎ, or that God is the Xiburè of the white people, as it is said that gas is the firewood of the Tori. There are no formulas of proportionality here; we are rather faced with a true equation: the Inǎ insist that he is one, the only one, that God and Xiburè are different names for the same person²².

In addition to the figures of Xiburè and Ànǎxiwè, God and the Devil, the same question also arises relative to other entities. We have already seen how a shaman explained to the man who asked him why the alligator sent by the sorcerer did not catch him, that some 'angel' protected him. Also Mahuèdèru, in the same narrative

²² See also the Kaxinawá case. Speaking about some of the characters in the mythology of this people, Cecilia McCallum (2002, p. 389) states that "some, such as the late Moico, say that the primordial Inca is the Christian God. Jesus Christ would be another ancestral figure, *Yubenuabuxka*, whose head ascended to the heavens and turned into the moon."



from which I extracted the comment above, says that her grandfather Texibrè, a powerful shaman, saw a 'priest' in the Above World, who his granddaughter says is, in fact, an 'angel.' Toral (1992, p. 206), speaking about the inhabitants of this level of the cosmos, states that the Karajá distinguish among them the *ibutu-mỹ tàby*, "the father of us all," "an old man with long hair and a white beard who wore a white robe to the feet," while the Javaé "mention the impressive . . . Dominican priests in immaculate soutanes who visited them intermittently."

What applies to benign figures applies equally to evil ones. In the same way as Xiburè is God, Àñyiwè is the Devil. After his long walk by the river, quickly described here, his whereabouts it is unknown. But, today, the Inỹ say that his counterparts still live among them. From several people, I heard the idea that, as one man summed it up well, "the Bible says that the Devil is here on earth. And it's true because there's sorcery here. Evil is here." Sorcerers are also demons, manifestations of Satan. The matter thus comes full cycle. God can protect against sorcery because he is the greatest of shamans; and the existence of sorcerers shows that Evil is on this earth.

AÕNI TIME-WORLD

Considering this kind of short circuit between different healing practices, from indigenous and non-indigenous shamanisms to the power of God and faith, requires us to return to the primordial times, narrated by mythology, and to the concept of *aõni*. For more than simply a set of non-human beings, this term refers to a capacity or mode of action inextricable to shamanism, which defines primeval time.

Mythology distinguishes between two great times, which we could name the primordial time and the 'time of the ancients.' The stories of Àñyiwè and Xiburè, which

we have seen very briefly here, as well as several other events, took place in primordial times. They are stories about the world's formation and the beings that would later populate the current world. The transition to the 'time of the ancients' (*hỹyna mahãdu bàde-u ♂*) is marked by two events. First, the theft of fire by Àñyiwè, which completes the transformation of animals. Then, the emergence of true humanity, leaving the River Bottom (the lower level of the cosmos) to replace the first humanity, extinct after the revelation of a male ritual secret²³. The stories that follow these events narrate how true humanity has acquired or learned the elements that characterize what is called *inỹ bàdèdàkỹnana ♂*, *inỹ bàdèdỹnana ♀*, 'our knowledge' or 'our culture:' the origin of bodily ornaments, ritual practices, and knowledge about agriculture, for instance²⁴.

Primordial time is marked by a series of actions and capacities that would become impossible in the 'time of the ancients.' Àñyiwè, mighty *aõni*, performs a series of these deeds, but he is not the only one. Far from it, all beings of primordial time were capable of extraordinary actions. Animals and humans dated and procreated; people transformed themselves and others.

The saga of Hãwyy Wẽnõna is full of examples: it all begins with a group of men killed by the pirarucus who they fished, which revealed themselves as *aõni*. These, in turn, assume the appearance of the dead men and return to the village in their stead. Hãwyy Wẽnõna discovers that her husband is actually an *aõni* in disguise and runs away with her son, later being chased by the *aõni*. Halfway, she enters with the boy inside the belly of Rufescent Tiger Heron (Hõi) to hide, from where he comes out all painted, like the bird. Then, the woman thinks of her younger sister, making her appear beside her. When the young woman turns into a jaguar after tasting the lard of Hãlòèlahi ♂, the 'Grandmother

²³ These are two of the best-known and documented Inỹ stories. On the exit from River Bottom, see Nunes (2016, pp. 553-556), Pétesch (1992, p. 445), Rodrigues (2008, p. 77), and Pimentel da Silva and Rocha (2006, pp. 102-108); on the second, known as *inỹ wèbòhõna*, see Nunes (2016, pp. 546-553), Rodrigues (1993, pp. 273-274; 2008, pp. 578-579), Pimentel da Silva and Rocha (2006, p. 85), and Donahue (1978).

²⁴ There is still a third time, the "time of today's people" (*wijina bòdu mahãdu bàde-u ♂*), marked by life alongside white people, which I do not describe here. For a more detailed characterization of the difference between these three times, see Nunes (2016, 2022).



Jaguar,' Hāwyy Wènōna stamps her foot on the ground and makes a gigantic tree shrink to the point that she and her son could climb into its canopy, and then she makes the tree grow again. Later, after an unsuccessful negotiation with a resident of the Above World for water, her son turns into a bird and abandons her²⁵.

In narrating to me the story of the end of the first humanity, Mahuèdèru described this time as *ix̄ is̄yruhuk̄y r̄yiram̄h̄y-ku*, the time when people were close to transformation. Her son-in-law Xirihore, who helped me revise the narrative, translated *is̄yru* as “close to transformation” and commented that, “at that time, anyone turned into an animal²⁶.” That is why, at that time, thoughts, desires, and, above all, words were dangerous. What was thought, what was desired, what was said, happened. Àñxiwè ‘transformed with his words’ (*ritxuhòm̄h̄yre*): it was enough to say, ‘now you will be a duck,’ ‘chameleon,’ ‘greater rhea,’ etc., that the animal-people became the designated animals. This, in effect, was a property of that primeval world.

The characters do, say, or simply think something, which happens by the very power of their speech/thought: word and thing, thought and act, were not yet separated. Therefore, it is common for narrators to comment, in face of such extraordinary acts, that this or that character is *aōni*, and this is why they could do what they did. Primordial time, in short, is characterized by an *aōni mode of knowledge or action*; a mode of ‘thinkacting,’ we could say, because thinking does not differ from doing; knowing does not differ from making exist.

The stories of this primeval time are populated by beings whose very nature is indiscernible: one cannot be sure whether we are facing a human, an animal, or an *aōni*. Human characters very often reveal themselves as non-human; animals were people and talked. Prior to discrete intervals and prior to form, this time is marked by a pre-cosmological regime of “original transparency or infinite complication

where everything gives access to everything” (Viveiros de Castro, 2006, p. 323). Rather than being plunged into a state of undifferentiation, the beings of that time are internally traversed by an infinite flow of differences. It is not that the Lizard transformed by Àñxiwè, for example, was an animal that presented himself as human or a human that appeared in animal form – his human and animal qualities did not coexist as sets of discrete differences. The Lizard and all other beings of primordial time, this regime of infinite difference, this time of pure continuum, are *aōni*, and this is where their capacity for universal communication derives from.

The story that mythology tells is that of the passage from this state of pure continuum to another, in which there are discrete intervals between sets of well-determined differences (Lévi-Strauss, 2004 [1964]); the passage from this regime of infinite difference to another, in which sets of affections and capacities correspond to specific and discrete bodily forms (Viveiros de Castro, 2002, 2006). What Àñxiwè does with the animals it transforms is to extract their *aōni* quality: after being transformed, the animals will now be just animals, unequivocally animals – they are no longer people, they no longer speak. Similarly, the emergence of true humanity corresponds to a procedure of ‘deaōnization’ operated by myth: if the first humanity lived too ‘close to transformation,’ true humanity, ancestors of the present-day In̄y, emerges from the River Bottom already subtracted from its *aōni* aspect: just like people today, they no longer talked, asked for help, or dated animals, they no longer had the power to do extraordinary acts or to make things happen just by the manifestation of their thought, as before. The In̄y, now, are real people, and that is all.

However, this ‘distancing’ from transformation is indeed a matter of distance rather than of absence. For, as Viveiros de Castro (2006, p. 324) put it, “spirits are the testimony that not all virtualities have been actualized and that the turbulent mythical flow continues to roar silently underneath

²⁵ See the full narrative in Nunes (2016, pp. 526-539).

²⁶ *Is̄yru* is an ancient term (*h̄ȳna* ♂ *nybè*, ‘word of the ancients’) for which there is no exact equivalent in current language.



the apparent discontinuities between types and species.” The opaque bodily forms of the different beings hide their humanity from each other, but this opacity is relative, as it is reversible. For ordinary people, this is commonly presented as a risk – or rather, it is already a sign that something is not right, that one is already affected by some illness. But there is a class of people (the shamans) and a time/space (the plaza rituals – on this, see Nunes, 2016) in which the *aõni* time-world can exist in a controlled way among the In²⁷.

Shamanism is evidence that the universal communication regime of primeval time persists in coexistence with the present world. Shamans can see what ordinary people cannot, visit the aruanãs in their places of dwell, talk, and negotiate with various *aõni*. Remaining human to their kinspeople, kin of other humans, they nevertheless acquire an *aõni* aspect through the alliance with the auxiliary spirit that caused them the initiatory crisis. And the Karajá are very explicit about this, stating that shamans are *aõni*. Humans cannot cure diseases caused by being preyed by a spirit; it is only as *aõni* that shamans can do so.

SPIRITS' COMMUNICATION REGIME

The fact that the Karajá resort to a series of healers in addition to their own gives their shamanism a 'regional' characteristic, in analogy to Pérez Gil's (2010) argument about the Yaminawa of the Peruvian Amazon. Alongside their own shamanic matrix, the Yaminawa resort to the practice characterized by the use of ayahuasca, which has singing as its central element. This shamanism is regional, Pérez Gil tells us, because it is shared by various indigenous and non-indigenous peoples (among which the Yaminawa distinguish several categories). Marked by a relative homogeneity, it

contrasts with the human diversity of the region. The author signals that Townsley had shown that the shamanism of these people had flourished, not decayed, in the face of intensifying relations with non-indigenous people, and that this was due to the shamans' ability to establish relations with the outside. Pérez Gil (2010, p. 180) argues, however, that this is not merely the case: the productivity of shamanism “in sociological and cosmological terms derives, it seems to me, from its ability to insert itself into an intelligible dialogue.”

The differences between the Yaminawa and Karajá cases – I refer above all to the fact that there is no shared shamanic matrix between the latter²⁸ – are diluted, however, when we note the diversity of situations in which indigenous therapeutic itineraries in a given regional environment are composed of a plurality of specialists, and not only by the shamans of their own people (see, e.g., Andrade & Sousa, 2016; Scopel et al., 2012; Chaumeil, 1992). In areas of intense presence of black peoples, such as in Brazilian Amazon and Northeast, the question, posed in these terms, also relates to what Goldman (2015, 2021) called the Afro-Indigenous relationship – the shamanism of Northeastern indigenous peoples, as well as Amazonian *encantaria*, are marked by a series of compositions with African diaspora religious practices. Amid this diversity, the fact that not all of these situations are based on a shared shamanic matrix allows us, I believe, to radicalize Pérez Gil's (2010) argument. The possibility of 'intelligible dialogue' sustains the therapeutic effectiveness of healers of different origins. Still, what allows this dialogue is not a historically developed 'common code.' It is not a 'symbolic' or 'social' communication, nor is it human: it is, in a word, the spirits' communication regime.

²⁷ Concerning ordinary people, we could also mention dreams. For when one sleeps, the image-soul (*tyytáby*) leaves the body and wanders, and their adventures may be transparent, as it were, to their owner by means of their dreams. Hence, therefore, shamans differ from the ordinary people only in degree, for those experts control the wanderings of their image-soul.

²⁸ In the ucayalino case, this is due to the particularity of the region's history (see e.g. Gow, 1994). On the other hand, among the Karajá, whose history is characterized by a relative isolation in the Araguaia basin, there is a clear differentiation between their shamanic practice and that of other indigenous peoples, and the relationship with non-indigenous healers does not unfold in exchanges of knowledge between them and the Karajá shamans. What draws attention, on the contrary, is the 'homogeneity' of therapeutic effectiveness, despite the heterogeneity of the healers.



Shamanism, as I said, is a line of escape through which the universal communication regime of primordial time can still express itself in today's world. Healing and illness are mediations between these two time-worlds, the current one of discrete differences and the primordial one of infinite differences. Sorcery induces the affliction of a human person by an *aõni*, which can only be reversed by the shaman-while-*aõni*, endowed themselves, in this circumstance, with absolute transparency. It is a shaman and can heal, we could say, one who is able to access this universal communication regime. How one can do so matters very little in face of its result: whether through the relationship with an auxiliary spirit (the Iny and other indigenous peoples shamans), through knowledge derived from African diaspora religions, or spiritualism (the regional healers) or calling for divine healing and protection (through faith), it is the ability to access the spirits' communication regime that enables therapeutic practice. It is because the Karajá have their attention firmly focused on this – something that is measured by its effects, e.g., how the work of any particular healer can recover the health of a sick kinsperson – that they affirm that all of these are equally shamans.

Here's why doctors cannot treat sorcery afflictions. At the beginning of the paper, I criticized the notion of "intermedicality" as a "contextualized space of hybrid medicines" (Greene, 1998, p. 641). If there is no proper therapeutic articulation between shamanism and biomedicine, what could be considered 'hybrid' is, at best, the space of coexistence between the two, but not 'the medicines' themselves²⁹. As I tried to show, it is in the field of shamanism that there can be articulation, to the extent that shamanic practice is open to, when it is not nourished by compositions with different healing practices. If the relationship with biomedicine almost always implies an

excluding alternation, the connections of shamanism with other healing practices – moving from the axis of health to that of religion, so to speak – readily brings forth the evoked images of 'hybridity' and 'syncretism.'

The limitations of this pair of concepts have been explored by recent discussions on mixing, *anti-mestizaje*, *counter-mestizaje*, and counter-syncretism (Kelly, 2011, 2016; Goldman, 2015, 2021; Cusicanqui, 2010, 2019; Nunes, in press). But there is more here than the eternal problem of the attempt at purification; a labyrinthic search to "isolate traces of pure original cultures that would have merged" (Goldman, 2014, p. 217) and that, by taking 'historical origins' or 'cultural differences' as the given from which different 'religious systems' articulate, tends to make all kinds of composition appear as a problem: the original difference taken as a given, it is the composition that needs to be explained. What the Karajá case shows, on the contrary, is that if there is something that needs explanation, it is the difference in origin. Their mythology tells in detail the origin of the Iny and other peoples, how (which is worth saying, from whom) this or that element was acquired (see Nunes, 2016). And as I said, these differences are systematically recalled and explained. Still, as far as 'religion' is concerned, the obvious thing is that a shaman is one who can access the spirits' communication regime and thus is able to heal.

To speak of 'articulation' between shamanism and other healing practices, therefore, is at best a descriptive shortcut, as this would presuppose the prior existence of 'systems' that would come to be related to *a posteriori*. It is evident that Karajá shamanism participates in a particular socio-cultural context and has a different historical origin from the Christian and African diaspora religions from which non-indigenous healing practices unfolded. Hence, there is a recognition of the differences between the sets

²⁹ See, for example, the following excerpt: "the relationship between biomedicine and traditional cures becomes convergent when both strive to remedy the ills that affect children. In these cases, the indigenous seek doctors considering that the industrialized remedies prescribed by these specialists can end the ills that affect certain children. However, when these medical prescriptions do not work, the indigenous immediately seek a village healer" (Andrade & Sousa, 2016, p. 194). Now, what 'convergence' is there in this? 'Hybridity' here comes down to the coexistence between biomedicine and 'traditional cures,' to the 'contextualized space,' as Greene (1998) says, a space that is itself the effect of the sociomedical perspective.



of knowledge, techniques, and procedures of the various shamans, indigenous and non-indigenous. But insofar as all these practices actualize the regime of absolute transparency of primordial time, it cannot be said that they first differ to then relate. What I am stating, in saying this, is that the issue is prior and external to the discrete differences that can be formulated in 'historical' terms.

It is, to say it again, the spirits' communication regime. That is why, it seems to me, religious compositions have always been so prolific. This is also why, as Kelly (2016, p. 711) noted, "dichotomous demarcations or bifurcations of self/others seem less structuring" for the discussion on the Afro-Indigenous relationship; for in its conceptual imagination – unlike that of *anti-mestizaje*, which deals with a regime of discrete differences (Indigenous and white people, shamanism and medicine, ceremonial discourse and political discourse) – religious compositions have a fundamental place, referring to the infinite difference proper to the spirits' communication regime. The difference, in short, is contextual and not substantive; that is to say, different contexts of the same ethnographic case may present one variation or the other. This is the reason why the Karajá does not say that non-indigenous healers are 'white people's shamans,' in the same way as they say, to return to the example with which I began this paper, that gas is white people's firewood: they are 'white shamans,' just as there are shamans of other indigenous peoples, and just as Xiburè-God is the greatest of shamans. In all other contexts, they systematically discriminate between what is their own and what is foreign.

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