INDIGENOUS CONCEPTS OF HEALTH AND HEALING IN ANDEAN POPULATIONS. The Relevance of Traditional MEDICINE in a Changing World

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This report is dedicated to Juana Icha and her guardian spirit Apu Parato, whose poignant story forms a recurrent theme through this work.

It is also dedicated to the wonderful Indigenous people of the communities of Salasaka, Zuleta and Ugsha, highland Ecuador, who helped to make this study possible.

Causa contra Juana Icha, 1650
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CHAPTER ONE
Methodology and Development of the Health Beliefs Questionnaire

Background to the study

How people manage change is central to archaeological enquiry, with a timeless relevance into the contemporary human experience. Cultural belief systems and related rituals sustain a people’s sense of place and identity. The project ‘MEDICINE ’ puts itself at the heart of this dynamic, using a time depth perspective to build conceptual models of indigenous understandings of health, disease and healing, and how these adapted and survived in the face of dislocation and persecution into present day forms, and the relationship and relevance these have to ‘modern’ biomedical systems of health. At the heart of the proposed action is understanding the critical place that notions of health and disease have in people’s conceptual understanding of the world they live in. When this world is impacted by adversity: the trauma of war, invasion, persecution and the imposition of alien systems of belief, modes of behaviour and epistemologies, there is a need to develop mechanisms that preserve the core belief system. This at the same time as engaging with the change processes that allow those core beliefs to evolve and survive, thereby maintaining, at heart, the critical sense of personal and collective identity. The research proposes to develop new conceptual frameworks that model this process, to expand our understanding of how people survive and adapt in response to cultural trauma.

Current practices of Traditional Medicine (TM) have evolved within historical contexts into new forms which can tell us about the nature of pre-Columbian and historical indigenous belief systems and demonstrate how these beliefs and associated rituals and practices have
adapted and survived in social climates of persecution and repression. It will also demonstrate the continuing role, relevance and use of TM in present-day communities and the role of indigenous healers within this.

Study focus

The primary focus and methodology of MEDICINE was to adopt alternative approaches to and understandings of 'concepts' - of health, illness and healing, and how these relate to overall cosmology/ontology and epistemology of a study group of indigenous Andean peoples, i.e. peoples whose experiences of and understandings of the world differ(ed) diametrically to those of the alien European invaders. The overall and long term objective was to generate models of how peoples adapt over time to alien cultural influences that impact their sense of identity and belief systems. This would then generate 'bridging scenarios' and Transferable Practitioners' and Policy 'tools' for people working with indigenous, First Nations, Migrant and Refugee peoples, to offer alternative approaches to meeting their health, social and welfare needs in a more culturally appropriate and sensitive way.

Given the breadth and complexity of this study with its multi-disciplinary focus and methodology, it is important at the outset to define clearly the scope of the work undertaken, as the several aspects and their interaction could readily overwhelm it in a level of unnecessarily detail. For example, the survey drew extensively upon information from Indigenous participant communities with shamanistic cosmologies, beliefs and practices and therefore although it is important to offer contextualising explanations and textual references to key works, a fuller scale exploration of the phenomenon of shamanism is beyond the scope of this present study; the subject is very large and has attracted a significant literature over many years. The same point can be made of, for example, the role of narrative and myth, theories of culture and culture change, ethnicity and the social construction of identity, and the evolution and significance of the global movement known as 'indigeneity'. These are referred to, but not explored in any more than a relatively cursory way as they are relevant the themes being developed here, and to the evolution of models of socio-cultural survival and adaption transferable from historical populations into modern day refugee and migrant population displacement dynamics.
A key question

The study therefore focuses upon this key question: how best can we identify key autochthonous Andean beliefs and ritual practices, particularly those related to health, illness and healing, in a way that allows us to discern the influence of alien non Amerindian beliefs upon them, and in so doing to assess the nature and degree of the survival of those indigenous beliefs and practices and the ways that they have been modified over time to adapt to changed social, political and religious circumstances? How, also, can we ‘measure’ in some way the likely relative degree of change to beliefs and practices, to the eventual point of their overall loss? These questions guided the earliest research phase into the nature of Andean beliefs and ritual practices and the ‘worldview’ (in Latin American countries generally referred to as ‘cosmovision’) that these exemplify. As such therefore, it was never the purpose of the study to amass detailed information about those beliefs and practices and their related mythological/ontological basis per se, but more inasmuch as they demonstrate a foundational basis from which can be observed probable alien influences upon them.

Historical points to note about the wider study region and people

As noted elsewhere in this report, the Amerindian population as a whole represent people whose systems of belief – ontologies and epistemologies – had evolved directly from Paleoindian populations moving from Asia Minor across the Bering land bridge around 20,000 BCE, which have no relationship whatever to later Asiatic, European or African conceptual frameworks. The arrival of Iberian invaders in the early 16th century represents the first point of contact and introduction of alternative ‘Old World’ ontologies and systems of belief, such as with the Catholic Christian religion. As such, the impact of the one upon other is often striking.

However, the notion of there being one culturally homogeneous Amerindian population, all sharing broadly similar languages, beliefs and cultural practices is not the case. The Americas as a whole, and the Andean region of it in this particular study, were home to widely heterogenous peoples and very many languages, although perhaps, inevitably, they do share certain common cultural roots, beliefs and practices at their foundation.
The Spanish invaders arrived in the northwestern regions of South America (in territory that is now southern coastal Ecuador and north coastal Peru) only a generation following the final expansion of the Inkas\(^1\) at their northernmost frontier—the present day border of Ecuador with southern Colombia—a dynamic conquering and colonising force which had, in a mere one hundred years or so, succeeded in imposing much of its own centralised religion, socio-economic and political vision and government on the many central and northern Andean regions that it conquered. People who resisted them were targeted for punitive retaliation, including wholesale massacre and deportation of surviving populations into more southerly regions of their empire that had been pacified earlier, to be replaced by peoples already subjugated and loyal to them. In this way, a certain homogenisation, or at least mixing of people with their attendant belief systems had already been accomplished in the wider Andean region. However, given that the Inkas were themselves Amerindian peoples of central Peruvian origin (Cusco), the political, organisational and ritual practices they imposed upon those they conquered were always going to be fundamentally of a similar nature i.e. wholly different from those of the European invaders and colonists.

**RESEARCH METHODOLOGY AND APPROACH**

**Constructing a Model of Indigenous Andean Health Beliefs and Practices**

**Phase One: Research Objective 1**

Phase One of the project was defined by the first project objective: to establish baselines of concepts deductible for pre-European/early colonial periods of health and methods of healing of indigenous Andean peoples.

The first phase of the research sought to identify core pre-Colombian and early historical ethnic Andean concepts and beliefs about the human body in its wider cosmological setting, and how health and illness are understood within this. These core conceptual data would

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\(^1\) Throughout this report I use the Indigenised spellings of these words using ‘k’ instead of ‘c’ and ‘w’ instead of ‘hua’, which were Hispanicised ways of spelling indigenous Kichwa and Quechua languages. The ‘decolonialisation’ of the languages and cultures is now becoming more commonplace, but readers will note places where quotations from other authors still use the older mode of spelling.
inform the second phase of fieldwork, involving the construction of a survey instrument to take into contemporary Andean study populations in the Ecuadorian sierra. With this it was hoped to determine the relative pattern of survival and change of these beliefs into the present day.

Sources of information

There are four key sources of data:

- Bibliographic sources available in the form of published literature and ‘grey’ literature, on-line websites etc;
- Archaeological: i) archaeological material culture (principally pottery and decorative motifs) demonstrating pre-Colombian beliefs and practices; ii) bio archaeological data from human remains;
- Early colonial period Spanish documents which detail, through their own words, the beliefs, rites and practices of many of the indigenous religious specialists who found themselves before the ecclesiastical courts;
- Ethnographic studies of the beliefs and practices of more recent historical or contemporary Amerindian peoples.

Lines of enquiry and their biases

All students of the past, whether of pre-literate or literate societies, confront the problem of how to reach an ‘accurate’ picture of that past. In: ‘Looking for Lost Lore’², Lankford sets out a case for how we might reconstruct traditional beliefs and customs, using a combination of archaeological material culture and ethnohistorical analysis, but the picture we gain is a still a partial one, further complicated by the need to use one framework of interpretation of subjective and biased data to explore another.

For the reconstruction of ethnic Andean beliefs and practices at the point of collision with invading Spanish religious and philosophical paradigms, the pathway of enquiry follows a

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chronological trajectory from ethnographic observational studies on what present day Andean peoples believe and practice, back through the clouded lens of ethnohistorical documentation and the liminal world of the earliest accounts of different chroniclers of Inka beliefs and practices\(^3\), into the mute past amenable only through archaeological enquiry. Each has its own set of biases.

1. **Ethnographic.** The data reflect the observational viewpoint of researchers through the framing of questions about beliefs and how the responses are interpreted.

2. **Ethnohistorical** – data are skewed and biased through the framework of enquiry set with alternative alien beliefs systems and language, as with the 17th and 18th century trial records from the *Extirpación de las Idolatrías* in colonial Peru.

3. **Archaeological** – data derive from studies of erratically surviving material culture - such as pottery - and decorative motifs and is ‘mute’ and cannot be ‘read’. Complex analytical systems such as attribute analysis are sometimes employed to construct data bases with which to interpret these kind of ‘mute’ data, but these are still subjective and determined by the researcher.

4. **Archaeological** – bioarchaeological data is considered to be ‘objective’ and more robust than qualitative analytical techniques, but the actual system of belief it represents is still interpreted. For example, trepanning was a not uncommon procedure in pre-Columbian Peru, with up to 70% survival rates as seen in skeletal record; however, why was this procedure performed?

**Confounders: processes of change and development or devolution of beliefs and practices through time**

In addition to the problems identified with these lines of enquiry and the quality of data they yield, there are other ‘confounders’ which interact complexly with them, including:

1. The adaptive and interactive influence of exotic ideas and practices. The contemporary Andean concept of ‘*mal*’, for example, and the use of a range of folk

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\(^3\) E.g., Polo de Ondegardo, José de Acosta, Pablo José de Arriaga, Bernabé Cobo, Sarmiento de Gamboa, Garcilasso de la Vega, Guaman Poma de Ayalá, Cristóbal de Molina
methods to diagnose illness, and to heal (or to harm) may be derived, or at least heavily influenced by intrusive post-Colombian (e.g. European, African) influences.

2. In more recent times, there is the further influence of what are still exotic practices, such as modern western biomedicine and East Asian beliefs and practices (e.g. acupuncture; understandings of meridians and ‘chacras’).

3. Again more recently, there is the invasive influence of modern tourism (e.g. ayahuasca tourism) and how Indigenous beliefs and practices are being re-shaped by this, such as with the response of Indigenous healers (now universally called ‘shamans’) to meet the demands and expectations of the western tourist.

These limitations and confounders notwithstanding, models of the Andean conceptual universe and related health beliefs have been developed and are presented in the chapter “Modelling Health Beliefs in Traditional Populations”, representing an important stage of the project research objectives defined in RO 3: modelling of the cognitive map of indigenous Andean peoples, and their conceptual framework for understanding states of well-being (health), illness and therapy. These advanced through several stages of refinement, following the completion of the second major survey phase of fieldwork for this study, which revealed the extent to which traditional Andean health beliefs and practices survived in three study groups in the Ecuadorian northern and central sierra regions. The chapter “Modelling Health beliefs in Traditional Populations” also explores the relationship between different health models and way that health is understood and conceptualised according to different systems of belief.

Data reference collection

Project Phase One undertook an initial desktop review of relevant existing literature, followed by the study of archival (ethnohistorical) sources of colonial period (16th, 17th and 18th centuries), especially of sources either directly or drawn from the ecclesiastical trials of idolatry (‘Extirpación de Idólatras’), a rich source of information about the beliefs and practices of traditional indigenous religious and healing specialists. Visits were made to some of the principal archival sources at the Archivo Nacional del Ecuador, the Archivo Histórico Arzobispal de Lima and the Archivo General de Indias, Seville, Spain.
As an archaeologist with many years’ experience working in the Andean regions, I have been able to build a large reference collection of photographic materials from many regional museum visits (e.g. in Quito, Guayaquil and Cuenca) and other sources which have served to provide relevant stylistic and other information related to pre-Columbian cosmology, representation of states of illness, traditional healing and their cosmological and ritual basis and expressions.

Other important sources of information were drawn from collaboration with key academics and professionals with relevant experience of traditional Andean medicine. During the ‘outgoing’ stage of the project, therefore, I was able to collaborate with Dr Diego Quiroga of the University of San Francisco de Quito, where I was based on secondment, who is well versed in the medical anthropology of the region, and also Dr Fernando Ortega, a medical doctor with many years’ experience working with traditional medicine, especially in indigenous Andean contexts. The health beliefs concepts used to construct the survey instrument were drawn largely from information generated by the review of bibliographic and museum sources, verified by collaboration with Drs Quiroga and Ortega in the early stages of the work.

Information from this phase was synthesised and then informed the subsequent construction of the survey instrument, later taken into three contemporary indigenous Andean communities to verify the continuity and nature of ancestral beliefs surviving today.

The literature

At several points through this work, I have highlighted a difficulty in that the literature for such a study of a multi-disciplinary nature is immense and complex, for example with Traditional Medicine, for Indigenous Studies and for studies related to Contemporary Refugee and Asylum Seekers. It has not been possible to include more than a selection of the kinds of works available which have informed this report. The commensurately wide literature on subjects such as the social construction of identity, and theoretical discourses related to how ‘culture’ is understood and many others has often been deemed beyond the scope of this present work.
Throughout the study therefore I draw upon a core reference base of literature which has informed my understanding of the different subjects (see “Literature and Sources Cited and Consulted”), and, given the scope and breadth of the available literature in each field, I have often focused upon a few key works which have allowed me to develop the ideas I present in relation to the study material. For this reason, I am not proposing to offer a full literature review here, and most of the individual chapters offer a view upon what literature I have had recourse to and why I used it.

Worthy of specific reference is the PhD thesis by Rachel Corr: “Cosmology and Personal Experience: Representations of the Sacred Landscape” (2001) and the published developed version “Ritual and Remembrance in the Ecuadorian Andes” (2010), given that they treat with much the same subject matter and region that the project MEDICINE covers, ie of the Salasaka Indigenous Andean people and their ancestral beliefs and practices. Corr engages with the history, cultural traditions, ancestral beliefs, mythology and ritual practices of the Salasakas in considerable depth and detail, and has developed her own views of their independence and cultural distinctiveness as part of the corpus of her research dedicated to their study. Some of her information, discussions and interpretations have been very helpful and many have borne out the findings in my own survey of the same community. Her discussion of the impact of modernising processes on the objectivization of ‘cultural heritage’ through tourism and the emergence of new debates surrounding ethnic identity via global ‘indigenisation’ have also provided important perspectives. But it should nevertheless be pointed out that MEDICINE undertook a completely independent survey of the region without any former reference to this work at all, using a survey instrument specifically developed from the compilation of topics and questions drawn from the Project Phase One study of archaeological, ethnohistorical and ethnographic material. It is only during the later stages of the work that Corr’s research has been consulted.
CHAPTER TWO
Ecuador: The Study Region and People Today

Background

Ecuador has a multicultural and multi-ethnic demographic composition, with 14 different indigenous groups and peoples of African descent. Some 72% of the population is considered mestizo (or people of mixed heritage), 6% white, 7% indigenous, 7% Afro-Ecuadorian, and 7% Montubio. The provinces with the largest indigenous populations are the highland provinces of Chimborazo, Pichincha, and Imbabura. Urban dwellers account for 60.4% of the nation’s population and approximately 50% of the population lives in coastal areas, 45% in the mountains, 5% in the Amazon region, and 0.2% on the islands.\(^4\)

Ecuador’s population as of January 1, 2016 was 16,272,968 people; an increase of 1.56% since the prior year.\(^1\) According to the Confederation of the Indigenous Nations of Ecuador (CONAIE), 25-30% of Ecuador’s population is Indigenous,\(^2\) with a vast majority being Kichwa (Quichua). Seven additional groups are highly vulnerable due to their decreasing numbers, including Epera (546) and Manta (311) of the coastal regions and A’i Cofan (1485), Shiwiar (1198), Siekopai (689), Siona (611), and Sapara (559) who inhabit the Amazon.

In 1998, Ecuador ratified ILO Convention 169 and in 2007 voted in favor of adopting the UN Declaration on Rights of Indigenous Peoples (UNDRIP).\(^5\)

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The region

The sierra region of Ecuador is home to many indigenous highland ethnic groups, such as the Caranque, Otavalo, Cayambe, Panzaleo, Puruha, Saraguro, Salasaka and Cañari amongst several. Most trace their ‘history’ from the pre-Spanish period to when the region was engulfed by wars of conquest by the Inka, towards the end of the 15th century CE, although oral traditions are vague and people (like the Otavalo and Salasaka) are inclined to believe that they were introduced into the region by the Inka as part of the mitimae process, which translocated indigenous inhabitants of one region with those from distant parts of the empire, who had some time since been fully pacified. Painstaking historical research can sometimes establish a better view on the origins of some of the different ethnic groups, as recently undertaken with the Salasakas.

Sierra economy

In economic and social terms, there is considerable inter-regionally variability, with some regions manifesting as relatively ‘prosperous’ and relatively well-integrated with the modern national economy, often through their successful exploitation of the opportunities provided by international tourism; others, often located remotely in the highest areas, associated with some of the poorest health, social and economic indicators.

Outside of the main, fast growing and increasingly industrialised population centres, especially the regional capitals such as Ibarra in Imbabura and Ambato in Tunguhuara, rural regions still engage in largely mixed farming economies, although dairy farming with the development of specialised cheese making in some regions is growing in importance. Cattle are ranched, as they have been for many centuries, in the higher sierra and paramó regions. Maize (corn), wheat, barley, and oats are raised as cereal crops, also the native Andean cereal quinoa, now an important export and many different vegetables and fruits, both of European importation (broccoli, cauliflower, cabbage, carrots; apples, cherries, citrus fruits etc) as well as autochthonous tropical fruits (babaco, pineapple, papaya, chirimoya, avocado etc) in the warmer valleys. The ubiquitous Andean tuber we know as the ‘potato’, but in

fact covering an immense range of different sub-species (e.g. melloco, ullucu), can be found throughout the region and is still an important and popular staple, as are pulses such as peas (European) lentils and broad beans (havas). The Andean cuv – guinea pig – which is an important regional domesticate dating back to pre-Columbian times, is raised in many rural households throughout the sierra, and performs an important ritual function, although once it was simply a ready source of meat in poor peasant households. Pigs were one of the earliest domesticated farm animals brought over from Europe and many rural households aim to raise at least one a year for family consumption; donkeys and mules were once more commonly employed for transportation of crops and goods, but are now largely superseded by motor vehicles. Sheep are reared for wool and, increasingly, meat and were introduced into the sierra soon after the Spanish conquest of 1534, with the vast expanding flocks providing wool to supply the textile mills that sprung up everywhere in the first hundred years of the colonial period, given rise to the Kingdom of Quito (i.e. Ecuador)’s reputation as being ‘the Sweatshop of the Americas’. Horses have ever been popular and are still reared as elite possessions, especially for local fiestas. The rearing of thoroughbred horses is still a feature of the now modernising haciendas of Spanish colonial descent, especially in providing for the high end international tourism market.

The production of textiles, locally on household looms, but increasingly mechanised in small regional cooperatives, has also become an important feature of the sierra regional economy. Some of the main population centres, such as Ambato or Imbabura now engage in light and heavy industry.

**HEALTH AND SOCIAL INDICATORS**

Social and health inequalities

Ecuador has a low development index of 0.739 in 2015, and ranked 89 out of 187 countries according to the United Nations Development Programme. In general terms there has been a steady improvement in social and health determinants over the last few years and

although significant economic and social advances have been achieved in the last twenty years and it is now classified as an upper level middle income country\textsuperscript{8}, these socio-economic and infrastructural improvements are inequitably distributed in the population, with indigenous peoples in particular, half of whom are classified as ‘poor’, having inadequate access to modern systems of health care, education and basic life needs\textsuperscript{9}.

General indicators

According to the 2010 census, life expectancy at birth was 75 years, which had increased to 76.4 years (73.7 for men and 79.1 for women) by 2016. The overall death rate was 6.0 per 1,000 population in 2014 and between 2000 and 2015, the birth rate declined from 19.5 to 14.3 per 1,000 population. Infant mortality fell from 15.4 per 1,000 live births in 2000 to 8.4 in 2014\textsuperscript{10}. The overall fertility rate dropped from 3.26 children per woman of childbearing age in 2000 to 2.29 in 2015 and according to the National Health and Nutrition Survey\textsuperscript{11}, the fertility rate was highest in women with no schooling (4.4), followed by women in the poorest economic quintile (4.1), indigenous women (4.4), and Afro-Ecuadorian women (4.0). Indigenous and Afro-Ecuadorian women also had the highest rates of non-use of contraceptives (30.7\% and 34.0\%, respectively)\textsuperscript{12}. Antenatal care coverage is low (24.6\%) and in 2014, the maternal mortality was 49.2 per 100,000.

In 2014, 22.5\% of the population lived in poverty, and the Gini coefficient (measure of income inequality) was 0.47. Nationally, 13.4\% of households were living in extreme poverty in 2010, although for rural households, it was 34.9\%\textsuperscript{13, 14}. Some 25–30\% of Ecuador’s population lack regular access to health services, while more than two-thirds have no health

\textsuperscript{8} https://data.oecd.org/oda/net-oda.htm
\textsuperscript{10} http://www.paho.org/salud-en-las-americas-2017/?page_id=117
\textsuperscript{11} ENSANUT 2012
\textsuperscript{12} Instituto Nacional de Estadísticas y Censos (INEC): http://www.ecuadorencifras.gob.ec/.
\textsuperscript{13} Instituto Nacional de Estadística y Censos. Pobreza por necesidades básicas en el Ecuador a diciembre de 2010. Quito: INEC; 2011.
\textsuperscript{14} http://www.paho.org/salud-en-las-americas-2017/?p=4272
insurance and insufficient resources to pay for the health care services they might require\textsuperscript{15}. Utilization of health care services in Ecuador varies greatly by socio-economic status, age, gender and urban/rural residency and there is evidence of inequalities in the utilization of health care services by economic status and ethnicity, with households in the lower assets and consumption quintiles significantly less likely to use preventive or curative care\textsuperscript{16}.

**Indigenous ethnicity and social and health inequalities**

Ecuador is a society that has historically presented profound social, ethnic and regional inequalities and global data such as those presented above disguise great variation in socio-economic and ethnic terms. Differences and exclusion conditions experienced by the indigenous populations remain almost intact\textsuperscript{17}. More than 75\% of indigenous Ecuadorians are poor, their life expectancy at birth is 10–20 years below the general population, and infant mortality is 1.5 to 3 times higher than the national rates\textsuperscript{18}.

Social and economic changes in the last thirty years have resulted in improved living conditions for many people, including campesinos. Drawing upon research data from the socio-economic situation of the 1970s into 1980, Casagrande points out;

“In the economic realm major dimensions of a group’s plight are 1) the extent to which it is involved with and dependent upon the larger society, 2) the nature of the goods and services exchanged with the outside society, and 3) the degree to which a group has control over the basic resources (land, water, pasture, fuel) necessary to

\begin{thebibliography}{9}
\bibitem{16} López-Cevallo and Chunhuei. 2009.
\bibitem{17} Hall and Patrinos 2006 \url{http://siteresources.worldbank.org/INTLAC/Resources/FinalExecutiveSummary_Eng_May05.pdf}
\end{thebibliography}
maintain its social and economic integrity at even the minimal level that has for
centuries been deemed adequate for Ecuador’s impoverished people.”

These observations were made way back in the days before the land reforms of the 1960s
had devolved much territory back to indigenous people, and when the infamous
*huasipungo* system of indentured labour was still widespread. Even now many older
indigenous people still recall these times. It is true that, up to a point and in some regions,
there has been progress in terms of better welfare and economic opportunities for
indigenous peoples, but in many places of the sierra, Casagrande’s observations are still very
relevant, as can be seen in “life in a ‘typical’ indigenous highland community” included
below.

**Life in a ‘typical’ Indigenous highland community**

Outside of some of the more apparently ‘affluent’ indigenous regions/communities of the
north, the Cotopaxi region, just south of the capital Quito, affords a more realistic view of
one of the most heavily indigenous regions in Ecuador and one characterized by high rates
of extreme poverty. According to the most recent (2010) population census, 98.89% of the
population of Zumbahua parish self-identifies as indigenous. Nearly three fourths (72.59%)
work primarily in agriculture, mostly in small plots typically of less than one hectare. Few
people have other regular income; 93.16% do not participate in the national social security
system. Levels of education are low in the parish: 27.66% of individuals over the age of 15
have no formal education, and 41.54% have a primary education or less. Nutritional
deficiencies are among the highest in the country: 69.67% of children from 1 to 5 years are
chronically malnourished.

Recent cultural and economic transformations in different parts of the central sierra region
have disrupted traditional beliefs and practices, and some towns and communities, such as

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Whitten Jr. (editor). *Cultural Transformations and Ethnicity in Modern Ecuador*. University of Illinois Press,
http://www.ecuadorencifras.gob.ec/censo-de-poblacion-y-vivienda/
21 Ministerio de Coordinación de Desarrollo Social. 2010. Mapa de la Desnutrición Crónica en el Ecuador. Quito:
MCDS.
Pastocalle in Cotopaxi, have become almost completely deculturated, although others such as Guangaje still retain significant aspects of their traditional ways of life\textsuperscript{22}

A typical community might be Cushca, Zumbahua parish, which is situated in the remote Quilotoa region of Cotopaxi province, Ecuador, at an altitude of 3,700m. It is home to some 250 households of Kichwa speaking indigenous peoples. The community has a subsistence level of economy engaging in small scale agriculture, dependent upon a limited range of crops such as potatoes, onions, and habas (broad beans), with domestic animals such as sheep, llamas, a few cattle and pigs, and chickens. Migration from the community for wage labour in construction or other work is necessary to generate any additional income.

There is no access to potable water and community members have to walk an hour to a local water source, and then back. Sanitary facilities are basic. Owing to poor transport and communication systems, during the wet season the community is frequently cut off altogether. Access to primary health care and acute hospital facilities depends upon members being able to contract transport to take them to Zumbahua which has clinical and hospital facilities based on modern biomedical systems. Many indigenous peoples feel alienated by a system which takes little or no account of their traditional cultures or beliefs and may experience both institutionalized as well as individual discrimination from clinicians and health care staff who treat them with little respect.

The importance of providing an appropriate ‘space’ for the practice of indigenous belief and healing systems is recognised by the UN report ‘State of the World’s Indigenous people\textsuperscript{23}, where recommendations were also made to “recognize, strengthen and protect the ancestral health wisdom and practices of indigenous peoples and to articulate them within the national health systems” and to “implement spaces for intercultural dialogue for the exchange of wisdom and practices, as well as their mutual enrichment from the various health and health care approaches”\textsuperscript{24}.

\begin{flushleft}
\textsuperscript{22} Gallegos, Waters and 2016  
\end{flushleft}
Traditional and ‘folklore’ healing

Despite the provision of modern medicine via local health clinics and better access to hospital outpatient facilities in many rural sierra regions, the practice of traditional medicine (ethnomedicine) is still commonplace, both in fully indigenous populations as well as amongst rural people of Mestizo ethnicity. As indicated in the sub-section on intercultural health above, it is actually national policy that people have access to both traditional healing methods, as well as those of modern ‘western’ biomedicine.

Many people nationally, both townsfolk as well as rural, continue to believe in the age old Andean folk illnesses such as ‘malaire’, ‘susto/espanto’, mal de ojo’, ‘magical’ illnesses afflicting a person’s soul and causing debilitating and wasting physical conditions, generally believed to be contracted through witchcraft and sorcery and requiring the offices of a local shaman or healer to diagnose and cure it. There are very many traditional healers found throughout communities, although the MEDICINE survey found that increasingly people are now more inclined to be seeking out treatment in modern health facilities (see Section Two: “Traditional versus Modern Therapies”). Many people employ the wide range of healing herbs readily found in the countryside or grown in people’s gardens to self-medicate for many conditions, employing them as infusions or for topical applications.

The importance of providing an appropriate ‘space’ for the practice of indigenous belief and healing systems is recognised by the UN report ‘State of the World’s Indigenous people’, where recommendations were also made to “recognize, strengthen and protect the ancestral health wisdom and practices of indigenous peoples and to articulate them within the national health systems” and to “implement spaces for intercultural dialogue for the exchange of wisdom and practices, as well as their mutual enrichment from the various health and health care approaches”.

The chapter “Healing Cosmology and Traditions in the Northern Andes” provides a comprehensive description and discussion of Andean traditional medicine, including its

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antecedents, the kinds of healers, the range and aetiology of typical traditional ‘maladies’ and the diagnostic and therapeutic interventions employed by healers in their practices.

**MEDICINE PROJECT SURVEY COMMUNITIES**

**Background**

Reasons for the selection of the study communities from the many ones possible as suggested earlier, were subject to a range of factors and constraints, but largely centred on logistical factors such as access, remoteness, willingness of the populations to be participants, the availability of community members who could act as intermediaries and translators, also (importantly) the possibility that ancestral beliefs had been recently abandoned owing to missionary activities of Christian evangelists. One potential community of Tingo Pucarà in Cotopaxi province, south of the capital Quito, although ideal in some ways given its ethnic profile, social and economic characteristics, had been recently evangelised by Seventh Day Adventists and had completely abandoned their ancestral belief systems as a result.

The indigenous communities of Salasaka (Tunguhuara), Zuleta (Imbabaura) and Ugsha (Cayambe) were eventually selected as the survey locations. All had a predominance of people who self-identified as being ‘indigenous’, although this varied depending upon the community, with Salasaka having 100% of survey respondents identifying as ‘Indigenous Salasaka’, Ugsha all but one respondent identifying as Indigenous to Zuleta, where there were nearly 30% of respondents identified as being of Mestizo identity.

Salasaka

The indigenous Andean township of Salasaka is located in the central sierra province of Tungurahua and is one of Ecuador’s most prominent indigenous groups. The Salasaka population as a whole is around 12,000 inhabitants organized in around 20 communities

and they speak ‘Kichwa’ (Runa Shimi), although Castilian is widely spoken as a second language and is essential in order to participate in everyday life of the country as a whole. They are considered to be a very independent people and preserve a strong sense of their ethnic identity through their traditions and customs, apart from the majority Mestizos in Ecuador, or Whites. They also have many people living outside of the territory in places like Spain and Galapagos engaging in trade, who still maintain important connections with their original communities in the highlands.

**Economy**

The local Salasaka economy is based upon agriculture, livestock husbandry and handicrafts, with tapestries handwoven on traditional looms using handspun wool as an important feature. They also weave ponchos, sweaters, bags, hats and other items which are sold both in local markets and specifically to tourist outlets in the main cities. Together with the Otavalo of the northern sierra, they have specialized in Andean textile art and have now achieved recognition in the national and international handicraft markets. Many households have looms and produce fabric which can be sold directly to visitors or to the regional markets.

**Occupation and employment**

There is a pronounced division by generation and gender with respect to level of education, occupation and employment. Older Salasakas traditionally work on their *chakras*[^28] to grow crops for family consumption, given land is widely limited. Younger generation Salasakas might more likely seek employment in the wider labour market for income to support their family. The majority of the Salasaka males work as in the construction industry, and those who are part of the ex-patriot community in the Galápagos (some 4,000) are largely employed in construction, or in tourism. Salasaka women might be involved in local retail outlets, or as employees (or housekeepers) in the principles cities. It is generally understood that they are in these levels of employment owing to poorer educational opportunities available to them during childhood and youth, although this is now beginning to change,

[^28]: Small land holding
with provision of better education, and younger people might be more likely to qualify as
teachers in local schools, as technicians, or other professional employment more widely.
Additionally, Salasakas have become involved with other schemes, such as forming local
banks. Some of the communities are now developing facilities and activities with the hope
of attracting tourists to their communities. There are increasing numbers of small scale
ventures based upon providing facilities for budget tourism. where people can experience a
traditional indigenous way of life, eat traditional food, experience traditional festivities and
have a traditional diagnosis and healing ceremony with a local healer (shaman).

Final points

As a fiercely independent people, Salasakas maintain a separate life and identity from the
dominant Mestizo culture of modern Ecuador. However, many have a poor understanding
of their cultural heritage, with different and largely unproven myths about their origins as a
people. Most people think they are descended from the Inkas, but recent ethnohistorical
research using anthroponyms has established, probably beyond reasonable doubt, that the
Salasaka people are likely to have formed as a distinct group from up to four different
incoming groups of people from different regions during the 18th century, coalescing as a
single ethnic group during the nineteenth century.29 There is one good ethnographic
museum in the town which does offer a more realistic view of Salasaka heritage to both
Salasaka people, as well as to visitors. With the advent of globalization and global culture,
many Salasaka youth are seen to be at risk of abandoning their traditional cultural roots and
identity as they seek to participate in modern lifeways and culture. However, others are
clearly still keen to maintain their traditional indigenous identities, customs, clothing whilst
being very IT competent and literate.

Zuleta30

The indigenous community of Zuleta emerged from its relationship with the local Hacienda
Zuleta31, originally an obraje (textile mill) and cheese factory founded in the 16th century

Highland Ecuador.” Latin American Research Review, 47, SPECIAL ISSUE (2012): 5-30
31 www.zuleta.com
shortly after the conquest of these regions in 1534 by Spain. The community itself was not recognized as a formal township until the 1940s. Traditionally people have lived rural lifeways here based upon small scale farming on chakras, raising crops such as maize, potatoes and beans, some barley and wheat, with domestic animals such as cattle, sheep, pigs and chickens. The hacienda was a significant employer and after the national land reforms of 1964 and 1973 abolished the infamous huasiingungero system of indentured labour and devolved some land (eight per cent) back to the indigenous peoples, Zuleteños have lived a rather freer way of life, although still looking to the hacienda for employment in the hospitality industry here. They are also still reflect the traditional hacienda-Indigena ‘ritualised’ reciprocal relationship in terms of the nature and dynamics of local festivities, such as the fiesta of San Juan Bautista, referred to later in this report. The development of the regional tourism here has significantly benefited people in the community more widely, however, providing them with important additional income through the marketing of their distinctive hand produced embroideries, and, more recently, the bourgeoning restaurant, hotel and community tourism projects.

**Zuleteño dress and embroidery**

The way that the Indigenous people of the community of Zuleta and wider region dress and are associated with the production of fine embroidery is largely a function of the earlier vision of the hacienda itself, specifically Rosario Pallares, wife of the Hacendado and country's president Gallo Plaza through the 1950s and 1960s. She introduced new craft skills, specifically the cottage embroidery industry that is now such a distinctive feature of the region, teaching local women how to embroider to give them an independent skill and income. Likewise the distinctive regional dress is a development of styles worn in the region several decades earlier and is not in fact a continuity of anything. Earlier styles were broad brimmed felted wool hats with low crown and are now uniformly the taller crowned trilby hat which is universal for Indigenous people of the region. People from neighbouring independent communities such as San Clemente themselves dress in identical styles and the women also emboider. Further along the Inter Andean valley, other regional Indigenous groups such as the Otavalos have long had their own distinctive styles of dress and have
been weavers for generations, now an independent and wealthy community exporting textiles internationally.

The region itself, as indeed throughout the Ecuadorian Sierra was known as the ‘sweatshop of the Americas’ through the mass production of textiles for export globally. This is in fact where much of the regional weaving industry can be traced to. The Spanish depended upon mita (obligated labour rotation) to run then objajes (textile mills). Now groups such as the Otavalos are independent and wealthy business owners, although a generation ago as Indios Libres they apparently never saw themselves as Independent ‘Indígenas’ but rather part of a class group which included wealthier Mestizos.

**Ughsa**

Located around some 12 kilometers from Zuleta, Ughsa is a more ‘typical’ indigenous rural community, close to the regional Cayambe volcano. People here have rural livelihoods similar to those described for Zuleta, based upon mixed farming of, some cattle, wheat, barley and potatoes. Located further from the main highway locating Zuleta with the regional capital Ibarra, the community has little direct benefit from the increasing influence of tourism in the local regional economy. The inhabitants still largely preserve traditional ways of life here.

**BRIEF ARCHAEOLOGICAL BACKGROUND OF THE THREE COMMUNITIES**

Little is known of Salasaka origins, but it seems plausible that they should be the descendants of the two pre-Columbian cultures that span the later prehistoric periods in Tunguhuara and neighbouring Chimborazo provinces: the Tuncahuan (500 BCE–800 CE) and the Puruhá (1250–1500 CE). Sometime during the second half of the 15th century, Huayna Capac advanced the Inka imperium northwards from Tomebamba (present day Cuenca), conquered the bellicose and fiercely independent Cañari people and then encountered the tribes of what is now the Ecuadorian central sierra. When the Spanish conquistadores under the command of Sebastian Benalcázar entered this region in their own bid to conquer
the northernmost Inka territories, they encountered peoples relatively recently ‘pacified’ by the Inkas, but with the Cañari in open revolt owing to the savagery of reprisals following their own resistance to the Inka invasion. Although the Inkas were in Ecuador for a relatively short time (probably not more than 70 years) they had a vast and profound influence on the culture of the areas that they conquered. This includes administrative systems, religion, political systems, and economy among others. Some of these changes were later incorporated into the Spanish administrative system and used by the Europeans to conquer and control the indigenous peoples. A key dynamic in this social reorganization was the mitmakuna system - the policy of translocating recalcitrant conquered peoples southwards into the heartlands of Tawantinsuyu and bringing pacified peoples in to replace them, and it is this idea that influences the Salasaka people to believe that they originally derived from the southerly lands of the Inka empire, something also suggested to them by an unnamed American anthropologist who was passing through the area a few years ago, although no further evidence to support this was apparently ever offered. Nevertheless, it planted an important seed of doubt that the Salasaka really were descendants of the prehistoric peoples and cultures of their current lands and they looked now to the outside and to the distant lands of Bolivia to find their origins. Similar origin myths are told by other groups in the Ecuadorian Andes like the Otavalos and the Saraguros.

A different picture emerges for the communities of Zuleta and Ugsha located in Imbabura province, the region the farthest north that the Inkas were able to conquer. Here we know that an alliance of regional chiefdoms (‘the Northern Alliance’) sustained a nearly forty year stand-off with the advancing Inka armies, losing spectacularly at the so-called Battle of Yawarkucha (Yahuarcocha) - the Lake of Blood - when an estimated 50,000 fighting men of the Caranqui nation fell to the Inkas. In the single generation that followed this before Sebastian Benalcázar arrived in the region in 1534, the Inkas had succeeded in eradicating

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all cultural memory from the conquered peoples, leaving behind just the abandoned
settlements and ramp mounds of the vanquished Caranqui culture (such as those at the well
surviving ramp mound site of Hacienda Zuleta) and a handful of toponyms for posterity.

Despite the survival of many of these Caranqui period mound sites and many other
archaeological remains, including Inka period fortresses (pucaras), the majority of the local
indigenous people know little to nothing about their past, and only relatively recently, under
the influence of tourism education from the Hacienda, do some of them now have a better
understanding of their heritage.

Beliefs about health and illness, and the human body itself, are just part of an overall understanding of the way the universe is understood – a cosmology or worldview – particularly with peoples of very ‘traditional’ or indigenous cultures, so questions were asked about how people viewed the world around them. Another key objective was to understand what indigenous Andean people mean by the terms ‘health’ and ‘illness’. There is evidence that until a generation or so ago, certainly in more remote parts of the sierra, these terms were glossed rather differently reflecting distinctive Andean pre-European experiences of life, the human body and its wider cosmological context. Understanding when and why people choose the health treatment they do is critical in understanding the nature of and driver to change in beliefs, customs and practices. With the recent advent of better access to modern healthcare, how is this influencing people’s choices in use of traditional healing/healers and modern medicine? In addition, questions were asked to traditional healers about their practice, particularly as it related to diagnosis and healing, and finally to younger people (aged 18-25) about how their traditional beliefs were influenced by growing up in the modern world and access to modern technologies. In the end, few young people were represented in the study.

To determine the survival and prevalence of ancestral beliefs about health and healing in the Ecuadorian Andes, the study employed a mixed methods methodology, using a cross sectional survey instrument based on structured interviews in three indigenous communities, with some variable categories amenable to statistical analysis.

The survey instrument

Chapter 1 describes the methodology employed in developing the survey instrument, initially through compiling information drawn from published sources on Andean ethnomedicine, and beliefs surrounding understandings of the concepts of health and illness, both historical and contemporary, supported by anecdotal information from academic and medical professionals with expertise in traditional medicine in the region. Information was synthesised and structured into the final questionnaire form.
Categories of information sought included basic information on respondents’ age, gender, education, level of Kichwa competency, occupation, ownership of (or access to) mobile phones, TV and computers (to indicate level of exposure/adaptation to modern IT technologies). Questions were then asked in the following domains: 1. Cultural identity and ethnicity; 2. Beliefs about the world and nature, including professed religion; 3. Life and the human body; 4. Health and illness concepts; 5. Use and trust of modern vs traditional therapies. In addition, Questions 6.-8. were specifically to traditional healers, and Question 9. to younger people (18-23 years).

The survey

Local community members, bi-lingual in Kichwa and Spanish, were employed as interviewers and field assistants: two for the Salasaka communities, and another for the Zuleta and Ugsha area. As community members, the interviewers were well known to the participants and in general liked and trusted by most people. Interviews in Salasaka were conducted in Kichwa, the participants’ first language, but a limitation of the study is that questions were originally framed in English, translated into Spanish and finally asked in Kichwa. Although glossing of words like ‘health’ and ‘illness’ were discussed fully with the interviewer assistants for suitable translations, particularly for the Salasaka group, and other words where meaning was nuanced, not every health and illness concept was able to be evaluated in this way. The majority of respondents from the communities of Zuleta and Ugsha speak Spanish as their first language, although also understand and speak Kichwa, so this was less of a problem here.

Information about the project and its aims was prepared and translated into both Spanish and Kichwa, for use in the three communities as required. For compliance with ethical requirements, an Informed Consent document was prepared in both Spanish and Kichwa and was read out to respondents who were then asked to sign their agreement at being participants. Although participants might have Kichwa as their first spoken language, those who could read and write had never been taught to read and write in Kichwa, hence the need to employ the Spanish versions of these forms in all three communities. Several participants marked their agreement with thumb imprints, being functionally illiterate.
The respondent selection strategy was not ‘randomised’ but rather ‘opportunistic’ and based upon i) knowledge of the community by the interview assistant and ii) people who were prepared to be interviewed. The selection criteria favoured people of older years which would determine how prevalent ancestral beliefs and practices were in the community core base. It had been hoped to include more younger people in order to determine the transmission of ancestral beliefs into the younger generation most influenced by modernisation, but this was to prove unsuccessful. Few young people are formally therefore represented in the study, although there is ample well informed anecdotal information available.

A total of 82 completed survey responses were collected from the three communities: Galápagos N=11; Salasaka N=31; Ugsha N= 16 and Zuleta N = 24. For summary convenience these have been grouped into two larger communities: ‘Greater Salasaka’ being the combination of the ex-patriot Salasaka people living in the Galápagos Islands and the original township of Salasaka itself: N=42 and ‘Greater Zuleta’ being the nearby rural community of Ugsha and the community of Zuleta, N= 40. Figures 1 and 2 give the age and gender distribution by individual and greater community.

Participant age and gender

Females represented an overall 46% of the total number of respondents, with a mean age of 50 years; and males made up 54% of respondents with a mean age of 59 (see Figures 1 and 2 for information by Greater Community).
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Figure 1. Mean Age of Participants by Gender and Greater Community

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**Figure 2. Age and Gender Count by Individual Community**

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</tr>
</tbody>
</table>

**Figure 3. Percentage Female/Male by Individual Community**
### Gender

<table>
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<tr>
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<th></th>
<th>Greater Zuleta</th>
<th></th>
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</tr>
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<tr>
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<td>54.5%</td>
<td>57.1%</td>
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<td>45.5%</td>
<td>50.0%</td>
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<td>51.2%</td>
<td>100.0%</td>
<td>40</td>
<td>48.8%</td>
<td>100.0%</td>
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</table>

Figure 4. Percentage Female/Male by Greater Community

### Religion

<table>
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<tr>
<th></th>
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<th></th>
<th>Greater Zuleta</th>
<th></th>
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<tbody>
<tr>
<td></td>
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<td>Column N %</td>
<td>Count</td>
<td>Row N %</td>
<td>Column N %</td>
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<td>2.4%</td>
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<td>0.0%</td>
<td>1</td>
<td>100.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>51.2%</td>
<td>100.0%</td>
<td>40</td>
<td>48.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Figure 5. Religion by Greater Community
The greater majority – 89% - of respondents across communities were professed Catholics, with a single Evangelist and 6 ‘Independents’ (people who had abandoned formal Christianity and held their own private beliefs).

<table>
<thead>
<tr>
<th></th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
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<td>Count</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Education Level</td>
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<tr>
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<tr>
<td>Higher</td>
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<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
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</tr>
<tr>
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<tr>
<td>Higher</td>
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<td>1</td>
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<tr>
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<tr>
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<td>46.2%</td>
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<td>33.3%</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>42</td>
<td>51.2%</td>
<td>40</td>
</tr>
</tbody>
</table>

Figure 6. Level of Education by Gender and Greater Community

The poor level of educational attainment reflects the stark reality that the majority of older people in the survey were not able to benefit from the more equitable and widely available educational provision introduced following the revision of the Ecuadorian Constitution in 2008. Few had been able to progress beyond primary school level (62%) and many of these had only two or three years of primary education, the majority having left formal schooling by age 12 years. Fifteen people (18%) of all communities were functionally illiterate, and 14 of these were females. Sixteen per cent had achieved secondary level of education; and three (4%) had achieved a Higher Education.

**Occupation**

The question about people’s employments was not one universally asked, reflected by the fact that 24 people (29%) offered no response; of those who did, many people described their work as either domestic (many women) or agricultural (many men). Other stated employment (generally for ‘wage labour’) included construction, tourism/hotel/taxiing/driving, local political work, or traditional healers as Curanderos (healers), Parteras (midwives) and Yachaks (shamans). There were also weavers (Salasaka), musicians, the occasional owner of a local store (retail).
<table>
<thead>
<tr>
<th></th>
<th>Greater Salasaka</th>
<th></th>
<th>Greater Zuleta</th>
<th></th>
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<td>100.0%</td>
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<tr>
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<td>100.0%</td>
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<td>Count</td>
<td>Proportion</td>
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<td>42</td>
<td>51.2%</td>
<td>40</td>
<td>48.8%</td>
<td>82</td>
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</tr>
</tbody>
</table>

Figure 7. Occupation by Greater Community
CHAPTER THREE
Healing Cosmology and Traditions in the Northern Andes

Background

Before any attempt to describe autochthonous traditions related to Andean divination and healing practices in the study region, a brief background to the regional historical context should be offered.

Examination of the contemporary ethnographic record presents the researcher with the problem that what Indigenous Andeans now claim to believe and practice is, in fact, a heterogeneous mix of elements deriving from at least three different sources: existing pre-European Amerindian beliefs, European Christianised beliefs and beliefs coming in with the diaspora of people from Africa introduced from the later 16th century onwards through the expansion of slavery.

Archaeological and historical evidence for autochthonous healing beliefs and practices

Both the archaeological and ethnohistorical records testify to the presence of shamanistic beliefs and practices related to healing in pre-Columbian and early colonial period (ie post European contact) contexts. The central Andean ‘health axis’1 and associated medico-ritual practices, stretches from Ecuador in the north (probably including present day Colombia) to Bolivia in the south, and employed healing knowledge centred principally on the administration of medicinal and psychoactive plants. There is a demonstrable relationship between shamanistic cosmologies and practices and healing traditions and healing scenes throughout this extensive region from earliest times. This evidence has been amply

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1 Camino 1992
presented and discussed elsewhere\textsuperscript{2}, so it is not the purpose to present it again here, other than to draw attention to the fact that it is the tradition from which contemporary healing beliefs and practices in the Andes region evolved, albeit in disjunctive ways.

Research into the history and contemporary use of psychoactive and medicinal plants in Ecuador, Peru and Bolivia has greatly broadened our understanding of the integral role that the native herbal still plays in traditional cultures in the region today\textsuperscript{3}. An extensive survey of the ancestral knowledge and use of medicinal plants in Sierra regions of Ecuador is currently in progress, which will further contribute importantly to our understanding of the key role still played by Traditional Medicine throughout the region\textsuperscript{4}.

**Concepts of the human body in the Andes**

Pre-modern (including prehistoric) societies conceptualize the human body very differently, and revisions to our understanding of this has allowed archaeologists to interpret mortuary behaviours from a- or pre-literate societies in better ways, with different hypotheses concerning concepts of ‘personhood’ or ‘individual’, and of the human body itself\textsuperscript{5}. The relationship between Andean cosmology and the human body was complex, with the human body seen to mirror the physical cosmos\textsuperscript{6}. In addition to breaking down the human body into its constituent physical components Andean peoples, and Inka physicians in particular, subdivided it into physical, cosmological and metaphysical parts. In an analysis of medicines used in Quechua\textsuperscript{7} ‘soul-calling’ rituals in the southern Peruvian Andes, Greenway discusses how the identity of patients is encapsulated within different items in sacrificial bundles called *despachos*, highlighting the differences between Andean and Western

\textsuperscript{3}Armijos, Cota and González 2014; Cavender and Albán 2009; Bussmann and Sharon 2006b; 2009a, 2014; Mathez-Stiefel and Vandebroek 2012.
\textsuperscript{4} F. Ortega, Universidad San Francisco de Quito, personal communication 2017.
\textsuperscript{5} e.g., Classen 1991; Thomas 2000; Weismantel 2015b.
\textsuperscript{6} Bastien and Classen 2003
\textsuperscript{7} ‘Quechua’ is the term for the ethnic language employed by Indigenous Andeans people in Peru; in Ecuador it is a variant version known as Kichwa, which is the term employed throughout this report.
concepts of ‘embodiment’. ⁸ In the treatment of illness, symbolic healing is achieved through the manipulation of medicines, altering the experience of the lived reality of the patient. Symbolic healing rituals still comprise much of Andean ethnomedicine.

**Health and Medical Practice in the Pre-Columbian World**

Balanced with the wider esoteric cosmological context for the understanding of the body and illnesses which afflict it, there is ample evidence for the use of skilled physiological and surgical interventions by pre-Columbian ‘doctors’ and ‘surgeons’ with a wide range of sophisticated medical interventions including bone setting, craniotomy and trephination demonstrating a clear anatomical knowledge⁹. With their understanding of medicine set within very different frameworks of 16th century Europe, the Spanish invaders completely misunderstood or underestimated indigenous skills, which were in general suppressed. Although the skilled herbal knowledge of indigenous specialists was occasionally more tolerated, or encouraged¹⁰, the ritual context within which it was used, and the potential occult powers of the specialists who employed it led to an innate distrust throughout the colonial period, which were interpreted as being diabolical. Within a short time frame following the conquest of the region, the medical wisdoms and skilled interventions of pre-Columbian peoples were wholly lost.

Evidence for health and medical practice in the pre-Columbian world has been fully presented and discussed in Currie et al. “Health beliefs, healing practices and medico-ritual frameworks in the Ecuadorian Andes: the continuity of an ancient tradition.” ¹¹

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¹⁰ Griffiths 1996 *ibid*
¹¹ Currie, et al. 2018 *ibid*
SHAMANISTIC BELIEFS AND PRACTICES IN CONTEMPORARY ANDEAN SOCIETIES

The term ‘traditional religious specialist’ is employed here as a generic for people who specialise in belief systems and practices that encompass what we today call ‘shamanism’\textsuperscript{12}. Shamanism may be understood as the expression of a peoples’ spiritual beliefs and experiences embedded in their ‘world view’ and understanding of metaphysical reality, and the practice of this is mainly achieved through the employment of states of altered consciousness to access alternative spiritual ‘realms’ or strata of ‘reality’, the purpose of which is to obtain knowledge about the illnesses of patients, or to retrieve the souls of clients which have become detached and ‘lost’ in alternate realms of spiritual existence, thereby causing wasting and debilitating illnesses in sufferers.

To be a traditional religious specialist in Indigenous societies generally includes a range of abilities and functions that often include divination (prediction of future events, finding lost objects, securing a client’s success in a love suit) as well as healing, through accessing alternative ‘strata’ of metaphysical reality (the world of spirits) via such aforementioned altered states of consciousness. There are many important works treating with the phenomenon of shamanism as it occurs throughout the world. The best known is by Mircea Eliade\textsuperscript{13} who defines shamanism largely through the presence of methods to access alternative states of conscious (trance induction) to undertake the ‘soul journey’, and, here, Ripinsky Naxon\textsuperscript{14}, but there are many, and particularly treating with Amazonian shamanism, which is known to be altogether distinctive to the Andean manifestation, employing as it does the use of hallucinogenic substances to induce states of altered consciousness.

\textsuperscript{12} The use of this term is contentious, with some authors contesting that it should be employed only with reference to the traditional religious specialists of the Evenki Siberian cultural traditions, where it originated. However, I would nevertheless argue with other authors that the broadly comparable cosmologies and associated practices, principally the employment of altered states of consciousness via trance, to access alternative ‘spiritual realities’ or cosmological dimensions, makes this term relevant in many traditions around the world. The Kichwa term \textit{yachak} is employed by people in the study region, especially in Salasaka.


Shamanistic beliefs and practices, sometimes disguised as folkloric traditions, still persist in many parts of the world now, continuing as a sub-stratum beneath organised religion and modern culture. We know from the archaeological record and depictions of shamans, often undergoing trance states of transformation into their animal tutelary spirits\textsuperscript{15} and kindred themes, that shamanistic religion was the common basis of spiritual experience in autochthonous Amerindian societies up to the impact of the conquest by the Spanish imperium in the New World in the 16\textsuperscript{th} century and the imposition of alien religious/spiritual paradigms based upon Christianity. From this time onwards, any other expression of spiritual beliefs and related ontology and the ritual practices associated with them, was ruthlessly suppressed through the organised ecclesiastical campaigns referred to as the ‘Extirpación de las Idolatrías’ (the uprooting of idolatries).

However, it is erroneous to conflate all classes of healing or ritual specialist within the term ‘shaman’, as there are actually many kinds of specialist to be found in the region who do not necessarily employ the induction of trance states to access alternative spiritual realities to engage with spiritual forces on behalf of their clients. These are generally referred to as ‘healers’ or curanderos/as who, in the Andean region as a whole, employ a wide range of rituals and therapies, many of them herbal, to heal their patients. Brosseder\textsuperscript{16} describes the many classes of ritual specialist/healer present in the region at the time of the Spanish conquest and it may be true to say that several of these still persist, albeit of changed form, today.

\textbf{ANDEAN COSMOLOGIES EXPLAINED}

The basic sub-stratum of beliefs upon which Andean cosmologies and their attendant healing lore rests are essentially similar across the Andean region as a whole. Underpinning any specific beliefs about health, illness and healing is the cosmological framework within


\textsuperscript{16} Brosseder, C. 2014 "The Power of Huacas"
which these are situated. In the way that modern industrialised societies fragment the world, life and the human experience of this into separate parts, Indigenous cosmologies and lifeways approach these as indivisibly inter-related. In the survey of Indigenous Andean communities reported here, a large majority of respondents said that they saw the world and phenomenal universe as an undivided whole, therefore understanding what life and health is, and how these might be impacted by disease and illness, should be approached within this context.

Sacred loci and spiritual beings

We know from many ethnohistorical sources, that in pre-Colombian times continuing into the Early Colonial period, there was a preponderance of beliefs that venerated geographical features or phenomena as being repositories of the numinous, which had spirits, and which served in a guardianship capacity over communities. Similarly, the numinous power of the landscape itself, the sense that the earth and its mountains had spiritual energies which could help (or even harm) you, are also part of a sub-set of traditional or ‘folk’ beliefs of many traditional pre-industrial societies world-wide.

There are a number of different ways of referring to this concept, which can seem confusing (see discussion which follows). In the wider Andes in the early colonial period, the term ‘wak’a is more commonly employed, which at its simplest level means ‘a sacred thing’\(^\text{17}\); they were often also functionally equivalent to sacred loci in the landscape, although also deemed capable of taking human or animal form, or even present in portable objects of human manufacture. Wak’as and their significance are discussed in several recent comprehensive works exploring their subtleties and complexities, for they are typical of the distinctive Andean ontology so foreign to the Eurocentric conception of ‘beings’ and the very nature of ‘being’\(^\text{18}\). Simply summarised, they were in charge of the health and well-being of communities, of the cycles of agricultural fertility, had an oracular/ divinatory function and could foretell the future. ‘Shape shifting’, the ability to change exterior form,

\(^{17}\)Bray, T. 2015 (editor). “The Archaeology of Wak’as. Explorations of the Sacred in the Pre-Colombian Andes”. Boulder: University Press of Colorado

\(^{18}\)Bray, 2015 \textit{ibid}; Also Brosseder 2014 \textit{ibid}
was one of their ultimate powers and they were deemed capable of being able to transform into human-looking beings or animals, and back again. When ‘conquered’ by a wak’a of superior power, they would devolve permanently back into a rock feature of the landscape.

Wak’as are better known from ethnohistorical accounts in the Peruvian Andes\(^\text{19}\), although it is clear that the name is still understood in many places in the Ecuadorian sierra too and several of the sacred geographical features in the Salasaka Indigenous community are also referred to as wak’as today. They were pivotal in every aspect of Andean life. Wak’as were served by community religious specialists who acted as intermediaries between the wak’a and the community, and through serving this entity and interpreting its oracular pronouncements, the health of the community and individuals could be maintained. In turn, the wak’a would demand feeding with ritual items such as coca, chicha (maize beer), guinea pigs, llama fat, or other offerings (Peru), whilst in Ecuador, where the coca and llama ritual complex took the form of chicha, then more recently aguardiente, and guinea pigs, the range of standard ritual offerings were different. In “The Tale of Juana Icha. A Trial by Three Models” (later in this report) Juana Icha’s tutelary spirit ‘Apu Parato’ functions in much the same way as a wak’a.

The essential differences between a being known as ‘wak’a’ and other tellurian powers associated with places\(^\text{20}\) are not always clear, as with Apus – the mountain spirits. It can seem from ethnohistorical accounts that the terms can be used interchangeably. Belief in the power of the mountain spirits – the highest order of earth spirits – is widespread throughout the Andean region. And it is set within generalised beliefs that persist from later pre-Columbian times in the concept of the Pachamama – the earth mother – and in a wide array of different spiritual beings, mainly nature spirits of sky, earth and the underworld.

Importantly for this study, Sax\(^\text{21}\) proposes a loose regional division between a belief in the kinds of mountain spirits referred to as ‘enchancers’ (encantos) from the northern Andes,

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19 see Salomon and Urioste “The Huarochiri Manuscript”, 1991
20 in Peru and Bolivia referred to tira or plural tirakuna
(northern Peru into Ecuador), and those south of Cajamarca, (central Peru south), which conform more to ‘classic’ understandings of mountain spirits known as ‘apus’. An understanding of the cosmology of these spirit beings and their modus operandi is important to this study and to the development of several themes related to the evolution of beliefs under the influence of culture change, and will be addressed in subsequent sections.

**DIAGNOSTIC AND HEALING TRADITIONS IN THE REGION TODAY**

Andean ethnomedicine, both contemporary and historical, has been widely treated in the published literature. Given the level of complexity that these traditional practices encompass, I have limited myself to a fairly succinct summary description of the practices and their cosmological basis.

Types of traditional healers in the study region

The study by Cavender and Albán on the use of magical plants by curanderos in the Ecuador highlands, makes a point of distinguishing between shamans (known as ‘yachakuna’ or now more commonly ‘yachaks’ in the Salasaka region) whom they excluded from their study, and curanderos, also referred to as ‘brujos’ ie ‘sorcerers’ in some local traditions. Other healers who employ traditional methods are ‘fregadores’ (masseurs or manipulators), and ‘parteras/os’ (female, also male midwives). The survey conducted for MEDICINE included yachaks, curanderos, and parteras, although no fregadores.

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22 Principal works which have been extensively consulted include the several by Bussman and Sharon (2006a, b, 2009a, 2014); also Bussman, Glenn and Sharon (2010); Cavender and Albán (2009); Greenway (1998, 2003) and McKeen (2003). The PhD thesis by Rachel Corr “Cosmology and Personal Experience. Representations of the Sacred Landscape” (2001) includes important detail concerning the kinds of diagnostic practices and healing techniques, as well as treatments (herbal, magical etc) employed by yachaks and curanderos in Salasaka, which largely confirm and complement my own survey findings.

23 2009 *ibid*

24 Sax 2019
Andean interpretation of illness

It is within the context presented above that Andean cosmology of medicine should be approached. As such, the contemporary practice of traditional medicine by Indigenous Andeans is distinctive. The first point to note is the differentiation in classification of diseases, which Indigenous people see as being either ‘native’ illnesses, or illness contracted or introduced originally by White people, extending more widely into the dominant Mestizo population of the country. Ethicised distinctions of this nature include pathologies like cancer and sores, which are seen as being modern illnesses associated with White people, who are also seen as having a greater susceptibility to them.

Figure 1 below offers a schematic representation according to northern Andean cosmology, where the principal classification can be seen to be between illnesses perceived to be of ‘Natural’ or of ‘Supernatural’ origin, mediated by ‘Divine’, ‘Nonhuman’ and ‘Human’ agents, diseases caused through ‘Imbalance/Disequilibrium’ and those seen as being ‘Strictly Natural’.

<table>
<thead>
<tr>
<th>CAUSES OF ILLNESS IN TRADITIONAL ANDEAN ECUADORIAN MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPERNATURAL CAUSES</strong></td>
</tr>
<tr>
<td><strong>Divine</strong></td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Gods</td>
</tr>
<tr>
<td>Saints</td>
</tr>
<tr>
<td>Demons</td>
</tr>
<tr>
<td>Souls</td>
</tr>
<tr>
<td>Goblins</td>
</tr>
<tr>
<td>Rainbow</td>
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<tr>
<td>Fumes</td>
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<td></td>
</tr>
</tbody>
</table>


Figure 1. Causes of Illness in Traditional Andean Ecuadorian Medicine
ANDEAN CONCEPTION OF THE INTERACTION OF FOUR WORLDS  

<table>
<thead>
<tr>
<th>Human</th>
<th>Natural</th>
<th>Spiritual</th>
<th>Ancestral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the earth or the countryside</td>
<td>Diseases caused by God</td>
<td>Illness sent by God as a test or as divine punishment: arthritis, tendonitis, mialgias, colds, bone pain, aftermath of wounds, smallpox, measles</td>
<td>Cancer, measles, tuberculosis</td>
</tr>
<tr>
<td>Soul loss; soul fright; evil eye; fright; caught by the hills, (bad)wind, hurricane, river, waterfall, lake, stone</td>
<td></td>
<td>Rheumatism, cold, cholic and diarrhoea through cold</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. Andean Conception of the Interaction of Four Worlds

A further classification, which finds some resonance with eastern Asian understandings of illness, is whether a disease is seen as being ‘hot’ or cold’ in nature, in which case treatment with an appropriate medication (usually herbal) is required to re-balance the organism.

Diagnosing illness

Shamans commonly access the metaphysical ‘world of spirits’ to affect their divinatory and therapeutic activities usually through the intermediary or assistance of a ‘spirit guide’, generally their personal tutelary spirit. In the early colonial period we learn of many of the kinds of spiritual guides that traditional religious specialists employed in their healing practices via the detailed court testimonies of defendants. I have included the description of one of these cases in “The Tale of Juana Icha” where the defendant, a powerful local healer and shaman, operated through her spiritual intermediary ‘Apu Parato’, referred to throughout the court proceedings as ‘el demonio’ i.e. the Devil.

Traditional healers may work with a range of different diagnostic and therapeutic intermediaries – ritual objects that allow them to ‘see’ into the body of the patient and visualise their illness and then affect the required therapeutic intervention for healing, which in the case of the northern Andean region, generally centres upon some level of

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26 Brosseder 2014; Griffiths 1996
spiritual and bodily ‘cleansing’ process. The intermediary item commonly employed in these regions is the Andean cuy (guinea pig) which is applied alive and vigorously rubbed over the body of the patient and ‘adsorbs’ signs of the illness which the specialist can then ‘read’ through examination of the pattern of internal injury in the animal’s body. Other healers employ eggs, and after rubbing a whole fresh egg across the patient’s body, will then break it into water and observe the nature of discolouration to the yolk and the albumen. Still others employ candles, which are rubbed over the patient’s body, then lit, and the nature of the way the candles burns – gutters, or extinguishes – is the way they diagnose flaws in the patient’s bodily energy channels.

When carrying out a diagnosis of illness, it is known that shamans can actually ‘visualise’ illness in a patient’s body, and this is described as though the specialist sees the illness in their mind’s eye, as if the patient’s body were open before them with the illness clearly displayed, or as if it can be seen in a mirror. Studies of early colonial accounts of the experiences of traditional religious specialists also confirm this and one traditional healer from Salasaka (a yachak) in the survey recently conducted also explained that he “sees in his mind the nature of the illness through the candles burning”; and:

“As I said before, power and knowledge comes from the mountains, hand stones used in the ritual, medicinal plants and including the spirit of Taita Punta Rumi [this shaman’s personal tutelary guide and name of the wak’a location where he works]. They all tell me what to do, how to do it. All of them give me the same advice, the same knowledge and the same power.”

In reference to the use of trance states to access alternative spiritual dimensions to affect diagnosis and healing, commonly employed by the generality of shamans, Corr explains:

“Salasacan healers do not ‘travel’ to other cosmic spheres. Rather, they rely on the sacred spaces of the earth; the mountains and the powerful humans of the Amazonian tropical forest and western lowland regions for help in healing.”

From my own personal experiences and interactions with the different regional healers, particularly the yachaks, I would tend to agree with this, although it is clear that they are

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27 Griffiths 1996
28 Male yachak survey respondent, Salasaka
able to induce states of altered consciousness through the course of conducting their
diagnostic and healing rituals. The interview with the Salasaka yachak reported here clearly
shows how alternative cosmological spheres and the spirit beings associated with them are
experienced, sometimes in dream states.

The practical and conceptual context of diagnosis and treatment

There is no formal or organized community basis to diagnosis and healing in Andean
communities, nor application of standard healing protocols, as is the case with other
Indigenous societies in other parts of the world. As a generality, diagnosis of a sick person
is made through the offices of an independent traditional healer, either a ‘yachak’ (shaman)
or a curandero (healer), with the yachak being the ritual specialist operating within a more
formalised ritual context, which generally includes the assistance of a personal spiritual
guide, often accessed through the induction of states of altered consciousness, as just
described. However, the conceptual and ritual context is situated within the wider
landscape, so application is also made to local landforms, generally mountains or volcanos,
which are seen as the physical representations of major spiritual forces – ‘Apus’ or
‘Wak’as’ – with distinctive personalities of their own, and which are the repository of
supernatural power. A yachak may employ stones from such a sacred mountain (as with the
Salasaka yachak described here) to be the intermediaries of power, which allow her/him to
access the mountain spirit and obtain guidance and healing power from it.

It is also very common for many (non-specialist) people to employ versions of these healing
techniques, applying topical treatments or taking infusions of herbal teas with the well-
known range of Andean herbs commonplace in the healing repertoire. People may also
situate these therapies within a cosmological framework of reference to mountain deities
and take offerings to them to assist their pursuit of healing (or other suits).

30 John Kelechi Ugwuanyi forthcoming; also personal communication 2018 about healing traditions amongst the
Igbo peoples of southern Nigeria.
There is little standardization in techniques related to divination (diagnosis) or healing, with a certain professional reserve and unwillingness to share knowledge between what are seen as ‘rival’ healers, although and very recently, healing specialists have begun to recognize the value of exchanging healing lore amongst one another and therefore some progress is being made towards more standardized traditional healing protocols.  

All traditional healers and particularly those who are shamans, understand that they heal through connection to and channelling of ‘power’ from a higher spiritual source. For example, those shamans who work using plants believe that the spirit of the plant itself guides them how to use it and the power that it contains. Commonly shamans cite their spiritual guide and teacher, whatever this is, as being the origin of their powers. When asked what the origin of their powers was understood to be, several healers who were respondents in the survey reported the influence of a spirit assistant. The influence of the Christian evangelisation was evident in that three respondents cited ‘God’ as the origin of their powers and another the Virgin of Quinche. However, although a professed Catholic, the Salasaka yachak reported earlier here said that his powers came from the regional apus (mountain spirits) such as Taita Chimborazo (the local volcano) or Kinlili Urku (a sacred hill) as well as his particular spirit guide, the female spirit of the local Wak’a (holy site) Taita Punta Rumi, where he always took patients to perform divinations and healings (see excerpts from the interview with a Salasaka shaman below). Another Salasaka respondent said that he was self-taught via his spirit, which he did not experience in any exogenous manner, but as being a part of himself; his own inquiry and insight had taught him how to be a healer. This man had no formal Christian faith and did not believe in the power of saints or images, saying instead that he believed that all power comes from one God, of which we are all a part. Another respondent said that her “wisdom was born from the ancestral knowledge”.

31 I was able to visit one such meeting at the intercultural health centre at Zuleta, Imbabura, Ecuador, during interviews conducted in the community early in 2018.
32 Following a vision of this sacred Christian personage in the township of Quiche around the turn of 20th century, there has been a large annual pilgrimage centred upon her veneration ever since. In many ways the Christianised ‘Virgin’ figure serves the same function as a pre-Columbian wak’a.
33 nor did he believe in witchcraft or ‘evil spirits’ of any kind, although he nevertheless seemed to have some belief in the world of wa’ka-like spirits and also his mountain.
From this it can be seen that there is no really common set of beliefs, but rather a broad context within which variations of divination and healing lore emerges.

<table>
<thead>
<tr>
<th>Malady</th>
<th>Literal</th>
<th>Interpreted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mal/malaire/malviento/aire</td>
<td>Maladies caught from ‘evil air’/wind</td>
<td>Negative psychosocial or environmental influences causing sickness</td>
</tr>
<tr>
<td>Susto/espanto</td>
<td>‘Soul fright’ (also known as ‘soul loss’)</td>
<td>PTSD/shock/emotional trauma/ dissociative identity disorders</td>
</tr>
<tr>
<td>Mal de ojo/ojeado</td>
<td>Evil eye</td>
<td>Negative influence of people, primarily to infants</td>
</tr>
<tr>
<td>Agarrado del cerro</td>
<td>Seized by the hills</td>
<td>Topophobia; environmental/psychosocial</td>
</tr>
<tr>
<td>La Luna</td>
<td>Moonstruck</td>
<td>The perceived influence of the lunar cycle on living beings/environmental, psychosocial</td>
</tr>
<tr>
<td>Cuichig</td>
<td>Influence of rainbows</td>
<td>Environmental/psycho social</td>
</tr>
<tr>
<td>Hualambario/acapana</td>
<td>Negative influence of small local whirlwinds</td>
<td>Environmental/psycho social</td>
</tr>
<tr>
<td>Brujería</td>
<td>Witchcraft, sorcery or spell casting</td>
<td>Nocebo</td>
</tr>
<tr>
<td>San Gonzalo, El Negro San Martín de Porras</td>
<td>Catholic Witch Saints; same as witchcraft</td>
<td>Nocebo</td>
</tr>
<tr>
<td>Castigo Divino</td>
<td>Divine punishment</td>
<td>Nocebo</td>
</tr>
<tr>
<td>Mala suerte</td>
<td>Bad luck</td>
<td>Nocebo</td>
</tr>
<tr>
<td>Envidia</td>
<td>Envy</td>
<td>Negative effects of nurturing envy; health disadvantages of relative inequality.</td>
</tr>
</tbody>
</table>

Figure 3. Traditional Andean Maladies
TRADITIONAL ANDEAN ILLNESSES

A brief description of the main illnesses presented in Figure 3 is offered here. Whilst there are many works which describe them and their cultural significance\(^{34}\), the two used here offer comprehensive descriptions that allow for some degree of cultural and psychological interpretations of their aetiology and significance. These are: “The Use of Magical Plants by Curanderos in the Ecuador Highlands” by Cavender and Albán\(^{35}\) and “Ethnomedicine and Enculturation in the Andes of Ecuador” by McKee\(^{36}\).

Versions of many of these conditions are commonly found throughout the wider Andean region, although their actual history, which is to say for what time span these conditions have been acknowledged, is impossible to say. There is, for example, no consensus upon whether the group of conditions associated with ‘mal’ are even of pre-Colombian origin at all, or whether they represent the impact of Christian concepts of ‘evil’ (‘mal’) and might also include distinctively African notions from the presence of large numbers of people brought from Africa as a consequence of the expansion of slavery throughout the colonial period.

The conditions tend to divide broadly into two groups: those which are related to geographical features or natural phenomena (agarrado del cerro; luna; cuichig; acapana) and may well therefore be autochthonous Andean and those which are clearly of European origin (brujería; San Gonzalo; castigo divino and mala suerte). Envidia (envy) is slightly less clear in its origins, although it might possibly derive from earlier Inka notions of social maladies like laziness and theft. Envy is often seen as the root of much malign behaviour wherein neighbour harbours resentment against neighbour, causing them to seek the services of an intermediary (yachak/shaman, witch, witch-saint) to harm the one envied.

\(^{34}\) Particularly the several articles by Bussman and Sharon.  
\(^{35}\) Cavender and Albán 2009  
\(^{36}\) McKee In Greenway (editor) 2003
Sacred landforms and a fear of ‘the places’

What might have begun as a healthy respect for the ambivalence of the sacred powers reflected in the containing landscape from times immemorial, in the colonial and later periods became what other commentators have called ‘topophobic’.

“Concepts of the landscape pervade concepts of illness and healing. Illness, healing, and shamanic power are linked by a relationship between the human body and the landscape, based on the person’s physical presence in the spatial domain of a powerful entity such as a mountain, rock, old capuli (cherry-like) tree, or a place where the pigs slept”37.

I have discussed possible reasons for this in some detail later (see ‘Building the Bridge. Discussion of the Evidence: Witch saints and soul stealing landscapes’). The ‘topophobic’ illnesses as referred to above are those associated with being caught alone or sleeping on hillsides, or out of the way places, wherein the soul of the subject is ‘seized by the hills’ (agarado del cerro), leading to a physical and mental decline in health, even to death. But places such as abandoned houses, graveyards and (strangely) pigsties are also potentially dangerous and it is unwise to loiter in their vicinity alone or in the dark. Cavender and Albán, who describe traditional Andean maladies and their treatments in some detail, say this of it as being:

“the symbolic transmutation of the physical features of the landscape into places that are topophobically perceived as charged with dangerous animate and inanimate forces. These places are akin to what cultural geographers call "landscapes of fear" ... "sick places" ... or "landscapes of despair"... This topophobic aspect has been identified among other mestizo and indigenous populations in the Ecuador highlands ..., Bolivia ..., and Peru”. 38

I have observed later that, given that the ancestral belief system, focused upon sacred landforms as it was, could never be completely 'uprooted' in the way that the evangelisation campaigns sought, it might have acquired instead an alienated and dangerous aspect. In the end there is no way of knowing the truth of this, and there prevails throughout the region a

37 Corr 2001: 240
38 Cavender and Albán 2009
uniform ambivalence which on the one hand can seem to revere the great regional
landforms, but also to fear them.

Natural phenomena

The rainbow – called ‘cuichig’ in Kichwa – is also highly ambivalent. In some regional lore it
is seen as the means by which the great mountain spirits communicate with one another,
taita (father) with mama (mother). I was told by one informant that when Taita Imbabura,
the great regional volcano of Imbabura province in the north of the study region, wished to
communicate with his wife, Mama Cotacachi (another volcano the other side of the inter
Andean valley) he would send a rainbow. But rainbows are also held to be responsible for
unwanted teenage pregnancies, wherein the infant is commonly born undersize or disabled
in some way, or else associated with a particular kind of skin rash, which has to be treated
with the topical application of specific herbs. It is considered disrespectful to point at the
rainbow.

Although listed amongst the group of traditional Andean maladies, acapana or hualambario
(huricán), which reportedly has a negative health influence, was not seen by the generality
of study respondents as being particularly harmful, excepting in terms of its purely
meteorological i.e. physiological effects.

Witchcraft, sorcery and witch saints

Witchcraft – brujería – is quite clearly of European origin, although it can seem occasionally
to merge with what Sax refers to as the northern Andean ‘sorcery’ complex39, which
revolves around a traditional specialist ‘sorcerer’ who uses his/her spiritual connection with
a mountain spirit (or other ‘powers’) to heal or to harm. This ‘classic’ form of sorcery has
been noted by other authors as present at least from the 18th century, as described by

Andes”. Chapter 2 In: J. J. Rivera Andia, Non-humans in Amerindian South America. Ethnographies of indigenous
cosmologies, rituals and songs.
Salomon in his analysis of court records relating to the trials of such people who were active in the northern parts of what was then the Audiencia of Quito⁴⁰.

The witch saints are essentially a similar concept as witchcraft, but their subversion of original Spanish saints, from goodly into evil manifestations is both unusual and seems unprecedented ⁴¹. ‘San Gonzalo’ is the witch saint operating in the Salasaka-Ambato area and ‘San Martín de Porras, el Negro’ is the Zuleta region’s version. Through the making of ritual offerings, the saying of black masses, as well as the inscription of the name of the person to be afflicted either into a book, or a repository within or behind the statue of the saint itself (housed within a church), the witch saint mediates harm rather than help, much in the manner of ‘classic’ witchcraft⁴². Although apparently declining, there was still a belief in both study communities of the influence of these two witch saints in causing certain sorts of illness and misfortune.

The traditional Andean illnesses malaire and espanto/susto are chosen here for further discussion, as they are the most commonly experienced in the survey communities and the most widely believed in, and have a broadly similar aetiology throughout the wider Andean region.

Malaire

The commonest belief is in the condition ‘malaire’ (‘mal’, mal aire, mal viento, which is an illness ‘syndrome’ caught through being exposed to negative environmental/wind borne energies) and many respondents in the survey had either experienced it personally, knew someone who had, or had treated family members for it. McKee says of it: “Belief in Malaire, a potentially fatal sickness sent on the wind from the dead to the living, is deeply

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⁴¹ As far as I have been able to determine.
rooted in Andean thought and tradition, and documented in contemporary texts concerned with folk medicine.”

Description of the presenting symptoms may vary, but are commonly associated with generalised symptoms of nervousness and sleeplessness, sudden onset of an unexplained condition causing loss of appetite, sometimes with vomiting and/or diarrhoea, weight loss and general decline in physical health. Both McKee and Cavender and Albán describe the condition and how it is understood at length, and Mckee also describes it simply as being “the spirit of a dead person or one of the Devil’s demons. As a “dead thing” it is icy cold and seeks out warm victims.” The illness is most commonly believed to be caught by being in places such as graveyards, abandoned houses, lonely mountain sides and ravines, or even, more prosaically, pig pens, where an ‘ill wind’, like a fug, will descend upon the victim and stick itself to their skin and then proceeds to burrow down inside the body. If not treated in a timely manner by a thorough whole body and spiritual cleansing, then it is considered to be very hard to remove and may prove fatal in the long term. It can be readily diagnosed by the offices of a yachak/shaman through the standard divinatory techniques, who will then perform a spiritual/bodily cleansing with the application of a live guinea pig, or with nettles, or other sorts of herbs, or by the blowing of aguardiente or even holy water over the sufferer, depending upon whichever of their repertoire of therapies the individual healer employs. Sometimes this might be carried out by people in their own homes, rather than having recourse to the services of a yachak or a curandera, and only if the illness was perceived as severe is it deemed necessary to seek more professional assistance.

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43 McKee 2003:131
44 McKee 2003 and Cavender and Albán 2009
45 McKee 2003: 138
46 The central role and use of the Andean cuy – guinea pig – is challenging to explain to people with modern western mindsets. The guinea pig was originally domesticated in the region several thousand years ago and is pivotal in every ritual aspect of life, and also serves as ready source of meat/protein; it is easily reared, lives off vegetation and kitchen scraps and breeds prolifically. Every rural Indigenous household keeps many. Before the arrival of Europeans with their domesticated animals, guinea pigs were one of the relatively few domesticated animals.
47 McKee also reports that one healer used his own pungent sweaty shirt to rub over the body of the person afflicted, the remove the pathogenic spirit.
Espanto/susto, 

*Espanto/susto* are generally seen as versions of the same condition (although some people disagree they are exactly the same), with susto being more associated with ‘fright’ (a mild form of shock perhaps) and espanto a more serious version of this, perhaps more closely corresponding to a severe stress or trauma reaction of more serious order. These conditions, especially the more severe manifestation, is sometimes conflated with ‘soul loss’ and is the condition most commonly associated with children, wherein emotional shock causes the child (or occasionally adult) to retreat from the world, in a condition most generally understood in western biomedical terms as being within the range of Complex/Post Traumatic Stress Disorder (C/PTSD), or Dissociative Identity Disorders (DIDs). In these cases it is understood that a part of the soul of the sufferer has detached from the whole and retreated into another spiritual dimension where it might become lost, causing the sufferer to become unresponsive or otherwise exhibit uncharacteristic or anti-social behaviour, poor social adjustment, or even a form of catatonia in the most extreme cases.

Diagnosis is not difficult as the presenting symptoms are very obvious. Treatment with the usual range of spiritual cleansing agents and associated rituals is generally carried out and ‘soul calling’ undertaken by the healer to find the wandering soul part and return it to its rightful place in the patient. Treatments of this nature might vary according to the healer, who will also commonly deploy the range of ‘power artefacts’ from their mesa (altar) through which the healing forces of their spirit guide and the power of attendant forces – mountain spirits – are accessed, and propitiatory offerings made to them. There are several means and rituals to secure the return of a lost soul portion and detailed descriptions of how this is achieved may be found in works such as those by Greenway\(^48\).

The source of illness is commonly seen as afflictions from invading pathological spiritual energies, which a shaman will see through their specific divination rituals and then seek

guidance from their personal spirit guide and other powers to affect an exorcism, generally via the ‘limpieza’ – the comprehensive cleansing with magical plants – as the extracts from an interview with a Salasaka yachak recounted below amply testify to.

Healing body and soul

In shamanistic healing pan globally, we know that shamans commonly employ different rituals and practices aimed at sweeping out embedded ‘evil’ in a patient’s body. With the affective and psychosocial disorders, this may be a full body cleansing involving agents such as the application of the ubiquitous Andean cuy, blowing tobacco smoke, holy water or aguardiente and/or beating with ‘magical’ herbs such as those from the Solanaceae family (Brugmansia sp. i.e., Angels’ Trumpets), or with Urticaceae species (stinging nettles), sometimes all these. Beating with nettles, for example, may also be conducted at a regional ‘vertiente’ – a cascade of water\(^\text{49}\) – where the patient will be subjected to a thorough cleansing in pure (cold) spring water at the same time as they receive a full body beating with stinging nettles. In other cultures, (such as the Arctic) a shaman’s saliva is considered to have powerful healing properties and therefore shaman’s will commonly ‘spit’ into a wound to effect healing.\(^\text{50}\)

Traditional healers in the survey were asked what forms of healing and/or rituals they used to treat illnesses. A respondent who was both a midwife and yachak from the Salasaka community said:

“I can treat malaire, espantos, frights, evils of any kind. I use herbs (medicinal and magical plants), eggs, candles, stones, puro\(^\text{51}\) and so on. The cleansing process is one and the ritual process is another. The first is the use of medicinal plants with other elements (egg, puntas, candles and so on). The ritual uses the invocation of the four elements (earth, air, water and fire) and incense, flowers, fruits, candles, grains, etc. are used instead”.

\(^\text{49}\) Such as the waterfalls of Peguche in the Ecuadorian northern Andes, Imbabura, which are considered one of the region’s ‘sacred’ locations.

\(^\text{50}\) Ripinsky Naxon 1993

\(^\text{51}\) ‘Puro’ or ‘Puntas’ are the names given locally to the strong home distilled sugar cane spirit or aguardiente.
Another yachak from Salasaka used *puntas* (blown over the patient), bunches of ‘magical’ herbs and flowers and stones which he explained were imbued with the power of the mountains. He also made (spiritual) journeys (via a trance state) with his whip, which he used to beat off bad spirits. Other traditional healers in the survey used combinations of herbs such as chilca, rue, marco, santa maría, nettles, Brugmansia flowers and the application of holy water. Infusions from different medicinal plants would also be given to treat the physical as well as spiritual properties of the illness.

Corr, who describes the processes and logic of shamanic healing encountered in Salasaka in some detail, further elaborates:

“It seems then, that although there is a cultural basis for the interpretations provided by shamans, they recreate the model of a soul-stealing and body-healing landscape for their patients, and in this way they disperse knowledge to others and influence other people’s representations of the landscape.”

Cosmological and ritual framework for healing: a shaman from Salasaka

Although there are variations in practice between individual healers, the following excerpt is taken from an interview with a yachak from Salasaka and serves to exemplify the cosmological and ritual framework that traditional healers in this region employ.

“The connection with the spirits of knowledge and power is very difficult to explain. The power and knowledge to cleanse evil spirits come from mountains, candles, stones and medicinal plants. In addition, they tell me how and what process to perform or treatment to apply to the person, so that with the support of the natural elements I can know the dimension and the magnitude that the evil has been appropriated in the person.

“The stones tell me how unwell [and in what manner] the person is and they tell me what to do. Therefore, I do only what the stones tell me to do. But the evil spirits come to threaten me in my dreams and to insult me asking why I have removed them from that person and what authority I have [to do this]. Those evil spirits appear to me transformed into small / dwarf people. These evil spirits would seem to be people but they are not, they are evil spirits that come from the devil, spirits that want to continue to take over the soul of the person.

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52 blowing it over the patient in the same way that yachaks do with *puntas*.
53 Corr 2001:241
“... I have seen angels in my dreams, Jesus, God although in an inexplicable way, but for me those characters that I have seen are angels from heaven. Together, angels from heaven and gods of nature (the stones) give me knowledge and power to do the ritual and to get rid of evil spirits.

“When I move the candles around the person's whole body and blow aguardiente [puntas] over it, this ritual act for me is like an X-ray, because I see what happens with the person in the candle, obviously with the permission and knowledge given by the stones.

“As I said before, power and knowledge comes from the mountains, hand stones used in the ritual, medicinal plants and including the spirit of Taita Punta Rumi. They all tell me what to do, how to do it. All of them give me the same advice, the same knowledge and the same power.

“... unity is between all, mountains, sacred places and / or Taita Punta Rumi. For example, this last Friday I had a patient where I had the connection with the spirits, they told me and taught me new more simple steps to treat the evil spirits, only with the use of medicinal plants, cologne and puntas of 90 degrees. The patient had been taken over by the devil, the devil had entered the body of the person and wanted to kill. With the ritual I did, the person is already better and will live long.

“Yes, I use medicinal plants like rue, marco, santa maria and nettles, also puntas of 90 degrees, stones and candles.

“My special place is at the table [ie altar] where I have everything assembled, next to my workshop ... When I begin the ritual process, all the spirits come to me with knowledge and power, as if I were an instrument to give well-being to the other person.”

It is clear to see the dualistic cosmological framework employed by this shaman, including as it does both clearly Christianised elements (God, Jesus, the Devil, angels etc) as well as Andean: the mountain spirits and waka’s. These two work together in a complementary manner: “Together, angels from heaven and gods of nature (the stones) give me knowledge and power to do the ritual and to get rid of evil spirits”, reflecting the five hundred year evangelisation of Indigenous people, who adsorbed the tenets of the Catholic Christian religion as they were forced to, whilst at the same time as persisting in autochthonous beliefs that the Spanish evangelisers had sought long and hard to eradicate. This is a point noted by several authors:
“Beneath the superstratum of theological preconceptions imposed by Spaniards, it is possible to discern, through the [archival] records, a substratum of typically Indigenous modes of thought and methods of practice. The vast majority of offenders were practitioners of native rites performed to restore the physical health of individuals through the propitiation of apus or native deities”54.

“In the contemporary Andes ... most shrines are Christian at least in name, and so are the sacred representations dwelling in them. But that is only one part of disposable space. Jesus, the Virgin Mary, and the saints occupy buildings; theirs is sacred space indoors, which can be assigned and consecrated by human hands. Beyond the reach of extirpation and consecration, however, earth and sky are still inhabited by the ancient powers”55.

It is also interesting to note that unseen infective disease bearing agents are sometimes referred to as being ‘gentiles’ in more remote Andean regions until recently56. This term is clearly one borrowed from Judeo-Christian concepts deriving from the Old Testament, that have become conflated with the idea of disease organisms.

DISCUSSION AND CONCLUSION

Traditional Andean medical practices are embedded in a cosmology that stems from pre-Columbian antecedents, overlain and intermixed with a heavy influence from Christian belief systems imposed by the Spanish colonisers in the 16th century. The specifics of these beliefs and practices are heterogeneous, depending upon the particular people and region of this very large geographical area, but nevertheless conform to a basic universal system of ontology which venerates deities (wak’as) and the tellurian spirits of earth (mountains, rivers, springs), sky (thunder and lightning) and underworld (clothonic entities).

Superimposed upon this and forming a heterogeneous mix with it are Catholic Christian beliefs and rituals, which have become interwoven and in some cases conflated with the earlier pre-Columbian original. In this way, traditions which in all likelihood originated from

54 Griffiths 1996:99
autochthonous ontologies have merged with later imposed Christianised ones resulting in the mix of beliefs and practices observed today.

Returning to the evidence of the survey of three indigenous communities, it can be seen that there is often a contradictory mix in the beliefs that people espouse. Some claim to believe in the whole range of ontological phenomena from spirits, to sacred landscape locations, and supernatural beings that protect them, whereas others may flatly deny any belief in spirits, but nevertheless talk about the mountains protecting them and their need to venerate them with offerings. The prevalence of a belief in ‘Taita Dios’ (God the Father), the Christian God, was the clearest reason for people abandoning their traditional ancestral beliefs in the world of spirits or sacred beings/loci in the landscape. Many people had grown up in the context of a Catholic religion and were devout followers of it. In this respect, as a source of supernatural protection for the health and well-being of the community and the individual as a part of this, the name ‘God’ seems to have simply supplanted the idea of wak’a as sacred being/deity. Certainly the understanding of these two expressions of the numen might be different to some degree, but they are essentially serving identical purposes.

With the advance of time and the slow erosion of belief systems, firstly through the imposition of Christian religious doctrine to now, and the more immediate and possibly more damaging impact of modern global culture, there is a real sense that ‘nuance’ has been lost, which is perhaps well demonstrated by people’s overall lack of ability to distinguish the subtle differences in their understanding and experience of sacred phenomena like waka’s and sacred locations; or with their acceptance of one type of spiritual phenomena, but not another (e.g. a belief in mountain spirits, but not waka’s or sacred locations, and vice versa). It seems plausible to suggest that even two or three hundred years ago, perhaps even later, people had a better grasp of these ideas, but that this is finally evaporating. Original trial records of many Andean religious specialists who came before the Spanish ecclesiastical courts on charges of idolatry and sorcery (albeit mainly in Peru), amply demonstrate the continuity of these beliefs, with all their original nuances, well into the 17th century, and in many cases beyond this, until the point when evangelisation was i) considered mostly complete and ii) the Indigenous peoples were
deemed too simple minded to be worth prosecuting over their continued adherence to their older ‘superstitions’ \textsuperscript{57}

The impact of the modern world is also evident in what people now believe about illness. Even twenty years ago, the Salasaka people that Rachel Corr studied seemed to demonstrate a firmer situation in the ancestral cosmology, and in the concepts of health, illness and healing associated with it, whereas now there are clear signs that this is, finally perhaps, beginning to be eroded. People are now as likely to go to the local health clinic for the treatment of illness as they would a local yachak or healer. However, there are a subset of traditional Andean maladies in which the majority of people believe and for which only the services of a traditional healer employing the autochthonous Andean rituals will serve for healing.

\textsuperscript{57} e.g. Griffiths 1996; McCormack 1991.
SECTION TWO: PROJECT STAGE TWO

THE SURVEY

SURVEY SECTION 1:

Concepts of Identity in Kichwa Communities

Introduction

How is Indigenous identity experienced and expressed in modern 21st century Ecuador? The three participant communities of Salasaka, Zuleta and Ugsha were asked questions relating to i) how they identified themselves (as with census questions on auto-identification of ethnic group); ii) how community knowledge is transmitted, via oral traditions through community/family or through formal education; and iii) if their family were the basis of their sense of cultural identity, beliefs, traditions and customs. The Galápagos sub-set were asked a slightly different versions of questions 1.1 and 1.2 (see below). The most comprehensive interviews were conducted with the Salasaka people of Ecuador’s central sierra, which included four in-depth recorded interviews, and a further sub-set of eleven respondents from the Galápagos Islands ex-patriot community, so the quoted views expressed here are from these.

1.1 Do you self-identify with a particular cultural or national group?¹

(Tables 1-3)

From the three participating communities (excluding the ex-patriot Galápagos Salasaka discussed separately), people described themselves as being: ‘pure blooded Indigenous Salasaka’; ‘Indigenous Salasaka’; ‘Salasaka Indigenous (original)’; ‘always Indigenous Salasaka’;

¹ The question asked of Galápagos participants was: “For you, what is cultural identity?”
‘Runa Salasaka’; Runa Kichwa and Salasaka from Bolivia\(^2\). From the community of Zuleta, people described themselves as being: ‘Indigenous Zuleteña’; ‘Indigenous Caranqui’; ‘Indigenous, but not Caranqui’; ‘Kichwa or Caranqui’; ‘Pueblo Caranqui’; ‘Mestizo, not Caranqui’; or ‘Mestizo’. The Zuleta community with its more heterogeneous ethnic profile includes a substantial non-Indigenous component of people of Mestizo descent, which is to say of ethnic/racial heritage of mixed Indigenous, White, African etc. From the more rural community of Ugsha, people described themselves as being: ‘Indigenous Cayambe’; ‘Indigenous, no specified group’; ‘none’; or ‘Kichwa nationality’. Then there were a sub-set of people who identified as being ‘Mestizo’ (counted as an ethnic group in Ecuador, who are of racially mixed ancestry: Indigenous, white, African etc.). None of the respondents from Salasaka or Ugsha self-identified as being Mestizo.

But how are these concepts of ethnicity experienced? The most ethnically and culturally cohesive group were the Salasaka people, whether from the township of Salasaka itself, or the ex-patriot Galápagos sub-group. All 42 respondents from ‘Greater Salasaka’\(^3\) (100%) identified themselves as being ‘Indigenous’ and Salasaka. No respondents identified as being Mestizos or ‘Other’. A variant of the standard question 1.1 was asked of the eleven Galápagos respondents: “For you, what is cultural identity?” and the following responses offer a rich insight into this.

\(^{2}\) In reference to the idea that they originated as Inca mitimaes brought up from Bolivia in the 15\(^{th}\) century, although see Corr and Powers 2012.

\(^{3}\) Greater Salasaka is composed of 31 respondents from the township of Salasaka, Tunguhuara province Ecuador, and 11 ex-patriot Salasakas living in the Galápagos Islands.
“I am Runa, an Indigenous [person] of the Salasaka people. Here in the Galapagos Islands, to be a Salasaka is to participate in important events and festivities organized by the city and by ourselves, dressed in a traditional way; also be Salasaka is to continue eating according to the ancestral teaching [a diet] rich in vegetables and cereals; it is also to keep the language alive by speaking in our homes and on the streets; and, above all, the social organization based on the Indigenous worldview must always be present because it helps us unite the families and brothers and sisters who are far from the Salasaka people [township].” (10).

Almost all respondents from the Salasaka community, whether in Salasaka itself, or in the expatriot community living and working in the Galápagos Islands, affirm the same set of ideas associated with their experience of their ethnic identity. Some core characteristics emerge repeatedly. To be Indigenous first of all is often to use the word ‘Runa’, which is a Kichwa word itself meaning Indigenous, autochthonous people. In the communities of Zuleta and Ugsha, the use of the word ‘runa’ was less commonly used, although still present. Here people called themselves Zuleteño (from Zuleta) or more often Indigenous Caranquis (the original name of this region) and nine (37.5%) of Zuleta respondents saw themselves this way. It was also the case that people from Zuleta simply understood themselves as ‘Indigenous’, with no specific cultural identity beyond which was the case for a total of 7 respondents (58.3%). Seven others

<table>
<thead>
<tr>
<th>Cultural Identity</th>
<th>Other</th>
<th>Do you self-identify with a particular cultural or national group?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NA</td>
<td>Salasaka 0 0.0% 0</td>
</tr>
<tr>
<td>Indigena</td>
<td>NA</td>
<td>Salasaka 42 100.0% 42</td>
</tr>
<tr>
<td>Mestizo</td>
<td>NA</td>
<td>Salasaka 0 0.0% 0</td>
</tr>
</tbody>
</table>

Table 1. Greater Salasaka (Salasaka with Galápagos) Cultural Identity and Ethnicity
identified as being Mestizo and one person (5.9%) further identified as being Zuleteño (4.2%).

People from Ugsha most often called themselves Indigenous Cayambes (Nevado Cayambe being their local mountain) and nine respondents (52.9%) saw themselves this way. Five people (33.3%) had no sense of a cultural identity beyond being Indigenous; one person (6.7%) identified as being Caranqui (the cultural identity of the Zuleta region).

<table>
<thead>
<tr>
<th>Cultural Identity</th>
<th>Other</th>
<th>Do you self-identify with a particular cultural or national group?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Caranqui</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zuleteño</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Indigena</td>
<td>Do you self-identify with a particular cultural or national group?</td>
<td>Caranqui</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zuleteño</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Mestizo</td>
<td>Do you self-identify with a particular cultural or national group?</td>
<td>Caranqui</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zuleteño</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>Total</td>
<td>Do you self-identify with a particular cultural or national group?</td>
<td>Caranqui</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zuleteño</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

Table 2. Zuleta Cultural Identity and Ethnicity
Table 3. Ugsha Cultural Identity and Ethnicity

For many Indigenous peoples, being Indigenous simply means speaking Kichwa, wearing traditional clothing and keeping the rites and customs of your community. “For my family the ancestral traditions and the language are important and we all practice and identify with it.” (9).

This is particularly evident with the Salasaka people. To be a Salasaka foremost means that you speak the Salasaka variant of the Kichwa language, you dress in the traditional Salasaka clothing, you maintain the ancestral customs which includes the practice of ancestral medicine, and eat a rural diet rich in cereals and vegetables. Sometimes this is summed up quite simply, as with: “Indigenous cultural identity is to own and practice the Kichwa language and to dress in
the traditional clothes of our ancestors;” (11) or: “Cultural identity for me is to teach others our identity, for example our clothing, our language, our life.” (14).

Salasakas have a long tradition in production of handicrafts, and are particularly known for their weaving of tapestries. Also mentioned is the playing of Indigenous Salasaka music, dancing the traditional dances and attending the annual cycle of festivities. It is an identity firmly rooted (almost literally so) in rural lifeways. The Salasakas associate a good healthy life as being one where you are fit to work, and often this translates into work on the land looking after the crops and the animals. So much so that some respondents simply answered “To be a Salasaka is to work, and to look after the land and the animals” (13), and versions of this. There are traditional gender roles, in that men often do the weaving, whereas women the spinning and women commonly remain at home after marriage, looking after the family: “[The] women cannot stop spinning to dress the whole family” (11).

Critical to this is the importance of maintaining these customs of language, dress and festivities whilst overseas, as with the Galápagos ex-patriot community, although it is said by some people that they feel their Indigenous identity is less strong whilst there, and some even abandon the dress: “I’m an Indigenous Salasaka used to dressing in traditional clothes when I’m in Salasaka, but not here in the Galápagos. (5). This is a problem particularly associated with some (but not all) younger people and some element of pessimism was expressed by some respondents about the impact this would have on their culture over the longer term. “My daughters here in Galapagos do not want to dress as Indigenous people and also do not speak Kichwa, although they do understand it”. (8) and: “The Indigenous culture, which is carried in the blood, has been transmitted through the work [we do] in the fields and [which] we teach in homes orally, but the new generation does not value this much, they do not want to speak the Kichwa language anymore. Education has not been a contribution in the strengthening of our culture. (6).

Conversely, from Zuleta and Ugsha, there is a far less well-defined experience of what it means to be Indigenous Caranque or Cayambe. No-one explained clearly, in the way of the Salasakas, a
sense of a common identity defined by language, dress, customs, practices and lifestyle. Possible reasons for this are examined more closely later.

1.2 Is your family the basis of your cultural identity, beliefs, traditions, and customs?\(^4\)

In a world of rapid change, under the pervasive influence of globalisation, social media and celebrity culture, the way people develop their identity is also changing. In traditional non-industrial societies, children acquire their sense of personal and communal identity from their immediate social contexts first of family, then community and then, more widely, at the world radiating beyond this. So this question sought to explore the basis of cultural identity as still experienced in traditional Indigenous Andean societies today. Unsurprisingly perhaps, people of adult ages overwhelmingly identified their families as being the basis for their sense of cultural identity, traditions and customs (Tables 4, 5, 6).

<table>
<thead>
<tr>
<th>Greater Salasaka</th>
<th>Count</th>
<th>Column N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Is your family the basis of your cultural identity, beliefs, traditions, and customs?</td>
<td>?</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>1</td>
</tr>
<tr>
<td></td>
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<td>1</td>
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<tr>
<td></td>
<td>Total</td>
<td>42</td>
</tr>
<tr>
<td>How is community knowledge transmitted among family/community</td>
<td>?</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Oral Account &amp; Family</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Schooling</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^4\) The question asked of Galápagos participants was: “Does your family self-identify as you identify yourself?”
Table 4. Greater Salasaka source of identity and beliefs and transmission of knowledge

<table>
<thead>
<tr>
<th>members, by telling stories or through formal education?</th>
<th>Both</th>
<th>6</th>
<th>14.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>3</td>
<td>7.1%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

“My parents taught me verbally, advising me how to keep the culture. All Salasakas teach the culture through the system of verbal communication” (2).

“In my family it’s important to maintain the [Salasaka] identity and everyone identifies themselves as Salasakas (3).

It is important to preserve and maintain all elements of the culture such as clothing, language and ancestral customs and, yes, my family is identified as Salasaka” (5).

“For my family the ancestral traditions and the language are important and we all practice and identify with it”. (9)

“In my family the Salasaka identity is very important. Among them, ancestral customs are the basis of an Indigenous people, language, food and intercultural / bilingual education” (10).

Ninety three per cent of respondents from Greater Salasaka agreed that their family were the basis of their cultural identity, beliefs, traditions, and customs.

But the threats from the modern world are likewise reflected:

“My family identify with the Indigenous culture and as Salasakas. But unfortunately it has been difficult to instil our Indigenous values in our daughters; we parents feel guilty. But the main cause has been education, in the school classrooms, college and university [they] do not strengthen the importance of being Indigenous and Indigenous culture. So, my daughters here in Galapagos do not want to dress as Indigenous people and also do not speak Kichwa, although they do understand it” (8).
The critical role of grandparents emerged here, as many people cited their influence in developing their sense of identity within the family group as a whole. And quite often it is the case, with the transmission of specialist skills such as those possessed by curandero/as, yachaks etc, that it will be the influence of a grandparent who encourages a child to adopt this profession, something amply demonstrated in the ethnographic literature (xxx).

<table>
<thead>
<tr>
<th>Zuleta</th>
<th>Count</th>
<th>Column N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is your family the basis of your cultural identity, beliefs, traditions, and customs?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>?</td>
<td>2</td>
<td>8.3%</td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>79.2%</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>4.2%</td>
</tr>
<tr>
<td>Both</td>
<td>1</td>
<td>4.2%</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

| **How is community knowledge transmitted among family/community members, by telling stories or through formal education?** |       |          |
| ?                              | 2     | 8.3%     |
| Oral Account & Family         | 12    | 50.0%    |
| Schooling                     | 3     | 12.5%    |
| Both                          | 6     | 25.0%    |
| NA                            | 1     | 4.2%     |
| Total                         | 24    | 100.0%   |

Table 5. Zuleta source of identity and beliefs and transmission of knowledge

In Zuleta, nearly 80% of respondents agreed that the family were the basis of their cultural identity, beliefs, traditions and customs and in Ugsha, the Cayambe ethnic group, this was nearly 69%. A slightly different perspective was offered by respondents from Ugsha, (and occasionally from Zuleta), who also mentioned that the San Juan festivities which celebrate the
end of the agricultural year at the summer solstice, had also given them a sense of their identity.

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Column N</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Is your family the basis of your cultural identity, beliefs, traditions, and customs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>?</td>
<td>3</td>
<td>18.8%</td>
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<td>11</td>
<td>68.8%</td>
</tr>
<tr>
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<td>0</td>
<td>0.0%</td>
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<td>12.5%</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
</tr>
<tr>
<td>How is community knowledge transmitted among family/community members, by telling stories or through formal education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>?</td>
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<td>6.3%</td>
</tr>
<tr>
<td>Oral Account &amp; Family</td>
<td>10</td>
<td>62.5%</td>
</tr>
<tr>
<td>Schooling</td>
<td>4</td>
<td>25.0%</td>
</tr>
<tr>
<td>Both</td>
<td>0</td>
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<tr>
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<td>6.3%</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 6. Ugsha source of identity and beliefs and transmission of knowledge

1.3 How is community knowledge transmitted among family / community members, by telling stories or by formal education?

How is culture (often seen as community knowledge) transmitted? Is it or should it be something which is taught in schools, given that educational curricula are designed to shape a child’s understanding of the world they are in and give them appropriate skills to live in it?
Nearly 79% of Salasaka respondents said that they had acquired their community knowledge through oral accounts and via their family and a further 14% said both family and formal education had been their source. The picture is a little different from Zuleta, where only 50% of respondents said the family was the main source of learning about their culture, whilst schooling accounted for 2.5% and both 25%. Zuleta has the highest proportion of self-identified Mestizo respondents which has influenced this outcome. Sixty two per cent of respondents from Ugsha agreed that their source of cultural education came from oral accounts and family, and 25% said both oral accounts and family and formal education.

Here is how respondents experienced how they had learned to be Indigenous people of the Salasaka culture.

“The teaching of our culture has always been oral, our elders advise us” (9).

“I learned about [my] cultural identity since the day I was born. [My/our] parents, men and women, know how to dress in traditional clothing. It is in this way that they teach us in the house to identify ourselves, so in school or college we identify as Salasakas, in school they don’t teach cultural identity. The teaching of culture is done orally.” (14).

“The customs and traditions of Salasaka are transmitted orally from generation to generation. For example, having no mother, my grandmother taught me how to make ropes with the tzawar kara (green penco). The leaves were cut, then pieces were made to be able to ferment in water for two weeks. Then, she washed and wove ropes for all the animals and to be able to sell. My grandmother told me that I must continue that tradition in order to survive” (15).

There was a consensus that the cultural traditions of the ethnic group are almost always transmitted orally within the home and community contexts, from the extended family unit and then through the observation and participation in social events more widely. Although some people now say that formal schooling does give some Indigenous cultural orientation, in the vast majority of cases, people see the formal education system as irrelevant to their sense of
being Indigenous or even counter-productive, given it is the ‘modern’ and majority view of culture and associated knowledge systems that are being taught. For example, history gives cultural context and time depth, teaching a child how their present day culture and social group arrived at the point they now find themselves in. In Ecuador, history is almost always biased towards the Colonial and Republican narratives, of the wars of independence from Spain and what followed that. Little is ever taught about the pre-Colombian cultures of the country, or in any way that could allow a child to form a view upon themselves or their communities as Indigenous South Americans. The overwhelming majority of respondents therefore dismissed schooling as having had any influence at all in the transmission of their culture.

“I totally agree with my friends … about the education system. Instead of giving Indigenous cultural values or knowledge to the students, the Ecuadorian system has been created to grow one culture on the mind of the whole people, or it can be seen as the instrument to domesticate and to disappear/eliminate the different cultures that there are in Ecuador”.  

Echoing this, there was often some degree of pessimism about the long term prospects of the survival of the culture under the relentless pressure of modernisation in the country now, particularly given the absence of any real recognition and support in the national educational system.

“The Indigenous culture, which is carried in the blood, has been transmitted through the work [we do] in the fields and we teach in homes orally, but the new generation does not value this much, they do not want to speak the Kichwa language anymore. Education has not been a contribution in the strengthening of culture” (6).

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5 Jorge Caisabanda C. personal communication 2018.
CONCLUSION

The rich range of interview information quoted above, supported by statistical data, amply demonstrates that the core elements of a person's sense of identity is intimately related to the home, family, oral traditions and other wider community customs and festivities. Relatively few respondents said that they felt that formal schooling had in any way given them a sense of their Indigenous cultural affiliation and many said the reverse, that formal schooling was actually detrimental to developing a sound sense of who they were in ethnic and cultural terms.

In 2008, Ecuador introduced a greatly expanded, reformed constitution (further revised in 2015). Amongst the fifteen specific sub-articles, Article 84, which recognized and guaranteed Indigenous peoples rights, further guaranteed to: “Maintain, develop and strengthen their spiritual, cultural, linguistic, social, political and economic identity and traditions”.

As a part of these reforms, Indigenous peoples were guaranteed the provision of bi-lingual intercultural education, and inter-cultural health, so this given, the situation should be in a process of changing for the better. It is true that the majority of interview participants were older people who would not have been exposed to such reformed and culturally equitable education policies. It is also true that what is stated in the 2008 constitution in terms of intercultural promotion and inclusivity is not always found in practice and can be dependent upon a range of other factors in terms of, for example, provision of teaching staff and curricula that support these objectives more comprehensively. These issues are discussed more fully in Section Three of this report.

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As highlighted in other research, it is a common (mis)conception amongst people that Indigenous identity has been a fundamental part of Indigenous consciousness throughout the colonial period, finding eventual expression in the movements of organisations such as the CONAIE in Ecuador, but this is not, in fact, the case.

In Bolivia and Peru, consciousness of being historical descendants of the Inkas served in part to fuel the charismatic rebellions of Tupac Amaru II for example, which briefly succeeded in being pan regional attracting creole and mestizo adherents in the quest for establishment of a new Inka Empire and throw out the Spanish. In Ecuador, this was never the case and, moreover each region has its own distinctive history of the development of Indigenous identity consciousness, which began to emerge from the struggles for land reform and confrontation with the haciendas. But across the region, several ethnographic studies of a number of regions in highland Ecuador such as Chimborazo province, have found a complete absence of any sense of cultural identity extending from pre-Columbian roots.

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9 Huarcaya 2018; Corr and Powers 2012
SURVEY SECTION 2:
Beliefs about the World and Nature

Introduction

Beliefs about health and illness, and the human body itself, are just one part of an overall understanding of the way the universe is – a cosmology or worldview – particularly with peoples of very ‘traditional’ or indigenous cultures. Therefore, it was deemed important to find out how people viewed the world around them, whether they saw it as an aggregate of individual things (a ‘modern’ way of seeing the world), or as one ‘whole’, and also of ideas that looked at peoples’ experience of what we would term the positives and negatives in life, of ‘duality’.

In pre-Colombian times, continuing into the Early Colonial period, there was a preponderance of beliefs that venerated geographical features or phenomena as being repositories of the numinous, which had spirits, and which served in a guardianship capacity over communities. These beings were called ‘wak’as’ and they were deemed capable of taking human or animal form, being loci in the landscape, or even portable objects of human manufacture. Similarly, the numinous power of the landscape itself, the sense that the earth and its mountains had spiritual energies which could help (or even harm) you, are also part of a sub-set of traditional or ‘folk’ beliefs of many traditional pre-industrial societies world-wide. Therefore, Section 2 of the questionnaire sought to establish the survival and prevalence of these beliefs, alongside any more European Catholic Christian, Renaissance notions of the way the world is.

2.1 What religion do you follow?

The first question everyone was asked was what religion they espoused, to which the overwhelming majority responded was Catholic Christian. Nearly 90% of all respondents said
they were Catholics, 83% in Greater Salasaka and 95% in Greater Zuleta. Six people (7.3% of total), all from Greater Salasaka, described themselves as being ‘independent’ meaning they had essentially abandoned any Christian practice and followed their own beliefs, which were generally related to the ancestral ontology of sacred landscape and spiritual beings within it. One person from Ugsha affirmed that they were an evangelical Christian. However, those claiming to be Catholic were likely to be a very heterogeneous group, along a spectrum of those who were ardent believers and followers of the faith, attending church regularly, to those who had been baptized as infants, but to whom the teachings of the church meant relatively little. Interestingly, there is a clear indication that many people operate a kind of dual system, whereby they both believe in the Christian God (Taita – Father – God, or more impressively, Jawamunda Jatun Taita – God of Heaven) and also in regional powers, usually symbolized by mountains such as Taita Chimborazo, Mama (mother)Teligote (or Mama Awela – Volcán Tunguhuara), Taita Kinlli, Nitan Cruz etc. Commonly yachaks or curandero/as venerate loci such as these and obtain spiritual power from them, although in ‘ordinary life’ may also see themselves as being faithful church goers.

<table>
<thead>
<tr>
<th>What Religion do you follow?</th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Column N %</td>
<td>Count</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>2.4%</td>
<td>0</td>
</tr>
<tr>
<td>Catholic</td>
<td>35</td>
<td>83.3%</td>
<td>38</td>
</tr>
<tr>
<td>Evangelist</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Independent</td>
<td>6</td>
<td>14.3%</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>NA</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 1: Religion by Greater Community
2.2 The physical landscape and nature

The question here asked: “How do you see the physical landscape and nature, that is, the earth, the sun, the moon, the stars, the sea, the landscape, the plants, the animals, etc.? Do you see them as part of ‘whole’, or do you see them as separate things?”

<table>
<thead>
<tr>
<th>How do you see the landscape of nature?</th>
<th>Greater Salasaka Count</th>
<th>Greater Salasaka Column N %</th>
<th>Greater Zuleta Count</th>
<th>Greater Zuleta Column N %</th>
<th>Total Count</th>
<th>Total Column N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole</td>
<td>36</td>
<td>85.7%</td>
<td>30</td>
<td>75.0%</td>
<td>66</td>
<td>80.5%</td>
</tr>
<tr>
<td>Separate</td>
<td>5</td>
<td>11.9%</td>
<td>8</td>
<td>20.0%</td>
<td>13</td>
<td>15.9%</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td>2.4%</td>
<td>2</td>
<td>5.0%</td>
<td>3</td>
<td>3.7%</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
<td>100.0%</td>
<td>82</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 2: Whole World by Greater Community

In modern industrialised cultures, the phenomenal universe is generally seen as being composed of separate things, whereas in many traditional cosmologies, and also according to yogic philosophies of the east, it is seen as being a whole. Eighty per cent of all survey respondents (86% Greater Salasaka; 75% Greater Zuleta) said that for them, nature and everything in it was a unified whole, no matter that you could see and experience its manifold aspects as being somehow separate. Everything was inter-dependent:

“I see them all as part of a single world; I see them dependent on each other and united” (2).

“Among the beings of nature there is dependence on one another. We are all part of a whole” (4.)

“Nature is one and each being that makes it up has their own life and spirit.” (15)

“For me, all the elements of nature form part of one whole, they are one.”

There was, however, the occasional respondent who saw things differently:
“The diversity of the landscape is beauty for our sight. I consider that each element of nature makes a unique / separate world.” (9).

The theme of nature being something of inherent beauty occurred again and again:

“Nature is beauty for our eyes and all the elements of it are united and are one”.

“The natural landscape is a beauty for us, something beautiful for our life. Seeing all the splendour we can imagine the creation of the world by our God. What I can say is that there is a need for each other, that is why rain and sun need both human beings and nature” (12).

“Nature transmits happiness and gives life to be a human being. Everything exists in inter-relation and inter-dependency” (13).

But there was also a perception of how the world had changed for the worse in recent years, through the use of chemicals and other contaminants:

“The landscape of nature is beauty and part of a whole. But the contamination of waste and sewage has damaged the ecosystem” (3).

“Man (the human being) is the one who harms nature when we do not care for or do not protect it” (4).

2.3 Do any of the elements like wind, water or the sun have the power to harm or heal?

There is evidence from the early Colonial period and earlier ethnographic sources [refs] that the elements of nature such as the sun, wind, rain, thunder and lightning had specific spiritual powers to influence people for good or bad, apart from their purely physical properties. However, this question was universally misunderstood and taken literally by most respondents and although 61% of all respondents answered in the affirmative that the elements of nature
could both harm and benefit you, it was in a literal physical sense depending upon how much you were exposed to them:

“Yes, the elements of nature can cause us harm or also heal us. For example, a lot of sun (heat) or cold causes diseases. Instead the air gives us life” (7)

“I think that nature, yes, has power, as much good as bad. Water is life (a power), without water we cannot live. Even the mountains have power since they give me the strength I need (14).

“Yes, nature, such as plants, can heal us and at the same time the excessive use of them can cause diseases. Or natural disasters such as excessive rain and drought can cause material damage and loss of human life.”

“Yes, the elements of nature can affect both positively and negatively. For example, when you walk on a very sunny day you [can] get the flu, fever and headache. On the other hand, plants can prevent us from some diseases, for example, oranges, so that we do not catch flu” (7).

<table>
<thead>
<tr>
<th>Do elements e.g. wind have the power to harm/heal?</th>
<th>Greater Count</th>
<th>Salasaka Column N %</th>
<th>Greater Zuleta Count</th>
<th>Column N %</th>
<th>Total Count</th>
<th>Column N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>5</td>
<td>11.9%</td>
<td>3</td>
<td>7.5%</td>
<td>8</td>
<td>9.8%</td>
</tr>
<tr>
<td>Yes</td>
<td>27</td>
<td>64.3%</td>
<td>23</td>
<td>57.5%</td>
<td>50</td>
<td>61.0%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>14.3%</td>
<td>13</td>
<td>32.5%</td>
<td>19</td>
<td>23.2%</td>
</tr>
<tr>
<td>God</td>
<td>3</td>
<td>7.1%</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>3.7%</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td>2.4%</td>
<td>1</td>
<td>2.5%</td>
<td>2</td>
<td>2.4%</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
<td>100.0%</td>
<td>82</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 3: Powers of Elements by Greater Community

Some people felt that nature was only ever beneficial:

“Yes I believe this, for example when we go to bathe in the springs around here with medicinal plants it makes us feel well and refreshed” (12).
“The elements of nature cannot cause us harm. For example, rain helps us in the field to grow plants, the sun serves to dry clothes and water gives us life and serves us to clean up” (6).

“In reality nature, or the earth never harms us, on the contrary, we harm them, not knowing how to care for them” (14).

A lady who was both a practicing yachak as well as a partera (midwife) was one of the very few who did understand the question more in the way it had been intended:

“All the elements of nature have a spirit, therefore, to be able to heal people and other human beings and pos[ibly?], also to damage depending on the situation. So, I am grateful to Taita Chimborazo¹⁰ for giving us water to take care of our lands. It is necessary to know that when Mama Teligote (Mama Awela¹¹) gets angry, she sends us ash and even fire” (15).

Still others feared the power of nature to inflict damage:

“The elements of nature cannot heal diseases. But they can cause damage, for example, a lot of rain can cause floods and a lot of sun droughts” (10).
“Yes, nature can cause irreparable damage. For example, it’s possible to have a tsunami from the sea here in the Galápagos, something which makes us live in fear” (5).

The overall goal of the survey was to establish how much still survives of indigenous health beliefs and practices, so the near universal prevalence of a literal understanding of this question is evidence of the erosion and loss of part of a core indigenous Andean belief system, as the physical universe has become increasingly detached from its spiritual basis and metaphysical significance. This spiritual understanding still survives in such beliefs as there being earth and

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¹⁰ Taita means ‘father’ in Kichwa. Chimborazo is also known as ‘Nevado’ or ‘Volcán’ Chimorazo, the tallest and snow-capped volcano in Ecuador.
¹¹ The Volcano Tunguruaha
mountain spirits, and sacred locations in the landscape, however (see below), so it seems plausible to suggest that we are witnessing a gradual loss of an autochthonous ontology across the five hundred years of conquest and occupation by the alien European epistemological paradigms.

2.4 Belief in the World of Spirits

Belief in the world of spirits is a fundamental aspect of a pre-Colombian/indigenous ontology and one that survives as a sub-stratum of folk beliefs in many places throughout the world, underlying the superimposition of pan-regional religions such as Buddhism, Christianity or Islam.

In answer to the question: “Do you believe in earth spirits, mountain spirits, in good or bad spirits”, there were essentially two responses: affirmative or negative, although for those who did believe in them, the understanding of these spirits varied. Nearly 75% of all respondents believed in spirits, which was approximately equal between the two greater communities. Very few people seemed to believe in malign spiritual forces in any literal way, although it was similarly commonplace for people to understand certain traditional Andean maladies as nevertheless being the consequence of such forces in operation (malária etc). There is a distinctive pre-Columbian belief in mountain spirits – called Apus - which sit at the top of the hierarchy of terrestrial spirits and which are envisaged as powerful supernatural beings whose help can be elicited if they are appropriately venerated.

<table>
<thead>
<tr>
<th>Do you believe in earth spirits, spirits of the mountains, good/evil spirits, etc.?</th>
<th>Greater Salasaka Count</th>
<th>Greater Salasaka Column N %</th>
<th>Greater Zuleta Count</th>
<th>Greater Zuleta Column N %</th>
<th>Total Count</th>
<th>Total Column N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>31</td>
<td>73.8%</td>
<td>30</td>
<td>75.0%</td>
<td>61</td>
<td>74.4%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>19.0%</td>
<td>8</td>
<td>20.0%</td>
<td>16</td>
<td>19.5%</td>
</tr>
<tr>
<td>NA</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>2.5%</td>
<td>1</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

81
Table 4: Belief in Spirits by Greater Community

“Yes, the mountains have spirits and other people have told me this too. Our ancestors, even when they didn’t know about the existence of God, lived worshipping the mountains. There could be good and bad spirits, yes, this depends upon a person’s faith. Because if someone has evil wishes about someone, it could be the same spirit that causes bad effects, but if one doesn’t have evil wishes about anyone, they only have good spirits.” (12).

“Yes, the mountains have spirits. They are good, for example, when girl children can’t spin or want to spin better, to learn how to embroider we go with an offering to the sacred site called Mama Kinll (Kinlli Urku; the sacred mountain). In the same way, when a boy has malaire, you go to the sacred site Mama Kinlli to do a cleansing. Furthermore, there we have Taita Kinlli, Taita Cruz Loma y Taita Punta Rumi [Wak’as].” (15).

“Yes, our land and our mountains have spirit and soul. All spirits are good” (6).

“Yes, all on earth has being; living beings, spirits have power, mountains and rivers have spirits. ‘Urco’ [in Kichwa signifies] spirits that heal” (16).

A very common belief in these parts is in the indigenous sickness ‘malaire’, a kind of pervasive evil influence that causes the sufferer to sicken, lose weight and generally decline in health; a more acute manifestation is often associated with diarrhoeal illness and especially in infants and children. It is a phenomenon particularly associated with isolated locations in the landscape and abandoned houses.

“Yes, I have heard that bad spirits (devils) exist in abandoned or old houses. I haven’t seen them, but other indigenous people say that they have even met the devil in person. Listening to these conversations we say that there are evil spirits.” (13).
“I could say that the beings of nature do not have spirits, but I would not sleep on a mountain, because sleeping there one becomes crazy. Likewise, I would not sleep under large trees, near animals such as pigs and inside abandoned houses, because in these places there are evil spirits” (11).

But generally, those who believed in spirits saw them as positive and beneficial to humanity.

“Yes I believe that the earth and the mountains have spirits. People are the ones who have bad and good spirits so, nature only reacts to the actions of man. I think that nature has good spirits and we do not take advantage of it” (14).

<table>
<thead>
<tr>
<th>Which spirits?</th>
<th>Greater Count</th>
<th>Salasaka Column N</th>
<th>Greater Count</th>
<th>Zuleta Column N</th>
<th>Total Count</th>
<th>Column N</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>10</td>
<td>23.8%</td>
<td>4</td>
<td>10.0%</td>
<td>14</td>
<td>17.1%</td>
</tr>
<tr>
<td>Both (good/bad)</td>
<td>8</td>
<td>19.0%</td>
<td>10</td>
<td>25.0%</td>
<td>18</td>
<td>22.0%</td>
</tr>
<tr>
<td>Earth</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>7.5%</td>
<td>3</td>
<td>3.7%</td>
</tr>
<tr>
<td>God</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>7.5%</td>
<td>3</td>
<td>3.7%</td>
</tr>
<tr>
<td>Mountain</td>
<td>4</td>
<td>9.5%</td>
<td>5</td>
<td>12.5%</td>
<td>9</td>
<td>11.0%</td>
</tr>
<tr>
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<td>15</td>
<td>37.5%</td>
<td>35</td>
<td>42.7%</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0%</td>
<td>40</td>
<td>100.0%</td>
<td>82</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 5: Types of Spirits by Greater Community

2.5 Sacred locations in the landscape

A belief in sacred locations in the landscape is another fundamentally pan-global human belief and there are many ‘non-industrialised’ or traditional cultures worldwide that still acknowledge this, particularly if less influenced by the later spread of organised religions. The commonest geographical features that are generally associated with spiritual or sacred energies and powers are mountains (as we have seen above), caves, waterfalls, springs, strange geographical features like odd rock formations and so on. In Andean belief systems these are also commonly associated with the persistence of wak’a veneration (see below). Sacred locations are seen as
being liminal places where the boundaries between the ordinary world of the mundane and the ‘Otherword’ of spirits and deities are much thinner.

<table>
<thead>
<tr>
<th>Do you believe in 'sacred locations' in the landscape, and the importance of venerating them with offerings?</th>
<th>Greater Count</th>
<th>Salasaka Column N</th>
<th>Greater Zuleta Column N</th>
<th>Total Count</th>
<th>Column N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32</td>
<td>2.4%</td>
<td>4</td>
<td>10.0%</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>76.2%</td>
<td>20</td>
<td>50.0%</td>
<td>52</td>
</tr>
<tr>
<td>NA</td>
<td>3</td>
<td>14.3%</td>
<td>13</td>
<td>32.5%</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
<td>100.0%</td>
<td>82</td>
</tr>
</tbody>
</table>

Table 6: Greater Salasaka and Greater Zuleta Belief in Sacred Locations

A total of 63% of all respondents believed in sacred locations, although this disguised a significant variation between the two greater communities. Only 50% of respondents from Ugsha and Zuleta recognised loci in the landscape as being sacred and therefore worthy of veneration in any way, but this rose to 76% of those from Greater Salasaka, lending support to the better survival of ancestral beliefs and practices in this more culturally traditional and cohesive indigenous community, less exposed to the influences of modernity. Believers were nevertheless found throughout the communities.

People were asked: “Do you believe in ‘sacred places’ in the landscape and the importance of venerating them with offerings?”

It was not uncommon for people simply to say no, they didn’t believe in them, a response more usually encountered in Zulia and Ugsha, although certainly in the more traditionally minded township of Salasaka (including the Galápagos ex-patriot part of it), non-believers were also encountered. The reason most commonly given for this was simply that they believed in the Christian God, which had supplanted their faith in pre-Colombian religious expressions, rather than a more ‘modern’ way of seeing things.
“I don’t believe this, I only believe in God. My parents didn’t teach me to believe this either” (13).

Sacred locations are believed to have the power to bestow gifts like health and wisdom, or even merely ‘positive energy’, although sometimes you might approach them and ask for more specific interventions. One older man said that he had wanted to go to school to learn to read in his youth (a time when it was commonplace for indigenous people to be unable to have regular classes given their need to work to help their families), so he had made a pilgrimage to Kinlli Urcu (a local mountain) and prayed and left offerings there. He said that he had achieved his wish and had managed to attend one year at school aged fifteen, where he had learned to read.

Respondents who affirmed their belief said things like:

“Yes I believe in sacred locations, so it’s important to venerate them to get positive energy” (2).

“It is important to venerate them and take care of them, because when we have faith in them they protect us and give us wisdom, energy and even cure us of diseases” (3).

“I believe in sacred places, so it is important to venerate them so that they protect us and give us wisdom. But it depends a lot on each person’s faith” (6).

“People who really have faith go to the mountains (or other sacred places) to pray upon their knees and to offer money and candles to effect good or bad, upon the other person, or on themselves. For them it is very important to worship sacred places.” (12).

“It’s very important to look after them; they are our gods.” (14)

“When I do a ceremony I invoke Mama Kinlli, Taita Chimbo, Taita Cotopaxi, Taita Inti (sun), Mama Awela (Tungurahua / Teligote), Mama Yaku (water) and Pachamama (goddess of the Earth). When we have faith they can relieve us of some evil.” (15, a yachak).
“Yes. Sacred sites exist for the community; like springs are sacred. Martín Pocyo is a sacred site locally. [You] go there to be healed of problems like *cuichig*\(^{12}\). A yachak will prepare a healing bundle to offer to the sacred site” (16)\(^{13}\).

But problems can also be experienced with the negative impacts of alternative and chauvinistic belief systems:

“Yes, spring and cascades, such as at the Bridge of Angochagua. The Evangelists had a spring destroyed in La Rinconada” (17).\(^{14}\)

### 2.6 Belief in Wak’as

Whilst at its most basic simply meaning ‘a sacred thing’, it is nevertheless difficult to describe the concept of a *wak’a* to people from a European ontological background. Innately this relates to the lived reality of the culture and how it has evolved its understanding of the nature of ‘reality. *Wak’a* can be both of human manufacture or natural, portable, as well as natural loci in the landscape, or natural phenomena, but with the power to transform into human-looking beings or animals, and back again. They are better known from ethnohistorical accounts in the Peruvian Andes, although it is clear that the name is still understood in many places in the Ecuadorian sierra now too. They were pivotal in every aspect of Andean life. We know from many ethnohistorical sources, that in pre-Colombian times, *wak’as* were in charge of the health and well-being of communities, of the cycles of agricultural fertility, had an oracular/ divinatory function and could foretell the future. *Wak’as* were served by community religious specialists and through serving this entity and interpreting its oracular pronouncements, the health of the community and individuals could be maintained. In turn, the *wak’a* would demand feeding with ritual items such as coca, chicha (maize beer), guinea pigs, llama fat, or other offerings.

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\(^{12}\) The negative influence of rainbows

\(^{13}\) Zuleta respondent.

\(^{14}\) Zuleta respondent, also a yachak.
A belief in *wak’as* is intimately linked with a belief in sacred landscape locations, and often the two concepts are intimately related and even functionally inter-changeable (at least now); also with such entities as the *apus* ie mountain spirits. Of interest therefore was how it was experienced or understood by respondents, given there were people who claimed to believe in one, but not the other. The clue to this might lie in the concept of the *wak’a*’s ‘personhood’, in that rather than seen as an impersonal geographical feature, albeit with mystical powers, the *wak’a* is understood as a spiritual non-human being, a kind of minor local deity, but with unusual properties of transmutation from one form into another, not generally associated with the concept of deities as a generality.

<table>
<thead>
<tr>
<th></th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Column N</td>
<td>%</td>
</tr>
<tr>
<td><strong>Do you believe that a</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>supernatural being is</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>in charge of the health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>of their community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and able to cure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>people of any illness?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td>?</td>
<td>5</td>
<td>11.9%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>35.7%</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>6</td>
<td>14.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>42</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Table 7: Belief in *Wak’as* by Greater Community

The question asked respondents: “Do you believe that a supernatural being is in charge of the health of your community that is capable of curing people of any disease (as it was once believed the *wak’as* did)? The question was not well understood by many respondents. As with belief in spirits and sacred locations, there were several out-right denials of the “I don’t believe it” kind; however, many people simply said that “Taita Dios’ (Father God) or ‘Diosito’ (familiar endearment version of Dios – God) was the one in charge of the health of themselves and their community, and praying to him regularly and sometimes making offerings (which might be via the intermediary of a priest at church) was what delivered the required protection. Therefore only 33% in Greater Salasaka and 29% in Greater Zuleta agreed that they believed in *wak’as*, with a total of 43% saying that they didn’t believe in them at all.
“The only one who can cure all evils is the Jawamunda Jatun Taita15 (15).
“I believe in nature, but I don’t believe that anything supernatural is looking after it [or us]. Only God looks after us” (2).
“Our God is the one who looks after us” (8) and “There aren’t any; there’s only God who looks after us” (11), responses which confirm that the process of uprooting of indigenous Andean belief systems through the imposition of orthodox Catholic Christian doctrines following the Spanish conquest in the 16th century was by and large successful.

In Zuleta there was also a perception that it was the Catholic saints or the Virgin Mary who had supplanted the wak’as of old:
“Yes, the tradition of San Juan [Saint John the Baptist] and the Virgin of Zuleta are in charge of the well-being of the community”.

The Virgin of Zuleta spends much of the year enshrined in the chapel of the Hacienda, but at key religious or community events (often one and the same) she is taken upon a litter off into the community to a guarded location for a period of time. In this, it is hard to escape the conclusion that she is serving the same kind of purpose as a wak’a.

Many people did, however, express a continued belief in wak’as:
“Yes, I believe that something supernatural is looking after us. This, yes, depends much on the faith of the person” (4).
“Many people believe that yes, there is a place or a spirit to venerate and be blessed by and receive her protection. It is because of this that there was a big discussion here in Salasaka when a tractor destroyed the sacred site of Kinlli Urku because for many believers this site was for prayer and to leave offerings to the spirits. Furthermore, I have heard it said by many

15 Salasaka Kichwa meaning ‘God of Heaven’.
people that when you pray and worship with much faith with all your heart, the animals grow healthy and strong and the harvest is good”\textsuperscript{16} (12)

“I do believe it [something] is taking care of us. Moreover, people who believe in the spirits of the mountains are healthier in body. It is so, when you want to share and talk about it, you do not want to know, that is why you live in ignorance and vulnerable to diseases. They [ie sufferers] say that when they get sick it is God's punishment. It is not divine punishment, diseases are a consequence of our actions” (14).

“The spirits of nature look after us, they help us and even give us life, so, we should live gratefully and take care of them”\textsuperscript{17} (15).

In Salasaka, an important sacred landscape feature – an immense rock overlooking a valley known as ‘Taita Punta Rumi’ – is generally accepted by local people as being an important \textit{wak’a} and is the guardian and guiding (female) spirit of one of the Salasaka yachaks, as well as being the location where he carries out many of his diagnostic and healing rituals (Currie et al. 2018). The site is therefore a classic \textit{wak’a}, in that it is both a sacred spiritual entity and well as a sacred location.

It seems, then, that the actual function of belief in a higher spiritual entity in charge of the health of the community and individual within that, is functionally one and the same, whether experienced as ‘God’, Virgin, saint or ‘\textit{Wak’a}’. The only difference is the actual name given to it, and the fact that the Christian personages are seen as being universally relevant, rather than there being one individual \textit{wak’a} per community.

\textsuperscript{16} This respondent essentially describes ‘sacred locations’ here, referring to Kinlli Urku; however, this response was directly in answer to the question about \textit{wak’as}.

\textsuperscript{17} Similarly, this respondent answers in a way that could also be for question 2.4
2.7 Experience of ‘duality’

A dualistic world view that divides life and experiences into innately ‘good’ or ‘bad’ is seen to be largely a modern way of looking at the world, and other philosophies, such as the Yogic and Buddhist traditions of the East favour a more holistic interpretation of the nature and experience of reality. In fact, in the pre-Columbian Americas, there undoubtedly was an apprehension that reality had two aspects seen as good/bad, positive/negative and so on. This is reflected artistically in the juxtaposition of gold and silver for example, and in the presentation of faces looking in two directions at once (as with the Inca period Oracle at Pachacamac, Peru); also in the ubiquitous juxtaposition of the colours of red ochre and white (not black and white as is commonly employed today).

Seventy three per cent of all respondents believed in duality, with 88% from Greater Salasaka and 57.5% Greater Zuleta. This difference is accounted for by more nuanced responses from Greater Zuleta respondents who explained that they believed in ‘good only’ (as opposed to good/bad).

<table>
<thead>
<tr>
<th>Do you see life and life experiences as being good or bad, positive and negative?</th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37</td>
<td>88.1%</td>
<td>23</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2.4%</td>
<td>0</td>
</tr>
<tr>
<td>Good Only</td>
<td>2</td>
<td>4.8%</td>
<td>14</td>
</tr>
<tr>
<td>Negative Only</td>
<td>0</td>
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<tr>
<td>NA</td>
<td>2</td>
<td>4.8%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 8: Belief in Duality by Greater Community

How people experienced their world and their lives was accordingly tested in the question: “Do you see the experiences of life as good or bad, positive and negative?” People almost universally experienced the world and their lives in a dualistic way:
“Each person has positive and negative experiences, that's life, the two go together, in a dual way.”
“In life I have had good as well as bad experiences. Everyone lives in duality.”
“For myself and my family we have had negative and positive life experiences, in duality.”
“People have bad and good experiences. Sometimes we are sad and sometimes we are happy.”

But there were some for whom this understanding was less clear-cut and who didn’t necessarily view life as being particularly negative, whilst recounting experiences that had nevertheless caused them sorrow or hardship:
“Until now I have lived well, as I haven’t done any harm to anyone {so} I could say I am fine. Sometimes I have been ill” (12).
“Yes I have lived a good life. I live working the land and happy being able to be active” (13).
“Up until now I have lived well, and my children are also well. Only that sometimes [redacted] and this makes me sad … In spite of it, I feel that I am well. ” (15).

DISCUSSION AND CONCLUSION

Reviewing the whole range of stated beliefs about the world and nature (worldview/cosmovision), there can often be a contradictory mix in the beliefs that people espouse. Some claim to believe in the whole range of ontological phenomena from spirits, to sacred landscape locations, and supernatural beings that protect them, whereas others may flatly deny any belief in spirits, but nevertheless talk about the mountains protecting them and their need to venerate them with offerings. The prevalence of a belief in ‘Taita Dios’ (God the Father), the Christian God, was the clearest reason for people abandoning their traditional ancestral beliefs in the world of spirits or sacred beings/loci in the landscape. Many people had grown up in the context of a Catholic religion and were devout followers of it. In this respect, as a source of supernatural protection for the health and well-being of the community and the individual as a part of this, the name ‘God’ seem to have simply supplanted the idea of Wak’a.
Certainly the expression and understanding of these two expressions of the numen might be different to some degree, but they are essentially serving identical purposes.

With the advance of time and the slow erosion of belief systems, firstly through the imposition of Christian religious doctrine to now, and the more immediate and possibly more damaging impact of modern global culture, there is a real sense that ‘nuance’ has been lost, which is perhaps well demonstrated by people’s overall lack of ability to distinguish the subtle differences in their understanding and experience of sacred phenomena like waka’s and sacred locations; or with their acceptance of one type of spiritual phenomena, but not another (e.g. a belief in mountain spirits, but not waka’s or sacred locations, and vice versa). It seems plausible to suggest that even two or three hundred years ago, perhaps even later, people had a better grasp of these ideas, but that this is finally evaporating. Original trial records of many Andean religious specialists who came before the Spanish ecclesiastical courts on charges of idolatry and sorcery (mainly in Peru), amply demonstrate the continuity of these beliefs, with all their original nuances, well into the 17th century, and in many cases beyond this, until the point when evangelisation was i) considered mostly complete and ii) the indigenous peoples were deemed too simple minded to be worth prosecuting over their continued adherence to their older ‘superstitions’ (e.g., Griffiths 1996; McCormack 1991).

SURVEY SECTION 3:
Life and the Human Body

Introduction

To understand how people interpret health and illness, it is important first to establish how the body itself is viewed. Studies of early Colonial period documents of indigenous Andean beliefs and world views, together with more recent ethnographic studies of contemporary indigenous Andean people in more remote regions, confirm that the way these people see the human body is in fact very different to those views considered to be ‘standard’ in modern western societies.

In the Andes, the relationship between cosmology and the body was complex and in addition to breaking down the human body into its constituent physical components, Andean peoples, and Inca physicians in particular, subdivided the body into physical, cosmological and metaphysical parts. The human body was seen to mirror the physical cosmos (Bastien 1987; Classen 1991).

The archaeological record consisting of material culture, human skeletal and ethnobotanical evidence testifies amply to the expertise of pre-Colombian doctors and surgeons, with a very sophisticated understanding of the human body and the different pathologies affecting it. However, that human body in its wider cosmological context was visualized or understood, there is evidence for a wide range of sophisticated medical interventions including bone setting, craniotomy and trephination demonstrating a clear anatomical knowledge (Elferink 2015; Mendoza 2003).

To test these ideas, section three of the questionnaire ‘Life and the Human Body’ took core concepts referred to in ethnohistorical and ethnographic literature and asked people what their views were about them.
3.1 The Body as a Mirror of the Wider World

Traditional Andean societies can see the wider landscape and its features as symbolising their own bodies. For example, the Bolivian Qollaway people (Bastien 1981) see the mountain which they live upon as being a symbolic version of themselves, with its river systems being like their own circulatory system and so on. To establish whether there was any surviving alternative understanding of how the body could be seen, respondents were asked: “Is the human body seen to mirror the wider cosmos, or any particular feature (e.g. a mountain)?”

<table>
<thead>
<tr>
<th></th>
<th>Greater Count</th>
<th>Salasaka Column N</th>
<th>Greater Zuleta Column N</th>
<th>Total Column N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is the human body</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>seen to mirror the</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>wider cosmos, or any</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>particular feature</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g. a mountain)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
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<td>47.6%</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
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<td>13</td>
<td>31.0%</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td><strong>NA</strong></td>
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<td>7.1%</td>
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<td>7</td>
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<tr>
<td><strong>Total</strong></td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
<td>82</td>
</tr>
</tbody>
</table>

Table 1: The Body as a Mirror of the Wider Landscape by Greater Community

This question was not well understood, with a mere handful of respondents offering views that suggested they might understand, if only partially, and agree with the idea.

“Yes, I consider Mama Kinlili as my mother” (15).

“Actually I have come to think that. But I always thank nature at the start and end of the day; I thank it for the land, for the water that I have, without them I couldn’t live. For example, if I do not have land where I would go? If I do not have what I am going to live? If I do not have plants, what will I eat? and how will I breathe? That is the conception that I have had” (14).
“The earth, mountains etc is like a human body, with organs, it feels; it has rights. A plant is a living body. This is a more general community belief and is starting to be recovered from having been lost for a time, although our grandparents and great grandparents had this belief” (16).

“Yes, like the mountain has lungs” [Ugsha respondent].

However, many people just said ‘No’ or that they didn’t understand the question:
“IT could be, I never thought about it” (2); “I never thought it and I don’t believe it” (5).

Others responded with replies suggesting that they had understood the question differently, as meaning how people can be the mirror of a value system:

“Yes, that something natural or normal. For our children we are role models”( 8).
“We are all children of God so we could be mirrors to others” (10).

In general, despite a range of views, there is no firm evidence for believing that present day Andeans are particularly inclined to see the body in any way other than as ‘human’ and in a way that people from modern westernised societies would also understand it.

3.2 The Life Force

‘Camay’ is the Andean Quechua term understood to mean ‘life force’ or vivifying energy in pre-Colombian cultures and is referred to in earliest colonial period ethnohistorical accounts of the mythical beliefs of the pre-Spanish world (Salomon and Urioste 1991:16). It is a complex term that extends not just to obviously animate life forms, but also to inanimate objects, and as a consequence was commonly dismissed in more antiquated anthropological texts as being ‘animistic’, a term which is now generally understood to be something a lot more nuanced and complex.
Respondents were therefore asked the question: “What do you believe about the ‘life force’ or ‘vital energy’? Does it animate only living creatures, or is it seen to be in all things, animate and inanimate?” People were fairly evenly divided between those that saw it as merely giving life to clearly living things and those who believed that it was an energy that was present universally, as in ‘matter is a limited phase of energy’.

<table>
<thead>
<tr>
<th>What do you believe about the ‘life force’ or ‘vital energy’?</th>
<th>Greater Salasaka Count</th>
<th>Greater Zuleta Count</th>
<th>Total Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Yes-All</td>
<td>30</td>
<td>18</td>
<td>48</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Yes-Some</td>
<td>10</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
<td><strong>40</strong></td>
<td><strong>82</strong></td>
</tr>
</tbody>
</table>

Table 2: Beliefs about the Life Force by Greater Community

Interestingly, many respondents, particularly from the Salasaka participants, understood this also to mean the way we interact and affect one another in terms of the nature of the energy (positive/negative) we have in our lives:

“All living beings have internal strength. Between people that energy can have an effect but it cannot cause an effect on nature”. (5)

“I do have the vital force and I think that all living beings have to have the vital force, which depending on it (bad / good), can affect the family and the others” (6).

“All living beings have the vital force and this can affect the others. For example, when we are motivated we infect others, likewise our anger affects others” (10).

“Yes, I believe so, but I can’t describe it” (11).

“The ‘vital force’ exists in all people and this energy is transmitted to the other living beings (creatures). For example, I am happy when I share with others, when I am alone I become sad.” (13).
From Zuleta, marginally different views were expressed that suggested people better related to the idea of the life force being a vivifying in-dwelling energy:

“It’s in all, animate and inanimate; [as] a vertical column distributed in many things” (16).

[The] ‘Pachamama’ is a general vivifying energy that animates all.

“It’s in everything, there wouldn’t be existence without it.”

Although many respondents also believed that it was only present in obviously ‘living’ things like plants and animals.

“Yes, but only in animals, plants and people; not stones”

People from Ugsha tended to express more traditionally and devoutly Christian views: “It’s the Holy Spirit and only [present] in living things”.

3.3 The Bodily Symbols of Life

Many people cross-culturally relate to the idea of ‘blood’ as being symbolically important in expressing the essence of a person, often specifically their identity in relation to their shared family lineage and so on. Yet many bodily substances can be seen in similar ways. In the pre-Columbian and early Colonial period Andes it was “fat, and not necessarily blood, which continued to be an Andean symbol of the essence of life and of the power to endow ritual acts, objects, and human beings with vital force” (Brosseder 2014:126). Indeed, fat was symbolically important in medieval and early modern European folk beliefs too, as noted by De Prybil (2010) who presents evidence for the existence of the ‘Pishtaco’ – the fat stealer - based upon historical evidence of the use of human body parts, blood and body fat for the making of unguents, talismans and magical charms in many European cultures from the Middle Ages at least to the 17th century (Currie and Ortega Perez 2017). In the Andes, fat (‘sepo’ – as with llama fat) has long been a critical component in ritual offerings. So what survives of these ideas now?
People were asked: “Are any bodily substances (e.g. fat, blood, sweat etc) understood as having special properties, or to be symbols of life?”

<table>
<thead>
<tr>
<th></th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are any bodily substances (e.g. fat, blood, sweat etc) understood as having special properties, or to be symbols of life?</td>
<td>Count</td>
<td>Column N</td>
<td>%</td>
</tr>
<tr>
<td>?</td>
<td>10</td>
<td>23.8%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>21.4%</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>2</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Substances as Life Symbols by Greater Community

By and large responses confirmed a view that for many people, bodily substances had relatively little symbolic significance, outside of blood as symbolising family relationship:

“For me, I don’t believe this.”

“Blood has a special property, as our children are our own blood” [Salasaka respondent].

“For my part, I do not believe that bodily substances are symbols of life, but I have heard that other people do these things” (3).

However, there were several respondents in Salasaka, Zuleta and Ugsha who agreed that they all had special curative properties, and were also symbols of life:

“All these substances have ‘power’, but mostly reflect the state of the mind.”

“Yes, sweat and fat used as a lubricant or a charm by people in the past.”

“I do believe that the bodily substances of people are symbols of life. Because I’ve seen that the donkey fat helps to get rid of diseases, but I can’t say how “(4).

“Yes, bodily substances have special properties to prevent many pains and diseases. For example, the blood of a large rat serves to alleviate back pain, while a dog’s blood is used to treat epilepsy” (9).

“I have heard this, but I’ve never done it. Personally yes I believe it, because the natural substances have spirit which can help and heal or [also] power to the one who practices it” (15).
A culturally knowledgeable indigenous respondent from Zuleta supplied additional information: “The blood and fat of certain animals had power. [Our] grandparents ate condor, to have a long life and drank the blood of a fierce bull to protect against bad energies or witchcraft. This belief still persists. [You eat the] heart/blood of a fox to protect against bad energies”. (16)

Occasional respondents understood these substances as having even darker protective powers: “I have heard that you should drink the blood of another person not to die, and so that they don’t do witchcraft against you. But I have never done this” (13).

Overall then, there continues a somewhat ‘loose’ belief in this notion, but it does not seem to be as clear cut and important as it was in earlier periods.

3.4 Mind and Body

The Cartesian concept of mind and body as two separate things continues to dominate modern western ideas of physical reality, extending to the world of modern medicine with physical and mental health treated as entirely separate things. However, people of more traditional and/or indigenous beliefs generally see the mind and body as part of the same thing. So the question was asked: “Are the mind and body separate, or are they part of a larger ‘whole’?”

<table>
<thead>
<tr>
<th></th>
<th>Greater Count</th>
<th>Salasaka Column N %</th>
<th>Greater Zuleta Count</th>
<th>Column N %</th>
<th>Total Count</th>
<th>Column N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the mind and body separate, or are they part of a larger ‘whole’?</td>
<td>Whole</td>
<td>39</td>
<td>92.9%</td>
<td>38</td>
<td>95.0%</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Separate</td>
<td>1</td>
<td>2.4%</td>
<td>1</td>
<td>2.5%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td>2</td>
<td>4.8%</td>
<td>1</td>
<td>2.5%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
<td>100.0%</td>
<td>82</td>
</tr>
</tbody>
</table>

Table 4: Beliefs about Mind and Body by Greater Community
Ninety four per cent (93.95) of respondents replied that they saw the mind and the body either as one thing, or as two aspects of the same unified whole:

“The body and the mind is a single whole, everything is united” (2).
“I feel that the body, the mind and the rest of the body is one. What I do not understand is why when there is some pain in my body it is not felt in the whole body but it is felt only in a specific part of the body” (15).
“They are part of a greater whole” (16).
“They have different functions but are part of a single whole” [Zuleta respondent]

Some respondents had a slightly more esoteric understanding:
“The body is God’s creation, so the mind and the body is part of God” (1).

Rarely, the prevailing modern ‘western’ Cartesian notion was also expressed:
“I think that each one is separate” (9).

3.5 The Functions of the Body

Continuing the enquiry into how the body is viewed in Andean cosmology, people were then asked: “What are the functions of the body (e.g. breathing, eating, circulation, mind and feelings)?” to establish how similar these ideas are to modern western notions of anatomy and physiology. As noted above, whatever the cosmological interpretation of the body, we know that pre-Colombian physicians and surgeons had a very sophisticated understanding of the human body and were capable of performing skilled surgical interventions.

It was hard to tell if people genuinely did not relate to the question, or simply understood it at its most basic level, but the majority of answers were wholly practical, with people seeing body parts as equating to the basic function they performed. In this, it might be seen that the indigenous view of what sustains life – work – is essentially a pragmatic and functional one.
Therefore, there were answers that understood the functions of the body in relationship to the overall maintenance of life:

“To live” (Zuleta respondent).

“They give life” (Ugsha respondent).

 “[They are] all the same; you need all” (Zuleta respondent).

They are all those [things] that give life to the organism” (Zuleta respondent).

“The mind serves to think. For the rest, all parts of the body are interrelated. Without these body parts we wouldn’t have life” (14).

Although the question actually asked about the functions of the body (e.g. breathing, eating, circulation, mind and feelings), many people understood this as meaning the different physical parts of the body:

 “[The body parts are] all one, but with their own functions” (Salasaka respondent)

“Each part of the body has its own functions. Thus, the hands serve to work, the head to think, the mouth to converse, the nails to harvest\(^\text{18}\) the potatoes” (11).

“Each part of the body has different functions. For example, the head to think, feet to walk, hands to work” (1).

“The feet serve to mobilize us from one place to another, the mind serves to think, the hands serve to work and the heart gives us life and generates energy” (3).

More rarely, a respondent might offer a different, more esoteric view altogether:

“The functions support the life [and] soul. When you die, the soul enters another dimension.” (16)

\(^{18}\) The word given in Spanish was ‘deservar’ to preserve, which doesn’t make sense, so it has been translated as ‘harvest’ which would be ‘cosechar’.
3.6 Mind, Body, Spirit

Whether people identified or believed in such things are ‘soul’, ‘spirit’, and ‘shadow’ and how they understood the inter-relationship between the, was asked in the final question:

“Do you believe that people have:

i. mind
ii. body
iii. soul
iv. spirit
v. shadow
vi. other”

Although question 3.4 had asked people whether they saw the mind and body as being separate, or part of a larger ‘whole’, given that their belief in the insubstantial ‘spiritual’ and metaphysical aspects of what eastern yogic philosophy calls ‘the subtle body’, was being considered, it was deemed important to establish that people did also believe that they had a mind and a body too, even if they had earlier affirmed that they understood these to be part of the same thing.
Responses to this were mostly coded up for the statistical aspect of the study only, but the in-depth recorded interviews of four Salasaka respondents offer some additional information about how people understand the idea of what their ‘shadow’ is. This can be anything from the literal shadow cast by a physical form in sunlight, to the notion that people have another hidden aspect of their personalities, that would be far more in accordance with modern Depth Psychology and Jungian notions of what constitutes the unconscious aspects of a person’s psyche.

“Yes. People have two shadows, one you can see from far away [or looks away] and the other is close to us. The shadows are or represent our parents that is why when we go out somewhere we always tell our shadow to accompany us and take care of bad things. And you realise that we are accompanied by our parents when we are alone in the house and suddenly you hear someone calling from outside, you go out to see and you cannot see anyone, or it also happens

Table 5: Mind-Body-Spirit Beliefs by Greater Community

<table>
<thead>
<tr>
<th></th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Column N</td>
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<tr>
<td>Do you believe that</td>
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<td>people have a mind?</td>
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</tr>
<tr>
<td>Do you believe that</td>
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<td></td>
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<tr>
<td>people have a body?</td>
<td></td>
<td></td>
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</tr>
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<tr>
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<tr>
<td>Do you believe that</td>
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<tr>
<td>people have a soul?</td>
<td></td>
<td></td>
<td></td>
</tr>
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</tr>
<tr>
<td>Do you believe that</td>
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<tr>
<td>people have a spirit?</td>
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<td>5</td>
</tr>
<tr>
<td>Do you believe that</td>
<td></td>
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<td></td>
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<tr>
<td>people have a shadow?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>42</td>
<td>100.0%</td>
<td>40</td>
</tr>
</tbody>
</table>
when you are between the two, you hear voices very close, but you don’t see anyone, that’s when you realise that the spirits of our parents are with us” (12).

“The shadow serves to see the time according to the position of the sun. For example, when the sun is located in the centre of the sky just in the direction of the crown (of the head), it’s 12 midday” (13).

"Yes, when I see myself in the shadow I feel complete. I feel that the shadow protects [you]” (14).

“Yes, I feel that the shadow is my reflection” (15).

“[I believe in the shadow], but in a spiritual way. You can lose it. It’s part of the ‘immaterial’ (16).

The majority of respondents answered in the affirmative to all these, but were unable to distinguish clearly how they saw the soul and spirit, as being the same or somehow different. A man who was also a yachak did observe a difference:

“Yes; they (soul and spirit) are different. The spirit is in the nature of ‘genio’ mood or character; the shadow is not the same as the soul” (17).

For most people, however, it seemed that the two concepts were functionally interchangeable.

DISCUSSION AND CONCLUSION

As noted above, we know that according to pre-Colombian epistemology, the body was subdivided into physical, cosmological and metaphysical parts, with the human body seen to mirror the physical cosmos. From the range of answers given by respondents to questions in this section, it is at best unclear if there is much surviving now of such a belief system. The impact of modern ‘western’ systems of knowledge and medicine and the now more general provision of modern medicine, together with the impact of education and access to TV and internet, has
made substantial inroads into the traditional cosmology of indigenous Andean peoples. Older people and traditional healers may to some degree maintain an idea that the human body mirrors the wider cosmos, or feel that a regional land form offers them some symbolic comparison to how they view themselves. But this seems to be becoming increasingly rare. Mostly people see the body in simplified ways that accords with how modern western anatomy and physiology defines it, and the body parts themselves and their basic functions are what serve to keep you on your feet, able to think, breathe, eat and – importantly – work.

The belief in the metaphysical dimension survives well enough, but again people have little more than a vague comprehension of what it means to them. They feel that their mind and body are part of an overall whole and that they have a soul and a spirit, as well as a shadow (however this is interpreted). But how all these inter-relate and any deeper nuanced understanding that might have come from older belief systems seems not to have survived the passage of time and, importantly, the more recent impacts of the ‘modern technological world’.
Introduction

‘Health’ and ‘illness’ are very much words the meaning of which we take for granted according to our own understanding in the modern world we live in. Therefore, a key objective in the study has been to understand what indigenous Andean people mean by these terms. There is evidence that until a generation or so ago, certainly in more remote parts of the sierra, these terms were glossed rather differently reflecting distinctive Andean pre-European experience of life, the human body and its wider cosmological context. Section 4 of the questionnaire asked people about their understanding of these terms in a number of ways, to try and elicit views upon whether any of these distinctive notions still survived in any way.

4.1 What ‘health’ means

Language is one fundamental way that meaning in life and life experience is communicated to others, so to start the evaluation of health and illness concepts, it was clearly important to establish what people agreed was a word that best described ‘health’ for them.

Responses across the three communities suggest that any subtle semantical nuances of health and illness states according to any pre-European understanding have by and large already been lost. Health is health in much the way that we see it now, and also illness.

Variations on ‘well’, well-being and being ‘animated’ were often given, but one of the commonest responses was simply that ‘Life’ was the best word that many people felt described what health was for them. These responses were universally expressed across the three communities:
“Health is Life” (3 and 11). “For me health is to have a healthy life” (2); “For me, health is to live without illness” (6); “To be well and healthy” (4); To live well (9 and 10); “Life is health, wellbeing. [It is a] life in equilibrium; balance/harmony” (16).

Others were uncertain what word might best describe health for them and so responded “No”, or “I don’t know”. Still others responded with the absence of perceived negative influences such as being pain free (14).

Rarely there were more nuanced responses that might hint at earlier understandings of health in its wider social context:

“In this question it was asked, what do you understand by ally kawsay (living well)? It is very possible that it is addressing a different concept of health. She answers: ‘for me the ally kawsay is to live with joy and sadness. We live in constant communication with our loved ones’” (15)

The Kichwa speaking respondents from Salasaka offered a range of words and expressions which had meaning for them, in their autochthonous language, and translations of these mainly include variations on the gloss ‘to live well’, ‘I am living well’ and its complementary version ‘I have not got sick yet’.

4.2 Describing a healthy person

This question asked respondents: “How do you explain that someone is healthy?”

Here the question at times was a little misunderstand, as it actually asked “how do you explain that someone is healthy”, but many people replied as though they had been asked how you could tell that someone was healthy from their exterior appearance and comportment, which several people then said they wouldn’t be able to:

19 Comment by the interviewer Jorge Caisabanda
“It’s not possible to affirm the health of someone from the outside. Nowadays, everyone has some sort of illness” (2).

“Honestly, I cannot put together a value judgment saying if someone is healthy” (6).

“You can only know through a doctor’s check-up” (9).

Generally people responded with descriptions of what, in their view, a healthy person would be like, which centered upon states of perceived happiness: happy and fit for work; humorous; enthusiastic and happy for work; in good spirits; having no pain or illness; manifestly happy and able to converse well; contented; in a good mood; with the appearance of good health with no appearance of physical or mental illness, and so on.

Many replies centered on being able bodied and having the ability and enthusiasm for work, which, given that ‘health’ is so often equated with ‘life’, then being able to work is what sustains that. Other life sustaining processes were also highlighted:

“It’s someone who is well fed” (14).

Others felt you could tell that someone was healthy as being:

“Someone who walks happily. They salute [you] with firmness and health” (13).

“When you see them walking happily, or when you have a happy conversation, you can conclude that the person is healthy and without any disease (15).

More considered responses were sometimes offered:

“When a person has both spiritual and physical health in balance. When there are imbalances there are problems with health, such as with stress, [and a] lack of equilibrium” (16).
4.3 Health (as a concept)

The question “what is health (as a concept)? was another designed to try and elicit any nuanced understanding of the term, outside of straightforward ideas associated with how a person presents with good health. There is ethnographic evidence that suggests that health itself was something viewed a part of a metaphysical reality that was an expression of an overall harmony and balance within the cosmos as a whole, of which humanity was merely an integral part. This would relate to previously discussed ideas about Inca physicians’ understanding of the human body (see Section 3). It was not uncommon for respondents to feel that they had already answered this in question 4.1 however:

“I maintain the same as before, to have a healthy life” (2)

“What I said before, to be well and healthy” (4).

“As I said before, to live healthily” (5).

“As I said at the beginning, health is to live without any illness” (6)

“As I already said, health for me is to live well (11).

However, not all people felt this and some made a stab at describing something a little more abstract. One Zuleta respondent described it as being “a universal concept which includes all the family”; another as being “a vital force that protects you”; yet another as “the basis of being human”. An Ugsha respondent believed that it was something “given by God”. In Salasaka,
other respondents described it as being “the power of living beings”, or as “a person’s happiness”.

But generally health was seen as being something that could be determined by the qualities that it conferred upon a person, rather than as an abstract concept in its own right:

“[It is something which] gives enthusiasm for life in leisure and work” (Salasaka respondent).
“To be physically well with the whole body functioning” (Ugsha respondent).
Or as the absence of illness; simply expressed as:
“Not having a sick body” (13).

And once again, having the ability and enthusiasm for work was also well represented amongst responses, suggesting, once again, a confounding with question 4.1.

An educated Zuleta respondent (16), who had a much wider understanding of indigenous Andean epistemology, was the only one who really offered views close to those mentioned above, that life and health might be seen as part of an overall universal dynamic related to cosmological wholeness and balance.

4.4 Loss of health

Having attempted to establish what health is and how you define a healthy person, this question asked people: “when do you lose your health?” This, however, was again a nuanced question which sought to look beyond mere ‘causes’ of illness (asked in the following question 4.5). However, very few respondents noticed any difference.

There were many rather literal interpretations of this, of the “when you get ill” and “when you die” kind, which, given that ‘health’ is often seen as being the equivalent of ‘life’, then loss of health would be just that – death.
“You lose your health when you get ill” (2).

“We are all destined to lose our health by getting ill or dying” (3).

But there were also a range of other views too, which variously had to do with self-care, environmental influences, age and the passage of time:

“We lose our health when we don’t treat ourselves” (6).

“Getting old gives you many illnesses” (4), when “your body doesn’t work anymore” and “your organs degenerate” (Zuleta respondents).

Pessimistic views about the impact of the modern world and stressful lifestyles were also cited, with “Bad culture, like modern life” being blamed by one respondent from Zuleta.

Psychosocial causes were similarly recognised:

“When we have sorrows or problems in our homes, or when we lose someone dear to us, illnesses start to appear causing the loss of health and from here, disease originates” (15), with two Zuleta respondents also observing the influence of feeling disempowered or getting sad on losing your health.

However, the commonest response was probably poor diet and over work (which was also cited frequently in the following question 4.5). Seeing health as being equivalent to harmony, the Zuleta respondent (16) saw loss of health as a problem with loss of balance or harmony. And a young Salasaka respondent had similar views:

“When we misalign with the environment. For example, when we disrespect nature and when we do not eat well” (14).

Some Ugsha respondents were inclined to cite divine destiny, in that only God knew when you lost your health, or else you lose your health when you die, and when you die you go to God. More practical amongst them cited the more usual ‘Poor diet’, and ‘When we are ill’ determinants.
And finally, one more enigmatic response from Salasaka cited being in a state of ‘hucha’ as being when you lose your health. *Hucha*, a Quechua (and Kichwa\(^{20}\)) term, is often glossed as meaning ‘sin’, and certainly Spanish evangelists who compiled the first Quechua dictionaries saw it thus. However, and here is the rare indication of a survival of an earlier cosmological view, *hucha* can also mean the absence of something, as it was seen in Inca times. ‘Sin’ was not so much a wrong doing, as a blemish or an imperfection, or the lack of something that should have been there. Consequently, being in a state of ‘hucha’ would likely pre-dispose a person to illness, being a weakness. It is highly likely that this view would have pertained in pre-Colombian cosmological understandings of health and illness (see Urioste 1981). But, of course, it is hard to know exactly what the respondent actually meant by this and it may be the case that they simply saw the word as being ‘sin’, in the conventional understanding, in which case, more prevalent European Catholic Christian views of the soul being in a state of sin predisposing to illness would be the case.

4.5 Causes of illness

As noted above, this question which asked “What is the origin/causes of illness?” was generally interpreted as being equivalent to 4.4, although some people seemed to recognise a subtle difference. Responses offered were along a spectrum, from more modern understandings of the causes of disease, through to more folkloric beliefs, into the realms of the indigenous ancestral, with many respondents being prepared to believe in a mix of these.

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\(^{20}\) Quechua is the original pre Spanish Inca indigenous language and now refers to people who speak it from Peru. Kichwa is the ethnic group from the northern Andean region including Ecuador, who speak a variant of Quechua, known locally as Kichwa.
Probably the most popular ‘modern’ culprit for the origin/cause of illnesses in all three communities had also been referenced in 4.4, being environmental contamination from modern life, with too many chemicals used, and from polluted air and water:

“Bad diet; through eating food products contaminated with a lot of chemicals and fertilisers” (9).

“When we eat fruits harvested with too much fertilizer, for example, the bananas we buy in supermarkets. It’s important to remember that we ate food without chemicals” (10).

“Through water and food with too much fertiliser” (6).

Poor diet was also frequently cited by many people, which was associated with modern food products and what indigenous people understand to be the kind of diet eaten by mestizos, which they thought was less healthy than their own:

“When we destroy nature. When we replace the indigenous diet with that of the mestizo” (14).

There was also a general view that disease could originate from contagion with microorganisms, reflecting a more modern understanding:

“We contract diseases through the bacteria that circulate in the air; also by the cold, and by contact with sick people” (8).

“There are several causes, for example, by contagion, some diseases are hereditary and others appear through age” (1).

However, more traditional belief systems still persisted, alongside more modern:

“The wind, and infections between people or from animals” (2).

“It comes in the wind” (13).
Not looking after yourself or getting timely treatment, which included prophylactic treatment, with a yachak, was also perceived to be a cause:

“These illnesses originate in our own bodies because we don’t cleanse ourselves frequently enough with [the services of] a yachak “(12).

Stress, worry, drinking too much alcohol and working too hard were also cited, as they had been in question 4.4.

At the other end of the spectrum, and representing a clear break with 4.4, were the traditional Andean maladies, particularly the condition ‘malaire’ or ‘malviento’ (see below), and also the negative influence of witchcraft (Zuleta) and evil spirits (Salasaka). These in particular are what you would seek out the services of a traditional healer such as a yachak or curandero for (Salasaka and Zuleta). Occasionally, more religiously devout respondents cited divine punishment as the reason behind illness (Ugsha).

4.6 Common family and community illnesses

This question asked respondents “What are the most common illnesses in your family or community?” Whilst the majority of people responded with the sorts of illnesses most likely to afflict them: “we get a lot of flu in my family” (11), others interpreted this rather more loosely: “Appendicitis, cancer, AIDS, flu, fever, gastritis” (10).

Perhaps unsurprisingly, across the three communities including the Galápagos subset, flu (referred to a ‘gripe’ and probably also meaning a severe head cold), was easily the most frequently cited illness. Coughs followed closely behind, often paired with other complaints such as allergies, headaches, colds, appendicitis and even witchcraft. In addition, Salasaka respondents cited stomach ache, ‘foot pains’, cancer, diarrhoea, alcoholism, drug addiction, stress and family problems, whereas people from Zuleta noted ‘body pains’, physical injuries, diabetes, cancer, liver problems, heart murmur and Intestinal infections, in addition to the headaches. The Galápagos subset also cited things like ‘cancer, gastritis, painful bones and also blindness” (4). The prevalence of the mention of conditions like cancer is interesting, as this is
considered to be a ‘modern’ illness and also something referred to as being a ‘white person’s illness’:

“Cancer [and] tumours; these are mortal” (14).

“Cancer, alcoholism and recently I’ve started to hear drug addiction too” (13).

The Salasaka respondent (15), who is also a yachak and partera, always noted psychosocial issues as being the basis of most illnesses:

“Stress and family problems”.

All three communities also occasionally cited the traditional Andean malady malaire/malviento, although Ugsha, with its very rural and traditional community, cited three of them: malaire, espanto and cuichig, although others of a more conventionally Catholic Christian persuasion here denied any belief in these.

“Malaire. It’s very bad when you have this illness, you don’t want to eat, walk, lie down or talk” (12).

An interesting condition, as the precursor or result of an illness, is that described as being ‘decaido/a’ literally translating as ‘decayed’ or ‘down’, and sometimes here translated as ‘run down’, although it might also mean depressive illness and it was difficult to determine this any better. It was the most commonly cited way that you could tell that a person was unwell (see below). It might also loosely translate into terms we use, such as being ‘under the weather’, ‘off colour’ and so on, in other words, a syndrome of feeling dispirited, tired, depressed, unwell and so on.

4.7 Knowing that someone is ill.

In the context of understanding what you mean by saying that someone is healthy, how do you know, or say, that someone is ill? This question asked respondents “when do you know that
someone is ill?” Responses uniformly fell into either the behaviour and appearance of the person, ie symptomatic, or into the professional/clinical diagnostic realm, given that you couldn’t know just by looking at them.

Of the behavioural characteristics cited, seeming sad or unhappy, angry, low spirited, or lacking enthusiasm, even “wearing old clothes” (Zuleta), was reported across the three communities:

“When we see them walking sadly, when we see them sad in a conversation, we generally assume that the person is sick, or suffering some pain or has some discomfort” (15).

But the overwhelming majority of the symptomatic group of replies cited ‘decaído/a’ (see above) as being how you could best tell someone wasn’t well:

“When you talk with them, or when you see them looking run down (decaído)” (2).

“When they talk [as if they are] ‘decaído’, sad or in pain, or annoyed, you ask the person directly why they are like that and they share their trouble with us” (12).

“They walk ‘decaído’, not able to talk” (13).

“Physically one could see it, when one sees a healthy person suddenly [becoming] pale, skinny. But internally we could not know” (14).

Looking into a person’s eyes was cited by some as being indicative of illness:

“Looking carefully at their eyes; when you see them looking rundown or even walking in a dizzy way” (3).

“Through seeing through their eyes [that they look] run down, but you don’t know to what depth” (10).

Alternatives were suggested by some, such as:
“When you see that they are in pain, covered or protected with something (mask or glasses), or also when you see them hospitalized” (1).

When they cough or are covered up/seem run down (6).

When you see them thin, with yellow skin and weak (7).

Loss of appetite, motivation or enthusiasm, particularly in relation to work (all three communities), was seen by others as a clear signal:

“When they lack motivation, are run down or lacking enthusiasm” (11).

Others simply re-affirmed that they couldn’t say:

“As before, I can’t tell the state of a person’s health” (5)

These respondents felt that you could only tell if someone was ill by carrying out a formal diagnosis, which could either be in the traditional Andean way, through going to a traditional healer and having a diagnosis by using a cuy$^{21}$ or candles, or through going to a doctor or a modern clinic for a check-up. In the rural and religiously devout community of Ugsha, it was felt by other respondents that only God knew if someone were ill or not.

4.8 Sickness and identity

Ethnographic studies suggest that a part of the alternative concepts of health and illness coming from pre-Colombian times down into colonial periods included different ideas about the identity of people who were ill. A sick person couldn’t be a wise person for example (Bastien 1981; see also Greenway 2003). So respondents were asked: “How do you see a sick person? That is to say, is illness related in any way to identity?” In order to try and explain the

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$^{21}$ Andean guinea pig
idea underlying this, contemporary examples were offered, such as the way some people use social media now to construct an identity around being ill, something which is not uncommon. Responses uniformly confirmed that no-one really understood this, with several people repeating the same kinds of things that they had done for the previous question 4.7. Others took it literally, thinking it referred to ethnic identity and responded that they thought indigenous people were healthier than mestizos; or that disease was no discriminator of person, whether indigenous or mestizo. Pejorative stereotypes were occasionally mentioned too:

“In Salasaka, there is a stereotype that indigenous Salasakas are drunks” (13).

“I believe that if there is a relationship. For example, mestizos have healthier teeth. On the other hand, the Salasakas (indigenous) have damaged teeth” (1).

“Illness is directly related to cultural identity; in this way we indigenous people are stronger and less sick than mestizos who are delicate and ill” (3).

“Illness doesn’t distinguish the cultural origin of people or family; we all get sick of the same type of disease with the same or different degree of intensity” (5).

“No-one is safe from illness, whether we are indigenous or mestizos. But I must admit that we indigenous people are healthier. The Salasakas we get sick of more ‘venerable’ [veneras] diseases and the mestizos more acute diseases” (6).

“Whether mestizos or indigenous, we are all the same. In spite of that, I could say that the indigenous Salasakas are healthier” (4).

“For me there is no relationship between disease and indigenous cultural identity. Diseases affect all people to the same degree” (11).

There was a rare reference that ‘sin’ or ‘hucha’ might be responsible, and that someone who was always ill was someone who had also done ‘bad things’, or who was otherwise an unhappy person (see above). This in a way related broadly to the notion mentioned earlier, that a sick person couldn’t be a wise person:
“If a person is always sick, it’s because they have done bad things” (16).

Also, a sick person could also be seen as someone with family problems:
“We assume that person is sick because of a problem with their children or their family” (15).

4.9 Prognosis

Given that people get ill, the next question asked respondents “Is illness a condition that can be changed?” This question was simple enough and most people understood it, responding overwhelmingly that yes, it could be changed if you followed proper treatment with a doctor or, more rarely, with a traditional healer. People also recognised the need to get timely treatment, noting that advanced illnesses were harder to cure completely. The need to live healthier, regular lives, sometimes requiring life changes was cited by some:

“[Yes] If we can change, taking care of hygiene and [our] food has to be healthier. And all this has to come from the parents” (1).
“[Yes], with changes to healthy living” (Salasaka).
“[Yes]. [It] Can be changed. Especially with your attitude” (Zuleta).
“We can prevent diseases by living cleanly” (12).
“Yes, with [good] hygiene” (8).

A spectrum from faith healing through prayer at one end (Zuleta and Ugsha) to mind over matter (ie body) at the other was also recorded (Ughsa). Several people had faith in the healing properties of medicinal plants and herbal teas (Salasaka and Ugsha):
“As soon as we have some pain, preparing a healing drink straight away” (12).
“Yes, by getting medicinal plants” (3)

“Yes, through educating us, by investigating the healing functions of plants and then applying them” (14).
The traditional Andean maladies (malaire, mal de ojo) had a reputation of being particularly difficult to heal (something noted by other authors eg Greenway 2003).

“If the person wants to be healed s/he has to have faith. We can help you by cleansing [you of] malaire or mal de ojo [evil eye]. But already well-advanced evil is difficult to heal in its entirety” (15).

Most people (three communities) thought that getting conventional treatment with a doctor was the best way to get better however:

“Yes we can always get better by going to the doctor” (2).
“Yes, following treatment with the doctor” (7).
“It’s difficult but yes, through medical treatment” (9).
“Yes, we can change it through following treatment with the doctor, but not all” (10).

“Yes. Always by looking after ourselves and by following medical treatment” (11).

“As soon as a sick person is seen, they are directed to the ordinary health centre. Almost no-one goes to a yachak anymore. Also, in the village of Salasaka there are no trained healers” (14).

4.10 Traditional Andean illnesses

The final question in this section asked people whether they believed in any of a list of twelve traditional Andean illnesses. This question was coded up as ‘yes/no’ for statistical analysis. It was clear that many people did still believe in these illnesses, even if not all of them, and this was across communities.

i) Mal/malaire/malviento/aire, maladies caught from ‘evil air’/wind
ii) Susto/espanto, ‘soul fright’/shock/trauma/dissociation
iii) mal de ojo (ojeado)  evil eye
iv) agarrado del cerro,  seized by the hills/mountains
v) la luna,  moonstruck
vi) cuichig,  negative effects of rainbows
vii) hualambario/acapana  negative effects of small local tornadoes
viii) brujería  witchcraft
ix) San Gonzalo, or another witch saint
e.g. San Martín de Porras  Catholic saints with the power to inflict harm, also
called ‘witch-saints’
x) castigo divino  divine punishment
xi) mala suerte  bad luck
xii) envidia  the negative effects of nurturing envy

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The commonest belief was in the traditional Andean maladies *malaire/malviento* (ill/evil aire/wind) and *susto/espanto* (soul fright/shock), with some 93% of respondents from Greater Salasaka, and 82.5% of Greater Zuleta respondents, affirming belief in the first, an overall total of some 88%. Interestingly, more people from Greater Zuleta believed in *susto/espanto* (87.5%) than from Salasaka (71.4%) when it is more usual for people from the more traditional community of Salasaka (71.4%) to affirm belief in these conditions.

Beyond these Andean ‘classics’, there is a gradual decline in belief in the other groups of conditions, which represent in many ways an odd amalgam of cultural influences which might include European and African belief systems coming in after the 16th century. Sixty three percent of people across communities believed in the influence of *mal de ojo/ojeado* (evil eye), 56% in the topophobic condition *agarrado del cerro* (seized by the hills), 66% in *cuichig*, (the influence of rainbows) and just 39% in *la luna* (being moonstruck).

The rather strange disorder *hualambario/acapana* (whirlwinds) was generally not now believed in, although less people from Greater Salasaka believed in it (17%) than in Greater Zuleta.
(37.5%); an overall 52% of respondents from all communities did not believe in it. Moreover, during the interviews there was a general feeling that of those who responded in the affirmative, the association of influence had become more ‘natural’ than ‘supernatural’ (ie that whirlwinds can physically harm a person/environment).

There was little expressed belief in the witchcraft group of maladies brujería (66% did not believe in them overall) and San Gonzalo, (68% of people did not believe), but again, more people from Greater Zuleta than from Salasaka believed in them (see table above).

Far fewer people from Greater Salasaka (43%) believed in castigo divino (divine punishment) than from Greater Zuleta (65%). Nearly 70% of all communities believed in mala suerte (bad luck) with little difference between groups (see table above). That other great Andean ‘classic’ envidia (envy) was generally believed in (71% all communities), but more so in Greater Salasaka (76%) than in Greater Zuleta (65%).

Some respondents provided useful insights into what these conditions were, their aetiology and the way they could be cured, which was generally through employing a number of the traditional ‘cleansing’ therapies using cuyes (guinea pigs), the blowing of puntas or holy water, and/or with herbal beatings and bathing in sacred springs/waterfalls. The preparation of a ‘medicine bundle’ (sometimes called ‘despachos’) by a yachak (shaman) which symbolically incorporates the antidotes to the illness and the reconstitution of the healthy identity of the sufferer is also employed (Greenway 1998). It is generally believed to be the case that some of the traditional illnesses, such as malaire, are both common and very hard to cure if not treated immediately (see 4.9 above).
DISCUSSION AND CONCLUSION

The daily reality of the life experience for indigenous Andeans was clearly reflected in the associations that these states evoked. Health was generally seen as Life and life is maintained by the ability and the energy to work. In response to the question: “How do you say/explain that a person is healthy?” many people responded that a healthy person had the ability and desire to work and you knew they were sick when they were unable to work.

Conversely, illness is seen as a decayed or a declined state, the word most generally employed to describe a sick person being ‘decaida’ (decayed or declined, but probably better translated as ‘run down’) when someone has no enthusiasm for life and work. The notion that sickness is related to identity was also poorly understood, although ethnographic studies dating back to as recently as the 1980s in Bolivia and also the central highland regions of Peru make it clear that Aymara and Quechua peoples did distinguish between well and sick people in a way that suggested a relationship to identity. Wise people couldn’t be seen as sick people for example. I tried to explain this notion with a very relevant example today, where it is not uncommon to see people constructing an identity around being sick. This is quite commonly observed in social media sites for example. However, the example was still not experienced very meaningfully and again exemplified the reality of life for rural Andean people, wherein health was seen as the normal state and sickness a misfortune that impacted your ability to work and therefore sustain life. To the question “When do you lose your health?” many people replied “when you die”, reflecting the polar opposite to the notion that health is life.

The origin or causes of illness, sickness and disease were commonly viewed as both lifestyle and environmental. People who worked too hard, ate poorly or drank too much were likely to get ill. Also the exposure to modern day environmental pollutants were seen as hazardous, reflecting a consciousness of how life had changed in recent years with more toxic substances abounding, whereas in the recent past, people only used organic products, particularly in horticulture and agriculture.
The most common family illness is, perhaps unsurprisingly, ‘gripe’ – meaning ‘flu, but most likely to mean the common cold, although this was rarely literally cited (resfrio).

There were several people, both women and men, who claimed never ever to have been ill in their life and who had a poor understanding of what illness actually was and what caused it. One of these – a man in his seventies – presented with a slight cough at the time of the interview, but clearly did not view this as a significant health altering condition that he might have called ‘illness’ – unlike the majority of people in modern day societies for whom a cough is a clear sign of a respiratory tract infection and might elicit several days off work. And the consciousness of the passing of infection through the respiratory tract is now seen everywhere in the country, in that many people now take to wearing face masks if they feel at risk of catching a cold or cough. None were ever observed in the most rural settings of the survey however.
SURVEY SECTION 5:  
Traditional versus Modern Therapies

Introduction

Understanding when and why people choose the health treatment they do is critical in understanding the nature of and driver to change in beliefs, customs and practices. With the recent advent of better access to modern healthcare, how is this influencing people’s choices in use of traditional healing/healers and modern medicine?

5.1 Using traditional healing (Table 1)

Participants were asked: “When do you go to a yachak or a traditional healer?” A range of responses were given in reply to this, from never going and not trusting traditional healers to having an implicit faith in them, and a mix of the two on a kind of ‘sliding scale’:

“I’ve never been to a shaman; if I feel bad I go to the doctor” (9);
“I have never been to a curandero/a and I’ll never believe in them” (10);
“Yes, I have gone hoping to get better from an illness, but they never cured me, and that’s why I do not believe in shamans” (6).

People go for the diagnosis of an illness, and also for the more perceived traditional Andean illnesses, like malaire or susto:

“You go] when you don’t know the cause of an illness, to get a diagnosis, usually with a cuy (Salasaka respondent);
“I go to the yachak to know my state of health, if I am healthy or with some illness” (4),
“I went once when my daughter had malaire” (1);

Yachaks are often consulted for divinatory purposes such as finding lost and stolen items:

“I went once to find out who had stolen my bicycle” (2).
“I went once when I had lost my necklace of beads, only on this occasion. I don’t really have much faith in them” (14);

Also out of mere curiosity:

“I went to a yachak out of curiosity and I go to the doctor when I’m ill” (8);

People also go to them for what we might perceive to be emotional and psychosocial problems:

“I went when [my husband] left me to [go to] work and I thought I was going to be left alone with the children and he was with another woman, also other people told me that I should get a cleansing with a healer” (12).

“I have been to a yachak to cleanse me with a cuy because I used to get uncontrollably drunk” (13).

Or when the influence of negative forces was perceived being as a problem:

“When I feel with a negative energy, with an imbalance, [have] bad dreams, and certain strange objects appear in the house” (16).

Overall nearly 37% of respondents from all communities consulted a traditional healer as a matter of course when they were ill, with 44% saying that they never went, although this varied by Greater Community with 45% from Greater Salasaka affirming they went as opposed to just 27.5% of people from Greater Zuleta. A common trajectory reported was consulting traditional healers at the perceived start of an illness when the symptoms weren’t very advanced, and then going to a modern doctor if the traditional healer hadn’t been able to effect a cure:

“[you go] First to a traditional healer, if they don’t cure you, then to a doctor;” (Ugsha respondent) although this was also reported in 5.2 when people consulted a yachak if the doctor hadn’t been able to help them.

“I go to the curandero when I am ill and when the doctor can’t cure me” (3).

A lady who was also a practicing yackak and partera noted:

“When I have no appetite and when I get bad dreams I go to a yachak” (15).
Mostly people reported the common reason of feeling ‘decaído/a’ (run down, unwell) as being why they went to a yachak or a curandero/a, to get a diagnosis and treatment with a herbal cleansing.

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Table 1. Reasons for consulting traditional healers vs modern doctors by Greater Community

5.2 Going to the doctor or the modern health clinic (Table 1)

People were next asked: “When do you go to a doctor or a modern clinic?” As with 5.1, a range of responses was given from always going to a doctor, to a general distrust of them and preference for traditional healers or remedies:

“I almost always go to the doctor for whatever disease” (14).

“I go to the doctor when I have more serious illnesses or when I have bad pains; also you go to the doctor when you want to cure children [of illness]” (12).

“I’ve never been to a doctor because I have always treated myself with medicinal plants. Once I went to a doctor when I had a headache and a hemorrhage, but they didn’t want to attend me and neither did they heal me even though in spite of having taken out pints of blood. I cured myself with medicinal plants” (15).

“Doctors don’t help” (Zuleta respondent).
Nearly 40% of respondents from all communities always went to a modern doctor, with only 18% saying that they never went, but again this varied by Greater Community, with people from Salasaka less likely to go (33%) than people from Greater Zuleta (45%). The most common response was that people went to the doctor for some pain or perceived symptom of an illness: “Generally when I suffer from some pain” (11); “When I am physically hurt or in pain; I also go to the doctor when my bones hurt” (4). “When I have some flu symptoms, when I’m weak and I feel dizzy, I go to the doctor” (6), Although people also said they sometimes went to get a check-up (5).

People (all communities) will commonly go to a doctor when they i) think they know what the illness is, that it is ‘modern’ and therefore needs a doctor: “… for cancer or gastritis” (Zuleta respondent): “… for things like a fracture or appendicitis” (Zuleta respondent) ii) when the illness has advanced and/or iii) when the yachak hasn’t been able to cure them of it; “…When the illness is more advanced and the yachak can’t treat it” (Salasaka respondents). “When the shaman can’t cure you” (Zuleta respondent); or when the problem is perceived as being purely physical and not ‘spiritual’22 (Zuleta respondent).

5.3 The cost of health care (Table 2)

There is a perception that the cost of medicine, particularly modern health care, affects people’s decision whether to go to a doctor or to a traditional healer and therefore that traditional medicine is serving a remedial function of healthcare provision that is more affordable. Respondents were therefore asked: “Does the cost of treatment influence your decision to go to either a doctor/modern clinic or a traditional healer?”

22 we might interpret that as being emotional or psychosocial
Table 2. Influence of the cost of treatment by Greater Community

Fifty five per cent of all respondents said that yes, the cost of treatment affected peoples’ decision:

“Yes, money always affects you, wherever you want to go” (9);

“Above everything else is money; money always affects you” (8).

“Money is always first, in whatever case” (11).

However, although consultations with modern doctors will attract a fee and drugs issued on prescription will have to be paid for, in Ecuador, primary care is freely available at the Sub Centro de Salud, where medicine may also be dispensed for free, and certain hospital treatment may also be free of charge, so cost is not such a driver of choice as it once was:

“Money always comes first. Well, the issue of money is much more when you want to follow a treatment in a private clinic. So, when you do not have much money (or nothing) we go to the hospital, where most things are free” (1)

“The issue of money depends. When you want to go to the doctor of a private clinic you must first have enough money. But treatment at the hospital is free”(7).

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23 Y is Traditional Healer; Z is a respondent who says they have never been ill.
5.4 Perceptions of reliability (Table 3)

If cost is not functioning as a driver of choice, then perceptions of reliability are likely to be more influential. People were therefore asked: “Which do you believe is more reliable to treat illness?”

<table>
<thead>
<tr>
<th>Which do you think is more reliable at treating illness?</th>
<th>Greater Salasaka Count</th>
<th>Greater Salasaka Column N %</th>
<th>Greater Zuleta Count</th>
<th>Greater Zuleta Column N %</th>
<th>Total Count</th>
<th>Total Column N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
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<td>23.8%</td>
<td>2</td>
<td>5.0%</td>
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<td>14.6%</td>
</tr>
<tr>
<td>Modern</td>
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<td>60.0%</td>
<td>39</td>
<td>47.6%</td>
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<tr>
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<td>5</td>
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</tr>
<tr>
<td>Y</td>
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<td>2.4%</td>
<td>0</td>
<td>0.0%</td>
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<td>Z</td>
<td>4</td>
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<td>100.0%</td>
<td>40</td>
<td>100.0%</td>
<td>82</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 3. Perceived reliability of traditional versus modern healers by Greater Community

Overall more people seem to be placing their faith in modern medicine. Nearly 48% of all respondents thought that modern medicine was more reliable than traditional medicine, although this varied by Greater Community, with nearly 36% of people from Greater Salasaka trusting modern medicine to 60% of those from Greater Zuleta. The difference is largely accounted for by more people (24%) trusting traditional medicine in Salasaka. Over 25% from both communities trusted both equally.

“Above everything I trust the doctor, then the yachak” (1)
“I believe in the doctor, not the yachak” (8).
“I have more confidence in doctors” (5);
“For me, the doctor is more reliable” (6);

This was particularly the case for the sub-set of Salasaka ex patriot Galápagos respondents.
A smaller number of participants, mainly from Salasaka and Zuleta, continued to trust traditional medicine and healers more than modern doctors:

“The yachak is more trustworthy” (14)

“Because I am a practitioner of ancestral medicine I believe more in the apus (mountain spirits) because they have given me the wisdom and the medicinal plants” (15)

The general trustworthiness of yachaks appeared to be a growing problem, with the point being made that although in the past they served their communities selflessly, now many of them had become materialistic and were seen to be in the profession for profit (all communities).

Other respondents (all communities) thought that you could trust both yachak and doctor, depending upon the illness (although this mainly answered the following question 5.5):

“For me both are reliable, depending on the disease; both have the same degree of ability to heal based on their own knowledge” (3).

“According to the disease or severity, both the doctor and the healer are effective in the treatment of a disease” (11).

“I have faith in both of them, the doctor and the yachak” (12).

“Depending upon the illness, I have believed that those who clean with cuys as well as the doctor are both reliable” (13).

A handful of respondents who had never experienced illness serious enough to consult either yachak or doctor determined that illness itself was probably a modern thing and therefore you would need to consult a modern doctor to be treated for it (Salasaka and Ugsha).

5.5 Relative effectiveness (Table 4)

Many respondents had interpreted 5.4 similarly to 5.5, stating that they believed that it was the nature of the illness that determined who of the two were more reliable. The final question asked this more formally: “Are doctors/clinics more efficacious for some illnesses and
traditional healers for others?” There was a clear agreement that traditional healers were effective for traditional maladies (some of which broadly conform to modern medicine’s understanding of the spectrum of emotional and psychosocial ‘affective’ disorders), and doctors to illnesses that are perceived as being ‘modern’ (cancer, gastritis, prostate problems, etc), or for serious physical trauma (e.g., fractures), representing 57% of total respondents; 17% of people disagreed with this statement and 22% gave no satisfactory response.

<table>
<thead>
<tr>
<th>Are modern doctors/clinics effective for some illnesses and traditional healers for others?</th>
<th>Greater Count</th>
<th>Salasaka Column N</th>
<th>%</th>
<th>Greater Count</th>
<th>Zuleta Column N</th>
<th>%</th>
<th>Count</th>
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<th>%</th>
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</table>

<table>
<thead>
<tr>
<th>The more reliable in general are?</th>
<th>Greater Count</th>
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<th>%</th>
<th>Greater Count</th>
<th>Zuleta Column N</th>
<th>%</th>
<th>Count</th>
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<tr>
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<td>82</td>
<td>100.0%</td>
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</tr>
</tbody>
</table>

Table 4. Effectiveness for types of illness by Greater Community

“Both have the capacity to heal you or to treat illnesses well, obviously according to the type or class of illness” (12).

“Yes, I believe in this. In reality, the doctors do not know to deep the evil that overwhelms the life of a person, for example, malaire and susto can only be treated by the Yachak” (1).

“The mal de ojo (evil eye) or malaire can only be treated by the yachak, but more difficult cases, for example, a prostate infection can only be done by a doctor” (2).

“Doctors cannot cure or treat cases of sorcery or witchcraft, these cases only yachak can treat. Doctors are experts in surgery issues” (3).

“A modern doctor cannot detect or treat witchcraft for example, and you can die, so you need to go to a curandero” (Ugsha respondent).
“The yachak cannot cure to the level of a doctor. Maybe a yachak can cure diseases like malaire and susto, but nothing more” (6).

“It depends on the person and their faith. I respect yachaks a lot because my grandfather was a healer. I also respect many of the doctors. Therefore, depending on the diseases, the two can have the same degree of confidence” (7).

“Both doctor and yachak can heal the same kind of illness [although] I commented that there are currently no good yachaks. For example, in her time, my mother was one of the best healers, so we did not need to go to a medical center if we had any ailments. On the other hand, doctors scare people with large machines and injections” (14).

Some realism was expressed about the amenability of all illnesses to successful treatment either by yachak or doctor, however:

“Yes I believe that the Yachak can cure and / or heal what the doctors can’t treat. And there are cases that neither can, neither the Yachak nor the doctor. For example, there are diseases that cannot be detected by doctors and that healers can’t see or advise you about either” (5). And:

“Doctors treat deafness and blindness; however, yachaks treat malaire and mal de ojo. I think that neither one nor the other can see or treat a major illness” (13).

More traditionally and religiously devout respondents placed more faith in their understanding of ‘God’, who was the real source of healing for them:

“The only one who can cure all evils is the Jawamunda Jatun Taita [God of Heaven]” (15).

And there were occasional respondents who had been converted completely to faith in modern medicine:

“Clinics are more efficacious because they carry out analysis of the body” (Zuleta respondent).
“I have heard that only the yachak can cure certain diseases, for which one must have a lot of faith. Despite this, I do not believe [in them], for me, everything is a doctor. The doctor can cure all diseases”(8).

Across communities, many respondents simply dipped in and out of the dual system as it suited them:
“Sometimes [you go to] one, sometimes the other; you try both” (Salasaka respondent).
“First [you] try a traditional healer, then a doctor; it depends on the state of the soul’s health or type of illness” (Zuleta respondent).

DISCUSSION

Responses demonstrate that people in general have a few basic set of experiences of and attitudes towards traditional medicine and modern medicine and the large majority of responses fall into a few basic set of categories. Many people are starting to see modern medicine as being more trustworthy than traditional medicine and perceptions that you can’t trust curanderos/yachaks are increasingly influencing choices to seek health care at the primary level from modern clinics and doctors. In other cases, people see traditional medicine – a curandero or yachak – as being the first port of call when they are feeling run down (decaído and unwell) and if traditional therapy doesn’t work, then they will go to the local Sub-Centro de Salud for further investigation.

People continue to choose traditional medicine for the classic core of traditional illnesses as experienced by sufferers: “malaire”, “espanto/susto”, “mal de ojo” etc. The yachak is also sought for the classic divinatory purposes, to find objects which are missing, or to ensure good luck in love. There is fluidity between traditional and modern medicine too and a certain ease with using both sets of services: if people first go to a yachak or a doctor for diagnosis or treatment and that is perceived not to work, they will then go to the other, exercising choice.
The commonest experience here is for people to use traditional medicine in the form of the local yachak or curandero at the start of a perceived illness, or for diagnosis, but to a modern clinic or doctor if the illness is experienced as being more advanced or severe. In this case the traditional ancestral option is serving some form of primary care function.

Modern clinics and doctors are also seen as being who you consult for what are perceived to be ‘modern illnesses’ like cancer; also in the case of trauma, like fractures, modern clinics are sought out.

Although the majority of people say that cost influences their choice in whether to go to the yachak or the doctor, it is the case in Ecuador that primary health care is free at the point of entry, and every town or community has access to a Sub-Centro de Salud where consultation and much of the treatment is free. Certain medicines may be provided free of charge, vaccination programmes etc, although if prescriptions are given then the patient will have to pay for these. A visit to a doctor will cost for consultation, although for several people this is not seen as being a problem if the doctor is seen as being more trustworthy. Trust is an important issue here, as it seems to be the case that traditional healers are not seen to be in service to their communities in the way they once used to be. Until recently, to be a yachak (shaman) was seen to be a ‘calling’ (by the ancestral spirits) and traditional healers would not be demanding high fees for their work, in the way that many now do. They have lost the confidence of the communities they once served it seems.

Many people exhibit outright distrust of traditional medicine now and say they never go to a curandero or yachak and do not trust them; fewer people with more traditional belief sets say the same about modern medicine. But overall the survey shows a clear drift in the direction of choosing modern medicine and the continuity of use of ancestral medicine as a cultural choice that many people still use, although generally trusting the doctor and modern therapy more.
CONCLUSION

Essentially two sets of health beliefs and practices exist in parallel with each other in the Andean regions of Ecuador. Operating at the primary care level and responding to continued beliefs in traditional illnesses (malaire, susto, mal de ojo etc), the curandero or yachak offers traditional diagnoses and healing to community folk in the age-old way.

European concepts of disease and treatments, that eventually evolved into what we understand to constitute ‘modern medicine’ first arrived with the conquest by Spain, and for a long time remained the purview of the conquering and then the Creole elites, remaining this way down through centuries until, with the rapid advances of modern medicine and, importantly, with, for example, WHO/PAHO campaigns to improve global health, social equity programmes began to extend affordable health care to socially disadvantaged people, including to indigenous Andeans who had, until recently, remained largely excluded. This, together with education and modernisation that included access to TV, has served to raise peoples’ consciousness of what constitutes disease, different medical conditions, medical technology and available treatments. For many older indigenous people, modern clinics and hospitals are still intimidating alien places, where the universal use of ‘white’ simply means ‘death’. But increasingly the younger generations see a visit to the local Sub-Centro de Salud as being the first or second port of call when you’re feeling off colour and need to get treatment.
Introduction

There were a total of ten traditional healers in the overall sample of 82 respondents from all communities in the survey and these included people referred to as ‘yachaks’ (shamans), curandero/as (healers) and parteras (midwives). However, only eight of these actually supplied useful enough answers to be included in the tabulated responses and these were from Salasaka (1-5) and Zuleta (6-8).

<table>
<thead>
<tr>
<th>Employment/Occupation</th>
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<th>Greater Zuleta Count</th>
<th>Total Count</th>
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</tr>
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</tr>
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</tr>
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</tr>
<tr>
<td><strong>Partera</strong></td>
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<td></td>
</tr>
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<td>2</td>
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<td><strong>Total</strong></td>
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Distribution of Healers by Community

The term ‘traditional religious specialist’ is commonly employed as a generic for people who specialise in belief systems and practices that encompass what we today call ‘shamanism’.
There are many definitions of what shamanism is, from that narrowly employed to mean
spiritual specialists from Northern, Arctic and Sub-Arctic cultures, to those sharing a broadly
similar set of beliefs and practices occurring pan-globally and across time and existing before
the spread of organised dogmatic religions such as Islam, Buddhism and Christianity.
Shamanism may be understood as the expression of a peoples’ spiritual beliefs and experiences
and their understanding of metaphysical reality, centring upon the employment of states of
altered consciousness. Shamanistic beliefs and practices, sometimes better understood as
folkloric traditions, still persist in many parts of the word now, continuing as a sub-stratum
beneath organised religion and modern culture. We know from the archaeological record and
depictions of shamans, often undergoing trance states of transformation into their animal
tutelary spirits, and kindred themes, that shamanistic religion was the common basis of spiritual
experience in autochthonous Amerindian societies up to the impact of the conquest by the
Spanish imperium in the New World in the 16th century and the imposition of an alien
religious/spiritual creed based upon Christianity. From this time onwards, any other expression
of spiritual beliefs and related ontology and the ritual practices associated with them, was
ruthlessly suppressed through the organised ecclesiastical campaigns referred to as the
‘Extirpación de las Idolatrías’ (the uprooting of idolatries).

We know much about shamanistic traditions and practices from many ethnographic and
ethnohistorical studies, but although there are very many studies about Amazonian shamanism
in particular, rather less is known about Andean traditional religious specialists.

Sections 6, 7 and 8 of the questionnaire therefore questioned traditional healers directly about
how they had come to be healers, the nature of their powers and the methodologies they
employed for diagnosis and healing.
ABOUT BEING A HEALER

Kinds of healers

We know from ethnohistorical accounts dating from the time of the early colonial period, that traditional religious specialists and healers encountered were a very heterogeneous group and included a wide array of specialist abilities (Brosseder 2014). This might in some ways equate to the way we understand modern medicine and clinical practitioners now, with a broad generalist group of clinicians – general practice – through to the different specialities. In the northern Andes there are practitioners known as ‘yachaks’ (visionaries/shamans), curandero/as (general healers), fregadores (manipulators/ physiotherapists), partera/os (midwives) as those most commonly found.

Yachaks and curanderos may work with a range of different diagnostic and therapeutic intermediaries, i.e. ritual objects that allow them to ‘see’ into the body of the patient and visualise their illness and then effect the required therapeutic intervention for healing, which generally centres upon some level of spiritual and bodily ‘cleansing’ process. The intermediary item commonly employed in these regions is the Andean cuy (guinea pig) which is applied alive and vigorously rubbed over the body of the patient and ‘adsorbs’ signs of the illness which the specialist can then ‘read’ through examination of the pattern of internal injury in the animal’s body. Other healers employ eggs, and after rubbing a whole fresh egg across the patient’s body, will then break it into water and observe the nature of discolouration to the yolk and the albumen. Still others employ candles, which are rubbed over the patient’s body, then lit, and the nature of the way the candles burns – gutters, or extinguishes – is the way they diagnose flaws in the patient’s bodily energy channels.

Of the ten healers interviewed across three communities in the survey, five were practising yachaks (one was also a partera), three curanderos (although one was also a partera) and three were parteras (of whom one was also a yachak and another a curandera).
Question 6.1 therefore asked healers: “What kinds of healers do you know about?”

Responses confirmed a variation in the kinds of traditional healers, as perceived by healers themselves:

“There are several kinds, they are not all the same (3);
“They are not all the same, they can be quite different” (4).
“Yes, they have different ways of diagnosing and treating” (7).
“Yes, there are different sorts; according to the equipment and treatments/diagnosis they use” (8).

A lady who was a partera and yachak from Salasaka24 elaborated:

“There are] those who cleanse malaires; those who cleanse evils; those who treat or cleanse witchcraft. I have heard about these, but because they’ve never treated me I don’t believe in them”

Reasons for becoming a healer

Cross cultural studies of shamanism demonstrate that people who become spiritual specialists and healers do so for two basic reasons: they are either ‘called’ by the ancestral spirits via initiatory dreams, or are inducted via a close relative, such as a grandparent, who teaches them.

So this question asked respondents “Why did you become a healer?”.

24 Respondent #15 in the general sections of the survey
Of the yachaks, three male respondents, two from Salasaka and one from Zuleta, reported being inducted through classic initiatory dreams or visions. Respondent 2 dreamt that the ‘spirit’ of the local sacred landform and ‘wak’a’ Taita Punta Rumi appeared to him in female human form in a dream and instructed him to serve her; respondent 4 who actually came from a line of yachaks – father and grandfather – before him, as a boy of 11/12 years had what seemed to be a hypnogogic experience whilst sleeping on a nearby hillside, when he saw two white sheep passing by him\(^{25}\) and experienced his calling through this. Respondent 6 from Zuleta was auto-initiated through a visionary experience when he was returning to Zuleta late one night and had a vision of being accompanied by a large black dog, which then disappeared when a strong white light appeared before him on the road, like a lantern, that contained an image of sorts. He interpreted this as a vision of the Virgin of Quinche and he felt that he was communicated to (via his heart) that he should become a healer. She has been his spiritual guide and teacher ever since. Respondent 3 cited the influence of another yachak living some distance away in another geographic region (Santo Domingo in Western Pichincha province) as having been the reason he became a yachak.

Of the remaining curanderos and parteras (who offered intelligible responses), respondent 1 from Salasaka did not explain why she became a yachak, but gave the reason why she decided to become a partera as being because she had given birth to her children alone, and therefore wanted to help other women. Respondent 7 from Zuleta became a curandero aged 18-20 years by observation of other curanderos which gave him the desire or the feeling that he could also cure, whereas respondent 9 from Zuleta said he was advised by another curandero how to be one. The partera 8 from Zuleta (who began her healing career as a curandera) explained that her grandmother was also a curandera and partera but lived a long way away. She had wanted to be a midwife as she perceived a need for this in the community, so she sought training from a married couple who practised as community midwives.

\(^{25}\) this is another ‘classic’ the white sheep would have been wak’as in pre-Colombian beliefs
Method of becoming a healer

The means through which a healer is inducted to their healing practice is also variable. Many shamans report a long period of apprenticeship being taught by the mentor; others explain that they learned alone through observation and the guidance of their tutelary spirit. Question 6.3 therefore sought to understand how people became healers and respondents were therefore asked: “How did you become a healer?” Some misunderstood this question and simply repeated their answer to 6.2 above, recounting the same dream or experience.

Of the auto-initiated yachaks, 2 and 4 described being guided and taught by their inner tutelary spirit. Respondent 6 once again cited his dream, but offered no description of how he actually learned, other than through formal reading materials and information about the healing properties of local medicinal plants. The Salasaka yachak and partera, respondent 1 said:

“Actually, nobody taught me, knowledge came by necessity. When I was young I listened to my ancestors who used to cut the [cord from the] placenta only with the sharp leaf of the sigsi (a type of plant). This is how I came up with the idea of cutting the [cord from the] placenta by about 35 centimetres”. Interestingly, she is one of the very few practising indigenous midwives who went on to get a formal medical accreditation and who is therefore now permitted to practice in modern medical facilities.

Respondent 8, as indicated above, learned from the married couple who were midwives when she was 28-35 years old. She was later encouraged to go a do a formal course to learn (as respondent 1 did), but given she was barely literate, she lacked the confidence to undertake formal training.

26 She seems to be referring to the ancestral practice of how top cut the umbilical cord
The origin of power

All traditional healers and particularly those who are shamans, understand that they heal through connection to and channelling of ‘power’ from a higher spiritual source. For example, those shamans who work using plants believe that the spirit of the plant itself guides them how to use it and the power that it contains. Commonly shamans cite their spiritual guide and teacher, whatever this is, as being the origin of their powers. Question 6.4 asked respondents: “What is the origin of your powers?”

The influence of the Christian evangelisation was evident in that respondents 3, 4, and 7 cited ‘God’ as the origin of their powers and 6 the Virgin of Quinche. However, although a professed Catholic, the Salasaka yachak 2 reported that his powers came from the regional apus (mountain spirits) such as Taita Chimborazo (the local volcano) or Kinlli Urku.

Respondent 4 from Salasaka said that he was self-taught via his spirit, which he does not experience in any exogenous manner, but as being a part of himself and his own inquiry and insight taught him how to be a healer. This man has no formal Christian faith and does not believe in the power of saints or images. He does, however, believe that all power comes from one God, of which we are all a part.

Respondent 1 said that her “wisdom was born from the ancestral knowledge”. The other curanderos/partera offered no explanation.

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27 Following a vision of this sacred personage in the township of Quiche around the turn of 20th century, there has been a large annual pilgrimage centred upon her veneration ever since. In many ways the Christianised ‘Virgin’ figure exactly serves the same function as a pre-Columbian wak’a.

28 nor does he believe in witchcraft or ‘evil spirits’ of any kind, although he nevertheless seems to have some belief in the world of wa’ka-like spirits and also his mountain.
Professional rivalry

It is known that some degree of competition and rivalry is experienced between healers in traditional medicine in these regions. For example, those practising with cuys will commonly denounce those practicing with eggs or candles as being inferior in some way, and so on. During the course of conducting the interviews, one yachak openly criticised another survey respondent for not being sufficiently knowledgeable or reliable, given that he was still considered a novice at his craft.

The final question in this section therefore asked respondents: “Do you see other healers as if they were in competition with you?” No respondents from Zuleta offered adequate responses, although one curandero expressed outright mistrust and even fear of the practising yackak (6), who was generally considered to be very powerful and potentially harmful. Only respondent 3 In Salasaka said that some of them might see themselves as being in competition with one another, whereas 2 disagreed altogether. Respondent 1 answered more generally, saying “I know the yachak[s] and midwives of Salasaka, they are very independent and almost none of them shares their knowledge. I also know the midwives and yachak[s] of Otavalo29, on the other hand, they support and teach with advice to try or acquire more knowledge.”

UNDERSTANDING THE CAUSE OF ILLNESS

Section 7 progresses to how specialists actually understand illness itself – one of the fundamental objectives of the study and this centres upon how diagnosis are made. As indicated above, there are three key means employed for affecting a diagnosis: using cuyes, eggs or candles, although it should be noted here that those practising as midwives (partera) use very different means for gauging the different stages of labour.

29 Otavalo is in the northern Ecuadorian province of Imbabura and here the traditional religious specialists are called simply ‘chamanes’ ie shamans, not yachaks.
Making a diagnosis

The first question in this section asked respondents: “How do you undertake a diagnosis?”. Excluding the parteras (for the reason explained above), of the yachaks and curanderos, respondents 3, 4 and 8 used only cuyes; respondent 6 used cuyes and sometimes eggs, and respondent 7 used cuyes and sometimes candles. Respondents 6 and 8 also employed the additional method of taking a patient’s pulse. Respondent 2 used candles exclusively.

‘Seeing’ illness

Ethnographically it is known that shamans can actually ‘visualise’ illness in a patient’s body. Studies of early colonial accounts of the experiences of traditional religious specialists also confirm this (Griffiths 1996). This is described as though the specialist sees the illness in their mind’s eye as if the patient’s body were open before them with the illness clearly displayed, or as if it can be seen in a mirror.

Question 7.2. asked respondents: “How do you 'see' the disease? (for example, the ability to see the nature of afflictions, as clearly as the mirror, or as if the body were open to the eye?)”

Of the offered and relevant responses, the yachak 2 confirmed that he “Sees in his mind the nature of the illness through the candles burning”. Respondent yachak 6 by looking at the egg or body of the cuy and the curandera 8 from the marks on/in the cuy’s body.

Other means

To double check their diagnostic practice, respondents were asked: “Are there means employed, for example, such as candles, guinea pigs, egg yolks, special equipment such as stones or the use of plants that allow them to "see" a disease in a patient and its causes of
illness?”. This mainly produced the same answers as given above, however, respondent 1 in her capacity as a yachak expanded on her answer given in 7.2 as a partera:

“In order to see the seriousness of the problem / illness in the person I usually use egg yolks, candles and always accompanied by medicinal plants are prepared in infusion and naturally.”

The Zuleta yachak 6 said he was guided by his spirit (the Virgin of Quinche); the curandero 7 said he also used candles occasionally, but didn’t explain how he saw an illness and respondent 8 similarly confirmed that they saw illness through using the cuy, but didn’t elaborate how.

**Spiritual intermediaries**

Shamans commonly access the metaphysical ‘world of spirits’ to affect their divinatory and therapeutic activities and, as indicated above, normally employ a spirit guide, usually their personal tutelary spirit, to assist them. This question therefore asked respondents: “Are these intermediaries experienced or understood as spirits? (for example, as with the spirits of plants)”.

Only four respondents offered helpful replies to this:

Respondent 1, the yachak and partera said: “I also always invoke the spirits of nature to give me wisdom in the healing process”. Respondent 2, the Salasaka yachak said that the mountain spirits (apus) gave him the power and the Zuleta yachak 6 confirmed that it was the Virgin of Quinche that assisted him with his insights. The curandero 7 from Zuleta said he didn’t work via spirits but through using the body as a kind of map.

**Positive and negative forces**

It is commonly understood that traditional religious specialists, and shamans in particular, are able to use the power they claim to have access to for both positive and negative ends. For example, Amazonian shamans are generally understood to be able to employ ‘dark arts’ to
harm their enemies and have acquired a formidable reputation for this. The final question in this section therefore asked respondents “Can you direct and control good and bad forces?”

Not all responded intelligibly and it was clear that the question made some respondents uncomfortable, perhaps in admitting that they might be able to harm people. Respondents 2 and 6 simply confirmed that they could. The yachak and partera respondent 1 from Salasaka didn’t suggest she used power for positive or negative purposes, but rather implies that she was able to confront and prevail in the face of evil spirits, saying: “Yes, I can control my power and my wisdom when I am doing the process of cleansing and healing, be in front of good and evil spirits. I can say that having control is that [why] I am still alive, but a while ago I would have been in other worlds.”

The curandero 7 from Zuleta counselled: “You need to be careful if there are bad forces or results”, but like respondent 1, he doesn’t want to say if he can control them for any end or purpose.

HEALING

From making a diagnosis, the final section addressed the therapeutic interventions employed by healers to treat their patients. In shamanistic healing pan globally, we know that shamans commonly employ rituals and practices aimed at sweeping out embedded ‘evil’ in a patient’s body. With the affective and psychosocial disorders this may be a full body cleansing involving agents such as the application of the ubiquitous cuy, blowing tobacco smoke, holy water or aguardiente and/or beating with ‘magical’ herbs such as those from the Solanaceae family (Brugmansia sp. i.e., Angels’ Trumpets), or with Urticaceae species (stinging nettles) with sometimes all these combined. In other cultures, (such as the Arctic) a shaman’s saliva is

An enigmatic statement which suggests that she considered herself to be at mortal risk by confronting evil at times: “Puedo decir que teniendo control es que aún mantengo viva sino hace rato ya hubiese estado en otros mundos”.
considered to have powerful healing properties and therefore shaman's will commonly 'spit' into a wound to effect healing.

Healing agents and rituals

This question asked respondents: “What forms of healing and / or rituals do you use for diseases? (for example, magic herbs, tobacco smoke from cigars, etc.)”.

Respondent 1 said: “I can treat malaire, espantos, frights, evils of any kind. I use herbs (medicinal and magical plants), eggs, candles, stones, puro31 and so on. The cleansing process is one and the ritual process is another. The first is the use of medicinal plants with other elements (egg, puntas, candles and so on). The ritual uses the invocation of the four elements (earth, air, water and fire) and incense, flowers, fruits, candles, grains, etc. are used instead”. Respondent 2, the Salasaka yachak, used puntas (blown over the patient), bunches of ‘magical’ herbs and flowers and stones which he explained were imbued with the power of the mountains. He also made (spiritual) journeys (via a trance state) with his whip, which he used to beat off bad spirits. Respondent 3, a yachak from Salasaka, used herbs, holy water and puntas; the other Salasaka yachak 4 employed herbs; the yachak 6 from Zuleta remarked that it depended upon the illness, though he mainly used herbs or puntas. The curandero 7 employed country herbs like chilca, nettles and flowers other than those of the Brugmansia species. The Zuleta curandera 8 healed with plants; backed up with repeat diagnosis using cuyes to check

31 ‘Puro’ or ‘Puntas’ are the names given locally to the strong home distilled sugar cane spirit or aguardiente.
the progress of a cure. Sometimes she used an herbal tea, at other times a cleansing. She occasionally used holy water too, blowing it over the patient (like yachaks do with *puntas*).

**Spiritual assistants**

Given that the yachaks in particular draw their power to diagnose and heal from their spiritual source of power (see 6.4 above) usually via their spiritual guide or assistant, this question asked respondents: “Are your rituals / therapies carried out by an assistant / spiritual guide?”

Following a description of her healing rituals, the yachak and partera 1 from Salasaka responded that “… It’s important to indicate that despite the criticism, I invoke the spirits of nature to help me with the wisdom for healing.” Respondent 2 said he carried out the healing alone (although he draws his power from the local mountain spirits and his spiritual guide is the spirit of the wak’a Taita Punta Rumi, which is the location where he carries out his healing rituals. Respondent 3 cited Taita Inti (ie the sun), but he has also asserted elsewhere that only God has powers. No answer was recorded for respondent 4, but he had nevertheless made it clear throughout his interview that the source of his powers were ‘God’ via his own spirit. The Zuleta yachak respondent 6 cited the Virgin of Quiche as his assistant; the curandero 7 said that only God assisted him, as his guide. The partera and curandera 8 said she had no assistance, although made it clear that she is a practising Christian believer.

**Using a ‘mesa’**

Shamans and sometimes also healers, commonly employ what is referred to as a ‘mesa’ – an altar upon which they arrange their personal accoutrements used in healing rituals. These may often contain a heterogeneous mix of artefacts, ecofacts, dried animal body parts and/or bones.
and often include Christian ritual objects such as a crucifix, a ‘holy’ statue or image. Respondents were therefore asked: “Do you have an altar or a ‘mesa’?” Respondent 1 replied “I have a small ‘mesa’.” Respondent 2” Yes, it consists mainly of a collection of rounded stones and he also uses masks and a whip”. Respondent 3 has a mesa equipped with what he referred to as ‘armas’ ie ritual objects employed as ‘weapons’ or tools to effect healing. Respondent 4 did not have a formal ‘mesa’ as such, but nevertheless employed stones and an axe in his healing rituals. Respondent 6 simply affirmed that he did have a mesa, as did respondent 8. Respondent 7 did not have one, nor offered any information about ritual objects that he might have instead of using one (see below).

Equipment used for healing

Use of a mesa apart, the following question asked respondents: “What special artefacts or equipment do you use for your healing rituals?”

Respondent 1 said she used medicinal plants and eggs. In addition: “I have two ancestral stones, candles, puntas, etc. And I do not use any modern equipment”.

Respondent 2, the Salsaka yachak used his stones from the mountains, puntas and plants.

Respondent 3 used only plants. Respondent 4 used stones and an axe [which he had inheritance from his parents and grandparents. Respondent 6 from Zuleta employed stones, together with his spiritual guide (the Virgin of Quinche). Respondent 7 confirmed that he only used cuyes, flowers, herbs and eggs, and he doesn’t use stones or other artefacts.

Respondent 8 used images of both male and female saints, and also stones.

Story telling

The final question in the section dealing with the processes of healing addresses story telling as part of the ritual used in healing therapies. We know from other traditional Andean communities that story telling can form a core component of the context of healing wherein the healer engages usually the whole family in a healing process that includes complicated
stories about the community and ‘parables’ that are thought to effect an important attitude and psychological change required to make a patient more amenable to healing (Greenway 2003). So the last question asked respondents: “Do you use story telling for any part of this therapy?”

The partera and yachak from Salasaka, respondent 1 replied: “During the process I do use ancestral narratives with the intention of giving advice or as an example and / or comparison.” The yachak respondent 2 said he did sometimes, but it was only related to the therapy required. Respondent 3 said he tells stories about the hills and sacred places, or with reference to them. Respondent 6 from Zuleta said that he started with a story of his own experience; 4 and 8 were non responders and 7 responded negatively.

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32 I.e., exactly as the Greenway reference describes for the central Peruvian Andes.
Introduction

To gauge the impact of the modern world upon the traditional beliefs and practices of indigenous Andeans, it had been the original intention to include more younger people in the survey of health and life beliefs, but, for a number of reasons, this didn’t happen. In the end, only three people in the age group 18-23 were formally interviewed for the general questions and just one of these – a young woman aged 23 from Zuleta (50) – the section 9 questions specifically relating to the health beliefs of young people. There was another young woman aged 28 whose views have also been included given she had a better level of education and in many ways a ‘non-conventional’ outlook.

Section 9 questions

9.1 “Do you see yourself as being:

i) part of the ‘modern world’ in how you behave, what you wear, music you listen to etc or:

ii) a member of your family’s community and traditional values or:

iii) A mixture of both?”

The respondent (50) replied that she felt she was both a part of both the modern world and also her own culture.

9.2 “Do you believe in modern ways of seeing the world and nature as taught in school, or seen on TV/social media, or do you believe in the ideas that you hear from your grandparents? “
The respondent (50) replied that she is now more influenced by the ideas and images coming from the modern world.

9.3 “Do you trust more in modern medicine or in the traditional therapies of your parents and grandparents?”

The respondent (50) replied that she believed in both, as for her it depended upon the illness. This respondent had had experience of having a health condition that several visits to modern doctors and clinics had not been able to treat, so her mother had taken her to a traditional healer who she had felt had satisfactorily cured her.

Another young woman from Zuleta aged 21 (45) differed from the respondent above and clearly rejected many of the traditional beliefs of her community whilst fully endorsing ‘modern’ views of the world and modern medicine.

In Salasaka, a young male respondent (12) only answered questions from the general sections of the survey. However, from his answers to the main questions, it is clear that he actively maintains a belief in his traditional culture, and whilst accepting that modern medicine is effective for certain illnesses, he endorses the importance of ancestral understandings of the world, nature, health and healing.

The young woman aged 28 (30) was one of the four tape recorded depth interviews, therefore more information on her views and beliefs were available, even though she was not asked the group 9 questions. She is well educated to college level with a sophisticated understanding of the world, although still actively endorsing a very indigenous belief set to go with that, hence reconciling her indigenous identity within its own cosmological framework with the modern way of seeing things. She is sometimes sceptical of yachaks, and has admitted to preferring to go to modern doctors for treatment.
CONCLUSION

It is clear that indigenous culture is coming under a sustained assault from the modern world, a process accelerated by increasingly more widely available technology of internet and smartphone usage, which many people now have access to. Many older respondents in the survey said that they only had access to TVs and internet via their children who had them. Modern global ways of dress and behaviour are increasingly the currency and the age-old complaint from parents that their children no longer respect the ways and customs of their families and culture were frequently made during the survey. That said, it was also the case that many younger people did seem both to actively embrace what it meant to be indigenous, including wearing the clothes and speaking the language, attending the festivities and so on, yet also being literate and competent with modern technology and able to engage with the modern world through it. Where the family and culture connection is still strong and healthy, there is real hope that young indigenous people will continue actively to engage with what it means to be indigenous, as well as engaging in the modern world in a way that will allow them to participate more meaningfully in shaping their own socio-economic and political futures and raising the global agenda for the more equitable inclusion of indigenous people in national policy setting.
SURVEY COMMUNITIES POPULATION ANALYSIS
Alex Harrison, Department of Health Sciences, University of York

Data are from the Survey/Questionnaire that asked three Indigenous communities in the sierra region of Ecuador closed questions. The open-ended questions have been transcribed and processed into qualitative work. Summaries of this and be found in the several sections addressing the survey findings in this report and also [https://www.andeanmedicine.net/](https://www.andeanmedicine.net/).

A Total of 82 respondents completed the quantitative survey. Two main groups of patients were included: Greater Salasaka and Greater Zuleta. Table 1 shows the proportion of these groups.

| Table 1 showing the two Communities Greater Salasaka and Greater Zuleta |
|-------------------------------|------------------|------------------|------------------|
|                             | Frequency | Percent | Valid Percent |
| Greater Salasaka             | 42        | 51.2    | 51.2           |
| Greater Zuleta               | 40        | 48.8    | 48.8           |
| Total                        | 82        | 100.0   | 100.0          |

Analysis was performed to see if there was demographic differences in the respondents in terms of age and gender.

Table 2, 3 and 4 show the gender split across the populations along with categorical and continuous age variables.

| Table 2 showing the communities Greater Salasaka and Greater Zuleta split by gender |
|---------------------------------|-------------------------------|------------------|------------------|
| Gender                          | Greater Salasaka | Greater Zuleta |
|                                 | Count | Count | Count | Count |
| Female                          | 18    | 20    | 18    | 20    |
| Male                            | 24    | 20    | 24    | 20    |

Note chi squared analysis showed no significance between the populations and gender proportions p value = 0.517.

| Table 3 showing the Greater Salasaka and Greater Zuleta split by age groups |
|---------------------------------|-------------------------------|------------------|------------------|
| Age grouped                     | Greater Salasaka | Greater Zuleta |
|                                 | Count | Count | Count | Count |
| <40                             | 6     | 9     | 6     | 9     |
| 41-60                           | 16    | 18    | 16    | 18    |
| 61+                             | 20    | 13    | 20    | 13    |

Note chi squared analysis showed no significance between the populations and age groups p value = 0.340.
Table 4 showing the average ages of the two communities Greater Salasaka and Greater Zuleta

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Salasaka</td>
<td>42</td>
<td>56.57</td>
<td>15.983</td>
<td>2.466</td>
</tr>
<tr>
<td>Greater Zuleta</td>
<td>40</td>
<td>52.78</td>
<td>14.441</td>
<td>2.283</td>
</tr>
</tbody>
</table>

Note mean difference analysis showed no significance between the populations and mean age p value = 0.263.

Overall, univariate analysis of population demographics between the two communities show no difference in significant difference in gender and age.

Exposure to technology and media.

One aspect of the overall project is the displacement of populations and whether exposure to western culture affects traditional beliefs.

Table 5 shows four variables that determine the level of exposure to western society. These include the level of Kichwa competency; this is the local language, the education level and access to mobile phone and TV.

Table 5 showing the communities Greater Salasaka and Greater Zuleta split by indicators of western society influences

<table>
<thead>
<tr>
<th></th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>Level of Kichwa Competency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>42</td>
<td>100.0%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Some</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nill</td>
<td>8</td>
<td>19.0%</td>
</tr>
<tr>
<td>Primary</td>
<td>27</td>
<td>64.3%</td>
</tr>
<tr>
<td>Secondary</td>
<td>6</td>
<td>14.3%</td>
</tr>
<tr>
<td>Higher</td>
<td>1</td>
<td>2.4%</td>
</tr>
<tr>
<td>Mobile Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>58.5%</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>41.5%</td>
</tr>
<tr>
<td>TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>85.4%</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Note chi square analysis was not suitable for Kichwa competency and was non significant for Education, Mobile phone and tv, (p value 0.895, 0.186 and 0.963 respectively)

There was no statistical significance in the proportions in the indicators of society and the communities. As there was <5 cases in the Greater Salasaka for Kichwa Chi square test was not suitable, however, it is clear from the table that all Greater Salasaka retain their native language, whereas Greater Zuleta seem to have 25% with some competency and 22.% have none.
There is little difference in access to TV and education across the groups. Mobile phone use in greater Zuleta was 14% higher; however, due to low numbers this was not statistically significant.

An indicator of how the population still holds traditional health beliefs is whether the respondent believes in Mal and Susto, additionally whether they believe in Mal, Susto and Mal de Ojo. Table 6 shows the split of believing in these ‘disorders’ and their community.

<table>
<thead>
<tr>
<th>Table 5 showing the communities Greater Salasaka and Greater Zuleta split by indicators of western society influences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Greater Salasaka</strong></td>
</tr>
<tr>
<td>Count</td>
</tr>
<tr>
<td>Does the respondent believe in Mal and Susto</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Does the respondent believe in Mal, Susto and Mal de Ojo</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Note chi square analysis was not suitable for Kichwa competency and was non-significant for Education, Mobile phone and tv, (p value 0.895, 0.186 and 0.963 respectively)

The level of Kichwa competency here has been tabulated against the belief in Mal and Susto and Mal/Susto and Ojo. There was no statistical difference in the proportions in the sub groups; however, in the belief variables there was a higher proportion of non Kichwa speaking respondents when they no longer held traditional beliefs, 14.4% higher for Mal and Susto and 15.1% when Ojo was included.

<table>
<thead>
<tr>
<th>Table 6 showing the belief in traditional ‘disorders’ split by Level of Kichwa Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Count</td>
</tr>
<tr>
<td>Does the respondent believe in Mal and Susto</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Does the respondent believe in Mal, Susto and Mal de Ojo</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

When education level was plotted against the belief in the traditional ‘disorders’ the Nil and primary education had a larger proportion believing, whereas in the secondary or higher groups made up greater promotion of the No. This is shown in table 7 and figure 1
Table 7 showing the belief in traditional ‘disorders’ split by Education Level

<table>
<thead>
<tr>
<th>Does the respondent believe in Mal and Susto</th>
<th>Nil</th>
<th>Primary</th>
<th>Secondary</th>
<th>Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>40</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>11</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Does the respondent believe in Mal, Susto and Mal de Ojo</td>
<td>Yes</td>
<td>5</td>
<td>34</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>17</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 8 shows the split of traditional ‘disorder’ beliefs by mobile phone and TV access. There was no statistical difference in the beliefs by these groupings, and there is no clear trend apparent.

Table 8 showing the belief in traditional ‘disorders’ split by mobile phone access and TV

<table>
<thead>
<tr>
<th>Does the respondent believe in Mal and Susto</th>
<th>Mobile Phone</th>
<th>TV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
<td>53</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Does the respondent believe in Mal, Susto and Mal de Ojo</td>
<td>Yes</td>
<td>31</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>29</td>
</tr>
</tbody>
</table>
Table 9 and 10 show the reasons and timings as to why the respondents said they would visit traditional healers and modern doctors. This was plotted in the tables against whether the respondents have the traditional belief system, and their community.

For the reasons for going to the traditional healers, there was slightly more who never go when they were from Greater Zuleta, and the majority who did go, when because they wanted a traditional diagnosis, rather than due to the onset of an illness. In the Mal and Susto beliefs there was no much difference in reasons for going. However those who also believed in Ojo, twice as many went for a traditional diagnosis than those who did not and only a third did not attend as opposed to 72.7% not attended if they didn’t believe.

Due to small numbers in the sub cells chi squared was likely to over-estimate significance and thus could not be used.

In the reasons for attending modern doctors, the main reasons were a mix of getting modern diagnosis (greater proportion response to this in GZ than GS) and illness became more serious (again higher in GZ than GS). The Greater Salasaka had a higher proportion of never goes with 24.3% more selecting this for modern doctors than the GZ.

| Table 9 showing the reasons for visiting traditional healer/yachak by belief groups and community |
|-------------------------------------------------|-------------------------------------------------|-----------------|-----------------|-----------------|
| | When do you go to a traditional healer/yachak | | | |
| | Traditional diagnosis | Start of illness | Never goes | |
| | Count | % | Count | % | Count | % |
| Does the respondent believe in Mal and Susto | Yes | 23 | 39.0% | 8 | 13.6% | 28 | 47.5% |
| | No | 7 | 43.8% | 1 | 6.3% | 8 | 50.0% |
| Does the respondent believe in Mal, Susto and Mal de Ojo | Yes | 22 | 52.4% | 8 | 19.0% | 12 | 28.6% |
| | No | 8 | 24.2% | 1 | 3.0% | 24 | 72.7% |
| Community Recoded GS Salasaka and Gal GZ Zuleta and Ugsha | Greater Salasaka | 19 | 48.7% | 3 | 7.7% | 17 | 43.6% |
| | Greater Zuleta | 11 | 30.6% | 6 | 16.7% | 19 | 52.8% |
| | Total | 30 | 40.0% | 9 | 12.0% | 36 | 48.0% |
Table 10 showing the reasons for visiting Modern Doctor or Clinic by belief groups and community

<table>
<thead>
<tr>
<th>Does the respondent believe in Mal and Susto</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Modern diagnosis</td>
<td>27</td>
<td>45.0%</td>
</tr>
<tr>
<td>Illness more serious</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Never goes</td>
<td>16</td>
<td>36.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the respondent believe in Mal, Susto and Mal de Ojo</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Modern diagnosis</td>
<td>16</td>
<td>53.3%</td>
</tr>
<tr>
<td>Illness more serious</td>
<td>14</td>
<td>37.8%</td>
</tr>
<tr>
<td>Never goes</td>
<td>18</td>
<td>43.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Recoded GS Salasaka and Gal GZ Zuleta and Ugsha</th>
<th>Greater Salasaka</th>
<th>Greater Zuleta</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>%</td>
</tr>
<tr>
<td>Modern diagnosis</td>
<td>14</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Illness more serious</td>
<td>11</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>Never goes</td>
<td>12</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

Overall, the small numbers in these sub groups make the questions and analysis so far difficult to get p-values. Analysis of combined groups, e.g. education into Nil or primary and secondary or higher, might reduce the small numbers and allow for more confidence in p values. Although the data source, is ‘rich’ and tend to confirm the findings from the descriptive statistics and the qualitative work, a more wide spread survey may be needed to pick up the sample needed to conclude the findings.

Overall, the conclusions are that GZ seem to be more displaced from traditional ways and thus more willing to engage in the modern health care system, a finding also borne out in the qualitative aspects of the survey.

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i **Kichwa translations for ‘health’**

I have talked about this with three friends (two are from Salasaka and one is from Imbabura), where we have concluded that the best word is “ally kawsay” in order to say health or ‘salud’ in Spanish. But ally kawsay could be understood in a different context easily; generally ally kawsay can be understood like sumak kawsay, which is ‘buen vivir’ in Spanish. So, when someone is talking or writing about ally kawsay has to be very careful and he/she has to be specific and clear. Also, ally kana or “ally gana” (in Salasaka dialect) could be used to understand ‘health’, but this word is limited, for example, that word could not refer to life health. So, in Salasaka, it is common to hear allyllami purini (I am living well), allyllami kawsani (I live well), allymi kawsani/purini (refer: I live well), or you can hear kunungamallaga mana unguipanamash japishkachu (I have not got sick yet), and other similar phrases. (Jorge Caizabanda Caisabanda)
SECTION THREE: PROJECT STAGE THREE
TOWARDS POLICY AND PRACTICE GUIDANCE.
DISCUSSION OF THE EVIDENCE AND CONSTRUCTION OF MODELS

CHAPTER ONE
Indigenous Identity and Historical Consciousness

The results of Section 1 of the survey “Concepts of Identity in Kichwa Communities” are revealing to consider within the wider historical context of the participant communities, for the light this sheds upon the differences between Salasaka and Zuleta/Ugsha and the possible reasons for them. Readers are encouraged to read the sections presenting the survey findings in full, for the rich descriptive narratives from survey respondents.

Historical background of the Salasakas

The historical detective work carried out by Corr and Powers\(^1\) has gone a long way to shedding light upon the emergence of this now distinctive ethnic group, from opaque antecedents back in the 17\(^{th}\) and 18\(^{th}\) centuries. The following section is quoted in full, as it offers the authors’ own view upon the reasons for both the ethnic distinctiveness of the Salasakas as being a unique product of an number of interactive conditions and factors, and of the wider psychological dynamics of how being Indigenous is experienced, what it means it terms of personal and collective identity and how it is often maintained as a form of conscious cultural choice. I have added my own emphasis to highlight key points:

\(^1\) Corr, R. and K. Powers 2012:25-27
“To summarize, nineteenth-century Spanish lawsuits begin to identify habitants of Salasaca as ‘Salasaca Indians’ and to discuss lands that overlap the location of modern-day Salasaca. We know little about Indigenous leadership for most of the nineteenth century, but from 1908 to 1914 we find evidence of Indigenous gobernadores and alcaldes (watchmen and festival sponsors) dealing church authorities. In short, the evidence points to an eighteenth-century principales, or secondary caciques, two of whom claimed allegiance to Latacunga lords (the Hatis), to twentieth-century, autonomous gobernadores, two of whom carried the surname Chango, like the caciques of the Pilalatas of Pelileo. This group disappears from documents at some point in the nineteenth century. They likely intermarried with the Salasacas and were subsumed by the ethnic designation. Some, like Indigenous people throughout Ecuador, no doubt became mestizos of the town of Pelileo.

“We find that, rather than disintegrate under nineteenth- and early twentieth-century pressures, the Salasacas solidified their community and Indigenous identity to the point that they later gained a reputation for being defensive against outsiders. With the exception of the Quichua-speaking (but distinctly non-Salasaca) people of Nitón, Salasaca is surrounded on all its borders by mestizo parishes. It seems that Salasaca became a haven for people who wanted to maintain an Indigenous identity during postindependence fluctuations and increasing mestizaje. Evidence to support our argument includes colonial censuses in which people with the last names Chimbosina and Curichumbi were listed as residing in Chumaqui; by the 1920s these were last names appearing in registries of the Salasacas (Guevara Moposita, Jiménez Mata, and Periche Masaquiza 1992). Furthermore, although colonial reports mention Pelileo’s Indigenous parcialidades of Chumaqui and Guambaló (but not Salasaca), today these are mestizo communities, whereas Salasaca is an Indigenous community, and there are no self-identifying Pilalatas.

“Why would people fight to maintain an Indigenous identity during historical periods when doing so put them at a disadvantage? Why would the Salasacas want to remain Indigenous when many of Ecuador’s native people were shedding their ethnic attire, speaking Spanish, and in some cases officially changing their last names to become mestizos? Some political and economic advantages, such as defence of lands, have been suggested here. However, we believe that the Salasacas transformed their "purchased" smallholder community into a zone of cultural refusal. We propose that they, along with Ecuador’s other Indigenous

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nationalities, valued their Indigenous cultural identity, even in the absence of economic and sociopolitical advantages - even when it meant discrimination and disadvantage - vis-à-vis the dominant society. In his study of mestizaje in Ecuador, Ronald Stutzman (1981, 72-73) challenges social scientists who treat ethnicity as something people embrace only when it offers political or economic benefits. Rather, he argues, Indigenous peoples valued their cultural identity and resisted the state-making goals of mestizaje.

“To view this distinct ethnic enclave with its unique style of dress, dialect of Quichúa, and clearly defined boundaries, one would not guess that in the seventeenth and eighteenth centuries it was the site of migration and intermarriage. For the very traditionalism and defensiveness attributed to the Salasacas by both outsiders and the Salasacas themselves has been used to support the idea that their ancestors originally came from Bolivia.

“Although it is true that some members of the sending populations of kamayujkuna and forasteros were of mitmaj origins, they were most likely multiethnic and settled in Salasaca over a period of time. By 1872 the descendants of the Sigchos Collanas, Puruhuayes, Tacungas, and Pilalatas had fused enough as an ethnic group and a community to present considerable opposition to control by outsiders. At this point, the case of the Salasacas represents the stage of ethnogenesis that Patricia Albers (1996, 93) calls the "emergent ethnic community, where the process of ethnogenesis has reached its completion .... In the process they not only form a political entity that is separate from their parent populations, but they also assume an ethnic identification that is distinctive as well. It is an identity that emphasizes unity and solidarity over any differences from their ethnic pasts". So strong has this distinctive identity been in the twentieth century that many non-Salasaca writers, and the Salasacas themselves, assume that they have always been a pure homogenous blood group. We argue that the unique identity of this nationality is due not to the Incaic transplant of a single ethnic group from Bolivia to Salasaca, but rather to post independence transformations and a conscious choice to maintain an Indigenous cultural identity in order to secure an ethnic enclave in a region that underwent a process of cultural whitening.

“This case study of ethnogenesis contributes to a greater understanding of what may underlay today's Indigenous pride, a pride based not only on political resistance to state projects but also on cultural refusal. .... Other case studies have

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traced the ethnogenesis of the Saraguro of the southern highlands of Ecuador (Belote and Belote n.d.; Hirschkind 1995; Ogburn 2008; Truhán 1997). Like the Salasacas of the central sierra the Cañar and Saraguro do not remember their diverse origins, and today they use clear, outward markers such as clothing and hairstyles to distinguish themselves not only from whites and mestizos but from other Indigenous nationalities as well.

“All these cases, including our own, challenge the mistaken assumption that the distinct Indigenous nacionalidades of today, with their symbolic markers of hairstyle and ethnic attire, are the "unproblematic heirs" of a stable, pre-Columbian ethnic heritage. We show that the Salasacas, like other Indigenous nationalities have multiple, multiethnic origins. We diverge from writers who view ethnogenesis as the product of colonialism and state making, and we focus on the cultural refusal that we see and hear in their stories and actions, in their seemingly autonomous responses to a multiplicity of historical contingencies during Inca, Spanish and republican periods. We are witnesses to the Salasacas' frequent ability to create autarkic space in the midst of the nation-state of Ecuador, without even having to budge.”

Historical background of the Zuleta region

Contrast this with the very different situation that commonly pertained throughout the region, including many parts of the northern sierra, home to such Indigenous ethnic groups as the Otavalo, the Caranqui and the Cayambe. Here the Otavalo Indigenous people have a background not dissimilar to those of the Salasakas, in terms of their being a people of largely independent origins, also sometimes believed to have been mitmakuna from Bolivia. Casagrande refers to groups like them as ‘Indios libres’ – free Indians who own their own land or businesses, contrasted with huasipungueros or yanapas of the traditional haciendas: ‘indios propios’ – ‘owned Indians’.

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6 I have not included all the references in the article by Corr and Powers and suggest readers refer to the original article for details of these.
8 Casagrande In Whitten 1981.
These dynamics are explored in some detail by Huarcaya in his recent analysis “Land Reform, Historical Consciousness and Indigenous Activism in Twenty First Century Ecuador” as he traces the events of the expropriation proceedings undertaken by impoverished Indigenous campesinos (peasants) – erstwhile indentured labourers – yanapas – of the Quinchuquí hacienda throughout the 1970s and the role that this played in the late development of a sense of ethnic consciousness and identity, and with it Indigenous empowerment, completely absent beforehand amongst those Indigenous groups who had formerly been tied to the hacienda as yanapas (another system of tied labour wherein access to hacienda resources and use of paths was given in return for labour). In the wider region, Indios Libres (such as those living in the Otavalo region as merchants and weavers) had long looked down upon those tied to the haciendas, and saw themselves as being part of a superior group of people together with Mestizos and Whites. The adoption of Mestizo identity was also a significant dynamic at these times, wherein ‘free’ Indigenous people were sometimes apt to adopt the dress and customs of Mestizos and merge their identity with them, in order to avoid the kinds of racist discrimination that being Indigenous still attracted up to this time.

In Huarcaya’s analysis:

“...I had taken for granted that Indigenous Andeans had a customary way of accounting for the past before and after the conquest. I had assumed that they reproduced a sort of a ‘historical wound’, a mix of history and memory invoking ‘the past as the site of the original slight and as the site that calls for redress in the present’, framing their interpretations of their historical subjugation and disempowerment. However, in the communities of the area [viz Otavalo region], this was proving not to be the case. All my interlocutors told me that there was no deep memory in circulation.

“According to Segundo Ramos, who belongs to the first generation from La Bolsa and Guanansi [communities] that attended school (born in the late 1950s and early 1960s), old people there did not know about the past: ‘We, the young people, already understood, but old people were in total ignorance because the hacienda had
stupefied them. They were not conscious of history because it was in school that one learned it” [Interview with Segundo Ramos reproduced in Huarcaya 201810 11].

”...the process [of hacienda land expropriation] radicalised the indígenas, who lost their fear of confronting non-indígenas. Whereas at the beginning of the struggle the main motivation to join the pre-cooperative was to stop the abuses of the mayordomo [hacienda steward] by the time of the invasion the struggle had turned into a legitimate recuperation, as the indígenas articulated a historical memory of colonial land dispossession.

“The expropriation did more than reshape the landscape of the valley; it also rewrote relations between the comunidades libres and the former comunidades de hacienda. As Rogers argues, ‘What previously had been unimaginable – the contestation of patronal authority and dominance – became not only imaginable but tangible with the Cooperative's victory.’12 She explains: ‘Regardless of the fact that he [Tayta Antonio] had been a leader in the competing Buyers’ [compradores] Group [viz ‘free Indigenas’], he, like many other Otavaleños, perceived the Cooperative’s successful engagement of elite authority as a victory achieved by all indigenas. Describing the ultimate resolution of the conflict, he framed the appropriation of the hacienda by local indígenas as the surmounting of the hacendado by a collective ‘we’.’

“The political identity of the indígenas fighting for the Quinchuquí hacienda was a work in progress, ambiguous and inchoate. Such political identity was not the predetermined development of united, politically self-conscious subjects acting upon their historical consciousness.... The responses of the Ecuadorean indígenas to the transformation of the rural social environment, far from being a reflection of their historical consciousness, were the practical means to produce it [emphasis added].

“Literate and competent in Spanish, the young leaders of the pre-cooperative had much more cultural capital in mainstream society than their forefathers. They were not the stereotypical indios who, dependent on the non-indígenas, could not avoid being subject to their paternalistic exploitation and harsh discrimination. These young indígenas could easily have invested in the subject position of the mestizo, which, as a process of assimilation, involves the disavowal of Indigenous memory.

11 But contrast this with the majority findings in the survey, that respondents by and large had not learned about their Indigenous history and culture through the formal educational system.
The success of the expropriation was interpreted in terms of the new-found historical consciousness, and this became the foundation of a new moral ‘we’, that of social memory, which redefined the land struggle in terms of a victory of all the indígenas against the non-indígenas, and overcame the age-old feuding between the comunidades libres and the former comunidades de hacienda”\textsuperscript{13} [emphasis added].

**Historical consciousness?**

How people manage change has been articulated as a key question in defining the study’s research objectives. Examining some of the issues surrounding what it means/meant to be an Indigenous Andean in the context of the imposition of an alien system of governance and belief, allows us to form a view on the kinds of dynamics that supported the survival of such ancestral beliefs, against strong imperatives to abandon them, and to see how these might be in any way related either to a sense of ‘historical consciousness’, or an implicit unconscious retention of an embedded world view.

The differences between the two regions, specifically between the communities of Zuleta, tied as it was historically to the hacienda of 17\textsuperscript{th} century obraje (textile mill) origins, and Salasaka, which evolved from up to four groups of immigrant free Indigenous ethnic groups from the 17\textsuperscript{th} century onwards, able to purchase land plots, is clearly articulated in the interview responses related to self-identification and how ethnicity is experienced. The findings of both Corr and Powers\textsuperscript{14} and Huarcaya\textsuperscript{15} are that there has been no real sense of historical consciousness or of collective ethnic ‘self’ coming from the past whatever. But in one group, the Salasakaas, a clear strong sense of ethnic identity and pride in Indigenous selfhood has emerged that has allowed them to remain as an ‘autarky’, largely free from incorporation into the wider state culture and system, and adopt the process referred to as ‘cultural denial’ to maintain their separateness, as opposed to those from the northern region who, until the point of expropriating the Quinchquí hacienda (used here in a

\textsuperscript{13} Huarcaya 2018 \textit{ibid}
\textsuperscript{14} Corr and Powers 2012
\textsuperscript{15} Huarcaya 2018
comparative capacity as a ‘case study’) had remained the lowest social class of agricultural labourers (campesinos), disempowered, socially marginalised, and subject to harsh discrimination.

It is of interest to note that, in recent years, as seen in some of the survey responses from Zuleta, some people are starting to auto identify as ‘Caranqui’, although it appears that this has never been the consciously claimed ethnic identity before and many older people simply affirmed Indigenous identity, with no distinct ethnic affiliation. The significance of this is discussed later here.

THE ROLE OF CULTURAL NARRATIVES AND MYTHS

Introduction

Whether in the way that Papadopoulos identifies for people becoming refugees\(^\text{16}\), or in the way that conquered people evolve stories that make sense in ways that have meaning to them of their historical experience and circumstances, mythic narratives form a key role in survival and adaptive processes and in the ‘re-purposing of identity’, whether individual or collective. A core dynamic in the evolution of cultural identity lies in the recounting of narratives and oral traditions, and the role played by myths. Myths are dynamically evolving stories which encode, in symbolic form, key information about a people and their beliefs, to reflect, make sense of changing social and historical circumstances\(^\text{17}\). Myth-making is a ‘work in progress,’ as life is a ‘work in progress’ and culture and identity that fits into it and emerges from it is always a ‘work in progress’. Hence the story of a people is encoded in the stories they tell about themselves, individual stories contained within the larger collective crucible of a people’s oral traditions. They include the relationships of people with other people, as well as with other non-human ‘beings’\(^\text{18}\), with the environment and, via parable-like tales, contain innate guiding principles about common kinds of dangers.

\(^{16}\) Papadopoulos 2007, 2013
\(^{17}\) Lévi-Strauss, 2013; Von Franz 2017
along the life course to be navigated. As such, one can decode information about a peoples’ experience from their myths and how these develop. Myths function as symbolic, allegorical maps of ‘reality’ and are never to be taken literally or high-handedly dismissed as meaningless fantasy, as is the way with modern positivist scientific approaches.

The case of Salasaka

Culture is dynamic and evolves with the people who produce it. The Salasakas are still in the process of actively constructing their story as their culture evolves, and, as a part of this process, they are now acquiring, for example, new forms of festivity, dances, and costumes. Whatever stories they arrived with as the different ethnic groups who migrated into the region during the 17th and 18th centuries, in their coalescence as a united people during the 19th century, with a collective sense of self in terms of their ethnicity and cultural identity, and their adoption of their new homeland with its unique topography – hills, mountains, springs – their purchase of land plots there, new stories (perhaps combining older themes) were likely to have been told, which began to take upon them the characteristic features described by Corr in her description of the myths now known by them, played out as they are within the landscape now familiar to them. They would have arrived with the embedded ancient Andean themes of tellurian powers, ancestral deities which combined both northern and southern Andean expressions of the ‘mountain spirit complex’. Once settled, little by little, their cultural myth evolved with them, now as a cohesive ethnic group, interweaving conspicuously Christian concepts with ancestral Andean: Christian ideas of heaven and hell, volcanoes as both the locations of gold and rich textiles, containing complex networks of Inka tunnels linking key mountain features throughout the landscape, but some also access points to hell, populated by devils and the damned: “Divine Spanish and native images of power sputteringly fused as colonized

19 Corr and Powers 2012
20 Corr 2001
Quechua created a new Andean religion inseparable from the political realities in which it was spawned\textsuperscript{22}.

In light of this, it is interesting to consider the following story of Salasaka intention to adopt a collection of disparate pre-Columbian artefacts found early in 2017 during local ditching works which had passed through a site of ritual significance. The national government organization responsible for managing antiquities removed the artefacts, promising that archaeological investigations would be carried out in due course. They never were. The cache of artefacts was a strange mixture of authentic ceramic figurines and vessels of a wide geographical provenience, none of which appeared to be from the Salasaka area at all. In the absence of formal excavations, it is unclear how they came to have been there in the first place. The local community responded fervently, seeing the artefacts as an important connection with their ancestral past, given that some believed they were mitimaes – peoples translocated by Inka conquerors in the 15th century from an alternative geographic location probably in Bolivia, suggesting this cache of artefacts filled a lacuna in their sense of cultural identity. They were angry with the government office for antiquities for their high-handed removal of what they considered to be part of their cultural heritage. In short, the people were apparently ready to adopt these ‘orphan’ finds and incorporate them into their story, a new building block in the narrative of who they were.

The Salasakas are an excellent example of a ‘success’ – a people who adapted and survived in the brutality and complexities of the colonial period cultural meltdown in the northern Andes, with its epidemics, its famines, its immense displacements of people of all ethnicities, increasing mestistaje and Hispanicisation that served to mix and blur ethnic distinctiveness and cultural identities; the inexorable spread of the latifundia which claimed so much Indigenous land and bound it up into a system of ruthless Indigenous peonage. With time, their land purchases, their closed social and economic practices as with land sales or inter-marriage and what Corr and Powers call ‘cultural denial’ (ie of the mainstream Spanish and Mestizo national culture) they have very successfully created “autarchik space

\textsuperscript{22} Silverblatt 1988:183. Also quoted in Corr 2001: 62-63
in the midst of the nation-state of Ecuador, without even having to budge”

The survey of Indigenous communities in the Andean region of Ecuador found that their concept of ethnicity and how they defined themselves in terms of their cultural identity was clear, robust and commonly shared, whether from those in Salasaka itself, or those now living as ex-patriots (effectively economic migrants) in the Galápagos islands.

The case of Zuleta

Compare this with the situation pertaining further north in the region of Zuleta. Until recently, at least until the national land reform act of 1964 and later trends towards Indigenous activism and politicisation, Indigenous people who were ‘free’, for example as land holders, or as with the Otavaleño merchant weavers, either saw themselves as part of a class structure which also contained Mestizo and White Ecuadorian nationals, or, if bound to a hacienda as yanapa or huasipungero labour, as the lowliest social class attracting discrimination, prejudice and contempt. The Zuleta community owes its origins largely to its relationship with the hacienda, which, under the more recent Plaza family ownership, conformed essentially to what Huarcaya describes as the relations of dependence and paternalism on which the hacienda regime rested, albeit in this case the benevolent expression of one:

“Several scholars have emphasised that the hacienda regime owed its stability to ‘the moral economy on which the logic of the hacienda’s universe rested’. This consisted of the rights and obligations of hacendados and Indigenous labourers in frequently ritualised ‘contests of material and symbolic reciprocity among unequals’. Peasant unrest was the corollary of the hacendados’ failure to fulfil their customary responsibilities”

It is clear that the hacienda took its responsibilities in this respect very seriously and down even to today has invested much in social, educational and infrastructural programmes in the community via a dedicated Foundation. It is interesting to speculate on the deeper psychological dynamics in operation, whereby the ‘patrón’ of the hacienda, in dispensing

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23 Corr and Powers 2012:27
24 Huarcaya 2018
25 www.zuleta.com  Galo Plaza Lasso Foundation
largesse and in many ways functioning as had the traditional Andean elites, fulfils the age old Andean welfare model of reciprocity. Now, however, the changing global discourse and rhetoric are constructing new modes of understanding self, ethnicity and Indigeneity which are now acting as drivers of change of their own.

The annual midsummer festival of San Juan Bautista (now regionally re-named in many part of the sierra ‘Inty Raymi’ as the Inka festival of midsummer was called) found throughout Latin America, is a very important symbol of the perpetuation of the age old traditional hacienda-Indigenous relationship which continues today and is still very enthusiastically engaged in by people from the community26. Now, however, this is also beginning to reflect more the expectations of the national and international tourist market as it does a simple perpetuation of increasingly antiquated social dynamics and expressions of a rapidly transforming class and ethnic structure.

HISTORICAL CONSCIOUSNESS AND ANCESTRAL BELIEFS

Although there seems to prevail a general absence of the historical consciousness in the Indigenous Andean Ecuadorian psyche highlighted by Huarcaya27, this appears to have had no influence on the developmental trajectory of the two communities. Neither exhibited any real knowledge of their past in any ‘factual way’, and, as highlighted by Huarcaya’s article, it is only “In the context of the land reform struggles of the 1970s–1980s, [that] several processes that differed regionally converged into a broader ethnic dynamism”28.

The survey of three communities confirmed a view that many people ‘knew a little’ about their Inka heritage, but little else29. Aside from that, mostly they were ignorant of anything else that went before it. In the Zuleta region, the extensive and very visible distribution of

26 The structure and function of this particular festival in its San Juan Bautista manifestation is a very complex and symbolic one, but there is not the space here to explain it in more detail.
27 Huarcaya 2018
28 Huarcaya ibid
29 No specific questions were asked about knowledge of cultural heritage or history, but the course of the interview and the sections dedicated to different aspects of ancestral beliefs confirmed this nonetheless.
archaeological sites represented by tolas – large earthen mounds – was something that attracted little interest as being related to the final pre-Inka culture – the Caranquis – which is the ethnic group that the people there belong to. This is only recently beginning to change with the influx of international tourism and its demand for ‘heritage’ and also the several regional archaeological projects, particularly those based at Hacienda Zuleta’s large ceremonial ramp mound site. Some people are now starting to claim ‘Caranqui’ ethnic identity and look to the site as being a location of their forefathers. This might therefore represent another example of emerging Indigenous historical consciousness. The study was not able to establish the presence or nature of surviving cultural myths in this region, although folk tales certainly abound.

The nature of the ancestral belief system is also rather less clear cut here than it is for the Salasakas, who display a clear mixture of elements of both the ‘southern mountain spirit complex’, as well as the ‘northern sorcery complex’. People in the Zuleta region still visit curandero/as and occasionally yachaks, but there appears to be less independent ritual interaction with sacred geographical locations in the form of the making of offerings to sacred sites, as there is in Salasaka. Here, therefore, it would seem to conform more closely to how Sax describes the manifestation of the belief in ‘encantos’ – mountain spirits which require the offices of a ritual specialist as an intermediary.

“A total of 63% of all respondents believed in sacred locations, although this disguised a significant variation between the two greater communities. Only 50% of respondents from Ugsha and Zuleta recognised loci in the landscape as being sacred and therefore worthy of veneration in any way, but this rose to 76% of those from Greater Salasaka, lending support to the better survival of ancestral beliefs and

30 This is the generally used term, although ethnographers accept that it is largely an artificially constructed one and not necessarily what the ethnic group itself was called. This region was decimated during the Inka wars of the second half of the 15th century, and much of the population targeted for punitive reprisals following their long, but ultimately failed resistance. By the time the Spanish arrived in the region, the social and ethnic landscape had already been remodelled by them (Newson 1995).
32 The hacienda itself now actively encourages better educational engagement with the community in learning more meaningful information about their ethnic past.
33 Sax 2019 ibid
34 ‘Yachak’ is the regional name given to shamans. They profess belief in being able to treat with ‘otherworld’ spirits and through different means engage in rather similar ritual practices to enter states of altered consciousness to communicate with the spirit realm.
35 Sax ibid
practices in this more culturally traditional and cohesive Indigenous community, less exposed to the influences of modernity. Believers were nevertheless found throughout the communities.36

Interview responses from the survey demonstrate that people, probably especially the Salasakas, identify themselves as being ‘Runa’37 through a common and transferable set of characteristics including language, dress, customs, rituals and festivities, indeed through an entire way of life. No one particular ritual or activity is singled out, as in the way of chewing coca and giving ritual offerings of it distinguished being ‘Runa’ for Indigenous Andeans from Peru and Bolivia.38

There was a consensus that the cultural traditions of the ethnic group are almost always transmitted orally within the home and community contexts, from the extended family unit and then through the observation and participation in social events more widely.39 Although some people said that formal schooling does give some Indigenous cultural orientation, in the vast majority of cases, people see the formal education system as irrelevant to their sense of being Indigenous or even counter-productive, given it is the ‘modern’ and majority view of culture and associated knowledge systems that are being taught and the overwhelming majority of respondents therefore dismissed schooling as having had any influence at all in the transmission of their culture:

“The Indigenous culture, which is carried in the blood, has been transmitted through the work [we do] in the fields and we teach in homes orally, but the new generation does not value this much, they do not want to speak the Kichwa language anymore. Education has not been a contribution in the strengthening of culture.”.40

Echoing this, there was some pessimism about the long term prospects of the survival of the culture under the relentless pressure of modernisation, particularly given the absence of

36 Extract from Section 2 of the survey of communities: ‘Beliefs about the World and Nature’.
37 Runa is the Kichwa (Quechua) term for human being, now more commonly understood to be ‘Indigenous person’. Many people from Salasaka used the term ‘runa’ to describe themselves; a few also did in the Zuleta community. In the national culture of Ecuador, ‘runa’ is still sometimes used in a pejorative, racist sense.
38 See Catherine Allen. 2002: “The Hold Life Has”.
40 Male respondent #6, Galápagos
any recognition and support in the national educational system. Views were expressed that showed outright mistrust of the underlying motives of the Ecuadorian system, moreover, wherein the stated claim to offer bi-lingual intercultural education (set out in the 2008 Constitution) was at best met only partially, erratically and often not at all:

“I totally agree with my friends ... about the education system. Instead of giving Indigenous cultural values or knowledge to the students, the Ecuadorian system has been created to grow one culture on the mind of the whole people, or it can be seen as the instrument to domesticate and to disappear/eliminate the different cultures that there are in Ecuador”.41

Readers might note an apparent contradiction, however, in that Huarcaya reports that it was only via the younger Indigenous generations going to school and receiving some level of formal education – apparently including education about their past – that served to raise their historical consciousness, together with other factors. It is a point that might require further understanding or clarification.

CONCLUSION

In Indigenous Andean cosmology, ‘sense of self’ and ‘identity’ is strongly rooted in geography, in concepts of territory and kinship42. We know that further south in Peru for example, landscape is intimately associated with notions of identity, being where a people’s mythical ancestors could be traced and where ‘mallquis’ – the actual mummified remains of a community’s ancestors – were generally preserved in caves43, although it is questionable whether this actual practice was also carried out further north in Ecuador44.

In responses from the survey of Indigenous communities in Ecuador, many people reported continued beliefs in the idea of a sacred landscape and spiritual beings connected with it, which helped to shape their own sense of self. Rootlessness, dislocation, migration and

41 Jorge Caisabanda C. Indigenous Salasaka, personal communication 2018.
43 Griffiths 1996; MacCormack 1991; Salomon 1987
44 A full study of Salasaka regional geography and its symbolism was carried out by Rachel Corr twenty years ago which provided many accounts of Salasaka beliefs and myths and has helpfully complemented the survey findings from this present study. Rachel Corr, (2001). “Cosmology and Personal Experience. Representations of the Sacred Landscape”, now published as “Ritual and Remembrance in the Ecuadorian Andes” (2010).
refugee status strike at the fundamental roots of people by severing them from their ancestral connections. Down to the present day and across the other side of the world, the people of Syria, for example, still experience the same crisis of identity associated with loss of their lands:

“I will never leave Ghouta” said Haytham Bakkar, an anti-government journalist living there, speaking just as the present Syrian Army assault was getting underway. “We have lived here for hundreds and thousands of years. Here our grandparents lived. Here are our houses and tombs. We were born here and we will die here. Our souls and roots are here”.

Indigenous Andeans would undoubtedly understand these feelings. It is but a part of the shared human experience.

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1 The Salasakas were not the only people to prosper by exercising this strategy of ‘cultural denial’ it is worth pointing out. Kris Lane discusses the strange compelling story of the Mulattos ('Maroons') of Esmeraldas, who, from two separate episodes of the wrecking, on remote northern coasts of the region near Atacames, of Spanish ships transporting Africa slaves during the 16th century, two different groups originally of African origin intermarried with local Indigenous tribes and effectively negotiated for themselves another ‘autarky’, largely free from interference by Colonial period and later Republican governments down into mid 20th century, given the remoteness of Esmeraldas and the difficulty of travelling there until the first formal roads were constructed. The two original Africans were Don Alonso Sebastián de Yllesas and Don Juan Mangache Arobe. Lane, K. (2002). “Castaways”, Pp 23-51.

CHAPTER TWO

The Evolution of Indigenous Identity and ‘Empowerment’ In Ecuador

Background

The subject of ‘identity’ is large in whatever way it is understood or framed, and, once again in this multi-disciplinary study, it is necessary to define the framework of the enquiry very tightly. Even the subject matter of Indigenous identity attracts a dense literature and one impossible to review or include except at a fairly superficial level, as it pertains specifically to the study region. However, within these constraints, it is important to say something of how the notion of being ‘Indigenous’ evolved across the centuries following the Iberian conquest of the Andean region in the 16th century, and the immense social changes that came with it, including the genesis of whole new ethnicities (mestisaje). And to highlight some of the dynamics that might seem to underlie the situation up to the present. In a study of the survival of the ancestral beliefs and practices of Indigenous Andean people, the question of the survival (or not) of their sense of identity is highly relevant.

The two major edited volumes by Whitten offer important analyses of key social, economic and political developments specifically as related to ethnicity and the emergence of Indigenous organisations across the time frame of the 1960s and 70s, to the turn of the new Millennium¹. Important as these are for offering an informed context for the evolution of events, the last twenty years since the Millennial volume was published have witnessed critical developments which have transformed the status quo, seen further empowerment of Indigenous people, and which is still actively playing out today, as with the most recent protests against the Ecuadorian government’s International Monetary Fund-backed austerity package.²

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A brief recent history of the Indigenous movement in Ecuador

The CONAIE - the Confederación de Nacionalidades Indígenas del Ecuador (Confederation of Indigenous Nationalities of Ecuador), was formed in 1986 from a number of different regional ethnic movements to oversee the pursuit of common objectives. It was responsible for several influential mobilizations and uprisings from the first in 1990, through to 2001. Indigenous people in Ecuador are now some of the best organized globally and have led influential policy changing agendas to include their core demands, principally of a ‘plurinational’ state recognizing the equal co-existence and semi-autonomous functioning of the several ethnic groups in the country, in direct challenge to former drives towards ‘one nation’ based upon a common Mestizo identity. Their achievement of the inclusion of many new clauses related to the provision of intercultural health, bi-lingual education and the protection of both ‘nature’, as well as their ancestral lands in the 1998 and then revised Constitution of Ecuador, was lauded for its innovative and progressive vision, although it is highly debateable how well these new Constitutional clauses are actually applied in practice. The two governments of President Raphael Correa between 2007 and 2017, which oversaw the introduction of the innovative 2008 Constitution, were paradoxically also responsible for the widespread repression of Indigenous people, and oversaw a programme of rapid economic development based upon the expansion of the Amazon-based oil industry that operated, for the most part, in direct contravention of the new intercultural provisions of the Constitution. This continues today, with the selling of oil exploration and development rights to foreign countries, such as China, without former consultation with Indigenous incumbents of the territory.

For all the highly visible moves towards Indigenous empowerment outlined above, there is an apparent disconnect between high profile Indigenous movements organised by Indigenous intellectuals via the CONAIE, and the reality of life for ordinary Indigenous people, the majority of whom are still poor, socially excluded and deeply affected by

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3 de la Torre 2006
economic policies, such as those that recently sought to remove the fuel subsidies upon which they depend. The conversations I have with different Indigenous people, together with the actual responses of the survey participants suggest that, for the most part and for the majority, Indigenous Andeans still feel deeply the impact of socio-political and economic excluyory state ‘reality’.

Ethnicity and Indigeneity in the study region

Aside from the many works addressing the evolution of ethnic movements in Ecuador in the second half of the twentieth century and different views upon the regional, political and socio-economic processes underlying them⁵, the two key works I have used in this study offer important evidence for the kinds of processes involved in the subject of ‘ethnogenesis’ and the evolution of historical consciousness of Indigenous people in the two participant communities – Salasaka and Zuleta – as the two are very different from one another. Both, however, offer important clues that shed light upon one of the overall goals of this study – to define critical processes transferable to modern refugee peoples.

We have seen that several unique inter-relating processes gave rise to Salasaka fusion as a people sometime in the 19th century, and here it merits quoting Corr and Powers again, to highlight important issues related to the question of self-perception of ethnicity as Indigenous:

“Why would people fight to maintain an Indigenous identity during historical periods when doing so put them at a disadvantage? Why would the Salasacas want to remain Indigenous when many of Ecuador’s native people were shedding their ethnic attire, speaking Spanish, and in some cases officially changing their last names to become mestizos?”

This question is answered:

“We argue that the unique identity of this nationality is due not to the Incaic transplant of a single ethnic group from Bolivia to Salasaca, but rather to post independence transformations and a conscious choice to maintain an Indigenous

⁵ For a fuller history of Indigenous movements in the twentieth century, see Bretón Solo de Zalvidar 2008, de la Torre 2006 and Jameson 2011 amongst many.
cultural identity in order to secure an ethnic enclave in a region that underwent a process of cultural whitening.

“We propose that they, along with Ecuador's other Indigenous nationalities, valued their Indigenous cultural identity, even in the absence of economic and sociopolitical advantages - even when it meant discrimination and disadvantage - vis-à-vis the dominant society.”

Stutzman’s analysis of mestizaje in Ecuador (also cited by Corr and Powers) itself challenges the view that ethnicity is something people embrace only when it offers political or economic benefits, arguing that Indigenous peoples valued their cultural identity and resisted the state-making goals of mestizaje.\(^7\)

Within this context (of the ethnogenesis of the Salasaka people) this argument seems to make every sense. But it does not account for the factor that many Indigenous people, as time passed, found the inducement to abandon their identity overcame any innate sense of ‘pride’ in who they were. The process of assimilation to Mestizo ethnicity involved the direct disavowal of Indigenous identity, reasons for which are discussed to some extent by Stutzman\(^8\). Then there were the very many indígenas pròpios or ‘hacienda Indians’ who had no choice whatever but to persist with an identity that kept them subject to a class process of domination, discrimination and exploitation.

Referring again to Huarcaya’s analysis “Land Reform, Historical Consciousness and Indigenous Activism in Twenty First Century Ecuador” \(^9\) we are reminded that, in the end, there was hope even for these lowliest of peasant classes, through the agrarian reforms that finally offered, however minimally, an opportunity for ‘free status’ and the reclamation of land they had once had to work through the notorious usufruct system. New legislation permitting the expropriation by erstwhile indented labourers – yanapas and huasipungeros – of the haciendas which had once had their labour as a right, offered – finally – an opportunity for change. And we have seen through Huarcaya’s elaboration and discussion of

\(^6\) Corr and Powers 2012 *ibid*

\(^7\) Stutzman, 1981:72-73

\(^8\) *Ibid*

\(^9\) Huarcaya 2018
the process as it played out, that it was only through engagement with the dynamics of change set within the altered climate of the time, and with other contributing factors, that a ‘new’ consciousness of their historical identity as Indigenous people emerged.

“...the process [of hacienda land expropriation] radicalised the indígenas, who lost their fear of confronting non-indígenas. Whereas at the beginning of the struggle the main motivation to join the pre-cooperative was to stop the abuses of the mayordomo [hacienda steward] by the time of the invasion the struggle had turned into a legitimate recuperation, as the indígenas articulated a historical memory of colonial land dispossession. ... The responses of the Ecuadorean indígenas to the transformation of the rural social environment, far from being a reflection of their historical consciousness, were the practical means to produce it.”¹⁰

In the wake of this, the evolution of the process of ‘Indigeneity’ gathered momentum in the country (albeit within a wider context of Indigenous movements in other Andean countries) with the emergence of the Confederation of Indigenous Nationalities of Ecuador (CONAIE) in 1986, followed by the series of Indigenous-led mobilizations and uprisings throughout the 1990s¹¹, which have persisted intermittently to the present (see above). This is a necessarily abbreviated account of what has, in fact, been a complex process:

“Scholars commonly paint the history of Ecuador’s indigenous movements as moving from a focus on local concerns to regional, national, and finally international issues, and transitioning through constructing indigenous demands in the language of class, then ethnicity, and finally nationality. This is too simplistic an interpretation, for since the 1920s indigenous organizations have often simultaneously engaged local, regional, national, and international issues, and organized on the basis of class, ethnic, and national identities.”¹²

These superficially minor legal changes, which devolved a mere eight per cent of hacienda lands back to indigenous people, was to be the catalyst for the accelerating changes that followed it, up to the present.

¹⁰ Huarcaya 2018
¹² Becker 2008
Returning to the study population and the emergence of Indigenous identity, the events briefly summarised in the previous section demonstrate the kinds of dynamics which have served to focus drives towards identity in important ways. The continued ‘struggle’ for the plurinational state and enactment of legislation giving due regard to Indigenous people via processes of legal consultation are witnessing the continuation of the same sorts of processes that gave rise to the emergence of a sense Indigenous historical consciousness and ethnicity following the land reforms discussed earlier, as described by Huarcaya."}

Down to the present, different groups are engaging with the courts to take advantage of legislation that privileges them as Indigenous people with the right to be consulted over issues concerning the development of their lands. Because of this, peoples who had little by little assimilated to Mestizo identity over the years owing to different pressures and inducements, through the support of legal expertise, have (quite legitimately) reclaimed their erstwhile lost Indigenous identity in order to be able to fight for their rights in the legal system, and challenge the selling of mining rights on their territories to foreign companies over their heads. The recent example of the Río Blanco gold mine, near the Cajas National Park, Azuay province, in Ecuador’s southern sierra region, is a good example of this process currently underway.

Although apparently and unquestioningly long resigned to a new ethnicity – Mestizo – the inhabitants of Rio Blanco have engaged with a rediscovery of their Indigenous ethnicity and are little by little exploring ways to consolidate this:

“Today Rio Blanco is recognised as an Indigenous community by the Federation of Indigenous and Peasant Organisations (FOA) in Azuay province, an organisation for Indigenous people and farmers and part of Ecuador’s Confederation of Peoples of Kichwa Nationality (ECUARUNARI).”

Conflict and active challenging of obstructive and exploitative processes united the people, who in so doing, learned of their Indigenous heritage and the rights that this gave them to

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13 Huarcaya 2018 ibid
seek redress. No longer a disadvantage, embracing their Indigenous ethnicity had become empowering for them.

Indigenous people have, in fact, an established history of using litigation to pursue their rights and challenge their oppressors, right from the earliest years of the Colonial period, however. The Indigenous people of the Otavalo area – colonial period Sarance – challenged their *encomendero*\(^\text{15}\) Rodrigo de Salazar through the *Audiencia* courts of Quito, right the way to Madrid in fact, for excessive exaction of tribute, and actually won their case and a ruling against Salazar, who was forced to reimburse the embezzled sums\(^\text{16}\). Although serving a central role in the ‘sweatshop’ textile industries throughout its Colonial and Republican history, the Otavalos have preserved a distinctive sense of their own individuality and identity, although not, as we have seen earlier, always identifying more widely with their Indigenous ethnicity. Conflict often serves the purpose of defining identity, by defining oneself in opposition to ‘other’; adversity, when engaged constructively (sometimes with ‘help’), can produce unexpected positive developments in the personal or collective people’s psyche, as addressed in the several works of Papadopoulos discussed later\(^\text{17}\).

**Concluding comments**

I have attempted to outline some of the core dynamics in the theme of the development Indigenous identity and empowerment, accepting that the subject is very broad and has attracted a significant literature, with a number of differing views. As pointed out by Becker, there is no one simple trajectory or process, even within a single region or country such as

\(^{15}\) *Encomendero* was the title of the holder of a grant of access to land and the tribute and labour of the existing incumbents of the land, here being Indigenous Andeans, who were assessed for their tributary/tax potential by the numbers of males of working age. *Encomiendas* were awarded in the early years following the Spanish conquest of the Americas as a way of rewarding those who had served the Spanish crown in the wars of conquest, or by services following. It was not an hereditary award, although Spanish Colonists sought to try and have it made so. Excessive exaction of tribute was a common abuse, causing some Indigenous people to use Spain’s own courts to try and force redress.

\(^{16}\) Newson 1995; I also studied this particular case in original documents held at the Archivo General de Indias in 2004

\(^{17}\) Papadopoulos 2007, 2013
Ecuador. Rather, there are several different factors which interact, to push the current of ‘Indigenization’ along its course to any particular point experienced as being ‘the present’. Only outright repression actually seems to thwart the growth of a sense of self and even that not for long; active engagement with the oppressor or oppressing circumstances can, with sufficient critical mass, prevail. Bretón Solo de Zalvidar elaborates the complexities of the different and indeed unusual processes leading from the initial agrarian reforms of the 1960s and 70s in Ecuador into the ethnodevelopment of the 1990s onward, and he discusses the role of different development projects funded by international agencies, such as the World Bank, effectively exploited by Indigenous people to further their own agenda and interests, apart from any wider national concerns of the state itself:

“I have attempted to show how the ethnicization of rural development emerged in the Ecuadorian Andes. In little more than three decades, this neoliberal process has led to: (a) the neglect of structural issues, (b) a complete privatization (via NGOs) and/or externalization (via the World Bank) of interventions, and (c) a near-exclusive focus on the indigenous population ....

“the ethnicization of the indigenous movement has prioritized culture and identity politics at the expense of the class-based peasant agenda still very much alive in the mid-1990s, thus hindering the formation of alliances between indigenous groups and other sectors of society. The struggle for ethnic citizenship – which, needless to say, is absolutely legitimate – has overshadowed attempts to bring about structural change, while at the same time the assistance model has been gathering momentum and limiting the scope of the indigenous movement ... they [Indigenous Andeans] have exchanged militant politics for access to the power mechanisms of neoliberal neo-indigenism”18.

Whatever facilities or circumstances that exist, including external assistance of whatever specie, can be effectively exploited to further ‘survival’, and to recover a sense of self and with it ‘identity’ where it has become obscured or lost, even for long periods of time.

In this case it would seem, in the years following the publication of this article, that the dynamics have again changed and are now returning to the ‘militant politics’ referred to, given the clear decline of the assistance model (witnessed now in the changed economic climate and need to appease IMF funders through retraction of the social assistance model).

18 Bretón Solo de Zalvidar 2008: 609-610
Indigenous Andeans are once again marching on Quito, protesting their legitimate causes and claims. At the point of writing, this seems successful, given the government backdown and retraction of the clause cancelling fuel subsidies that initiated the original protests.

We have seen that the Salasakas developed as an independent ethnic group through a complex interaction of historical circumstances which had led to their migrating in to the Salasaka region, settling there and adopting strategies that maintained an exclusivity from other national groups, a process which they still actively employ. Their sense of ‘identity’ is strong and clearly defined, as demonstrated in the many responses of survey participants who described what it meant to be Salasaka or ‘Runa’ to them.

Very different processes were underway in the northern Zuleta region, where the dominance of the hacienda regimes either kept Indigenous people in peonage conditions, encouraged them to assimilate to Mestizo ethnicity, or preserve a collective identity based more upon issues of ‘class’. With socio-economic reforms introduced in the 1960s, new opportunities presented to be able to engage with what turned, ultimately, into a process of ‘self-recovery’. Even the abandonment of ethnic identity can be reversed, as witnessed in the on-going development of Indigenous people in Ecuador now confronting the corporate mining industry, and recovering a sense of their original Indigenous identity in the process.

1 Ecuador Mining Conflict Evolves Into a Battle for Indigenous Identity

July 25, 2019 | Diálogo Chino, GK
BY
ANDRÉS BERMÚDEZ LIÉVANO

Fighting for Identity

“Río Blanco’s inhabitants only identified themselves as indigenous Cañari Kichwa in 2017, when the Junefield conflict was already underway. They drafted statutes and registered with Ecuarunari, national indigenous organisation’s arm that brings together indigenous peoples of the Andes.

As indigenous people, they would have the right to demand free and informed prior consultation on the project under the Ecuadorian constitution and the International Labour Organisation’s convention 169, which Ecuador has ratified.

However, the issue of self-identification is thorny. President Lenín Moreno’s government disputes that the Río Blanco community is indigenous, arguing that such details were not available when the mine became operational.
Ironically, following the 2010 census, it was the Ecuadorean government itself – then led by Rafael Correa, with Moreno as Vice-president – who encouraged communities with indigenous roots to declare them.

“Until now, the Ministry of Mines has said that we are not indigenous peoples, but rather mestizos. We identify ourselves as indigenous,” says Durazno, pointing out that they meet two of the necessary criteria: they have surnames demonstrating indigenous ancestry and historical documents proving that the parish of Molleturo was home to the Cañari-Kichwa people.

“Indigenous peoples have been victims of many violations of their collective rights, despite the fact that prior consultation is in the constitution,” says Lauro Sigcha, leader of Azuay’s Federation of Indigenous and Peasant Organisations (FOA), which helped residents of Río Blanco to organise.

“The government of Rafael Correa, who certified who was indigenous and who wasn’t, reinforced the idea that we oppose development and technology, that we want to live like our ancestors, and that we’re the ones lagging behind. He delegitimised us, especially the leaders,” Sigcha adds.

The political struggle in Ecuador over who counts as indigenous (and who doesn’t) rages on. With scant options for local communities to participate in decision-making over mining, oil and other projects that affect their territory, many seek to qualify.¹

“Of course we are indigenous. Our surnames, our colour, our worldview is,” Pérez says. “But here [in Ecuador] there is a very general modus operandi. There is no prior consultation. They confuse the issue of prior consultation with socialisation, with hearings, with anything else that it’s not,” he [Pérez, indigenous lawyer] adds.

CHAPTER THREE
Building The Bridge. A Discussion of the Evidence

Introduction

This section is about drawing together the disparate threads of evidence to start constructing a bridge from the study population into contemporary refugee and migrant crisis scenarios. Central in the project rationale is “How do people manage change?” a question common to both the study population and contemporary refugee people. How is change managed in a way that ultimately allows ‘meaningful survival’ as opposed to ‘mere continued existence’.

Approach adopted

What has emerged from the study employing an inter-disciplinary methodology of very broad scope is that there are a number of key interactive dimensions of influence which interrelate with one another in complex ways. The first step is therefore to attempt to ‘map’ these, albeit necessarily rather superficially, and the nature of the information they contain and its relevance to the overall picture I am attempting to shape. From these an attempt can then be made to synthesise core points with which to develop the ‘bridge’.

Limitations are that, given each dimension draws information from one or more disciplines/subjects and theoretical perspectives in their own right (comparative religion, role of oral narratives and mythos, definitions of culture, construction of health, construction of identity, ethnicity, ethnogenesis, Indigenous politicization, psychological impact of trauma etc), each with its own commensurately substantial literature, it is of the essence to contain the natural tendency for the study to grow and lose definition, resulting in an obfuscation of the central theme of management of change and the dependent research question related to the survival of ancestral beliefs and practices in the study.
population. For this reason, I have sometimes had recourse to using a relatively few key sources that highlight the area or dimension I am developing, with the critical themes it contains to build the ‘bridge’.

**IDENTIFYING THEMES AND COMMON DENOMINATORS**

To begin identifying themes and common denominators to synthesise for the final section, we first need to set the broader historical context within which the specific experiences of the contrasting study communities of Salasaka and Zuleta can be situated\(^1\). Given that myth here is interpreted as being the symbolic narrative representation of a culture/people’s engagement with their lived experience, and the ways in which their deeper collective unconscious psychological understandings of it are expressed, there will be an interweaving of factual (historical) and mythic (symbolic) narratives. This aims to demonstrate the way that the lived historical realities of Indigenous Andeans transformed their understanding of their worlds from the ancestral pre-Columbian order revolving around balanced harmonious relationships with ancestral deities and their human counterpart elites, maintained by the primordial sacrificial dynamic, into a new alien world order of emergent market forces that were then gaining purchase in Europe.

At this point, a brief ‘snap shot’ of the Andean vision of the ‘social contract’ should be offered with which to contrast the invading alien paradigms of the Spanish. Silverblatt\(^2\) describes this very succinctly:

“...the nature of the institutions they [the Inkas] did impose on the Andean peasantry was tempered by traditions rooted in chiefly ethics: they were obliged to generously host those working on state lands; they did not interfere with subsistence production on what they redefined as community land; **ideologically committed to the material welfare of those they conquered, they acted as giant redistributors of Andean products**” [emphasis added]\(^3\).

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\(^1\) By which I mean ‘Greater Salasaka’ (being Salasaka and the ex-patriot community in the Galápagos Islands) and ‘Greater Zuleta’ (Zuleta and Ugsha).


\(^3\) Silverblatt here cites John Murra 1978: 135-197.
This is contrasted starkly with the alien European system which swept the old Andean order away. Although both were machines of conquest and domination, beyond that, the two could not have been more different:

“The Spanish invasion imposed alien economic, political, religious and conceptual structures on Andean society. The economy of Spain, orientated toward the emerging market economy of Europe, saw in its new-world colonies the opportunity to accumulate great wealth. The political institutions imposed on the colonies worked to ensure that Spain’s colonizing aims were met. The ideological underpinnings of these institutions embodied an evaluation of the universe – of the quality of the relationship between society and nature and between social groups – that was foreign to the Andean peoples being colonized. Buttressed by a worldview in which nature and humanity were becoming increasingly defined in relation to their market value, and by a theology that dived the world into competing forces of good and evil, colonial secular and religious authorities attacked the social foundations of Andean culture that were incompatible with the colonial enterprise.”

The first serious inter-regional rebellion against the Spanish happened in the 1560s in central Peru, with the millenarian ‘Taki Onqoy’ movement – the ‘chanting sickness’ – which reflected, in essence, the outrage of the Indigenous divinities – the wak’as – at their abandonment by their people in favour of the new Christian god. Traditional religious specialists/ ‘priests’ commanded that Indigenous people foreswore anything Spanish and Christian and returned to honouring their own ancestral ways and their traditional divinities. Spanish people and culture, it was widely claimed “make us sick”. Over a hundred years later, uprisings such as those like the pan regional rebellion headed by the charismatic neo-Inka ‘messiah’ Tupac Amaru II, were essentially a response to a final abandonment of any principal of ‘social contract’ that the Spanish colonial authorities had until then respected to some degree, to support a certain Indigenous independence of local government and in (some regions) overlooking their continued adherence to their ancestral practices such as revering of mummies and the privileging of Indigenous community leaders.

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4 Silverblatt *ibid* :182-183.
The systematic asset stripping and exploitation of Andean people and their resources had in some regions and to some degree been mitigated by certain continued privileges in these respects. The rebellion of Tupac Amaru II proposed to return the land to a new Inka rule and throw the Spanish out which, for a short period, even attracted Creole and Mestizo adherents. As the 18th century progressed, privileges had eroded, the influence of continued ecclesiastical campaigns of religious persecution continued and the imbalances between conquerors and conquered became starker. The ancestral Andean ‘social contract’ represented by the maintenance of balanced reciprocal relationships between overlord (power) and people, symbolised and honoured by the ritual of sacrifice, had been lost.

Changing mythic forms

This is starkly reflected in the emergence of a predatory and parasitical mythic form, the Andean ‘vampire’ – ñañaq, pistukuq, pishtaco or kharasiri – a frightful spectre adept at extracting the life force of Indigenous people in the form of their body fat and using it for personal economic gain; even the church was not exempt. This form may have emerged earlier, during the Taki Onkoy millenarian movement of the 1560s referred to above, when the concept of the Spanish stealing the body fat of Indigenous people for personal use in unguents and treatments and export back to Spain, was first widely rumoured. It has persisted in some central Andean regions until quite recently, to the extent that many global industries and even the NASA space programme was believed to being largely funded by it. The vampiric entity never literally appeared as one, but was disguised as some ‘other’: a foreigner, some person of Spanish or Mestizo ethnicity, a priest or some church

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7 For the significance accorded to body fat in Andean cosmology there are many relevant works, although Canessa 2000 gives a very succinct explanation, also found in works such as “From the Fat of Our Souls” 1991, by Libbet Crandon-Malamud.
8 Canessa 2000, de Pribyl 2010; Gose 1986; Szeminski 1987. Canessa says of this: “The uses to which human fat is believed to be put are not fanciful imaginings but based on very practical understandings of what fat was widely used for in the relatively recent past.” ibid: 713
9 See Currie and Ortega P. 2017 for a discussion of European attitudes towards healing and the significance of human fat and body parts.
official, having some position of power they could exploit. Outsiders of any kind (more recently even including foreign academics and researchers) might be seen as potentially being vampiric. The symbolic significance of this is not difficult to understand, wherein a ‘power’ parasitically exploits a host rendering it sick, weakened and susceptible, ultimately to a premature death.  

Canessa, articulating “the violence [done] to the social order”, sums up this figure of terror (in Pocobayo, Bolivia known as the kharasiri) thus:

“Kharisiris are associated with hacienda-owners, priests, and non-Indians in general ... that is, Q’ara. The non-Indian identity of kharisiris is of particular significance. Outsiders are defined by their lack of reciprocal relations with other people: they lack the kinds of relations among people, and between people and the tellurian spirits, that define humanity. Not only do outsiders, Q’aras, refuse to engage in these kinds of relationships, but they steal the creative force that these relations engender. If Andean moral relationships are defined by reciprocity ... the kharisiri is clearly antithetical to these relationships: stealing is non-reciprocity par excellence [emphasis added].

The evolution of this entity, which Gose suggests might have its roots in an earlier pre-Columbian ‘sacrificer’ figure, is interesting in this respect. It can be argued to be an unconscious subversion or 'repurposing' of an earlier legitimate (if still terrifying) figure, originally serving the age old Andean sacrificial system that kept the energy of the cosmos in motion via the voluntary gifting of either literal or symbolic offerings into one dedicated to the one sided expropriation of resources for crude gain. Gose also highlights the later developments in the mountain spirit complex as being an essentially similar dynamic, which suggests it is the Andean response to making sense of the alien capitalist system that was

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11 Although Gose (1986) contests the symbolic interpretations of this ie its symbolising, for example, the impact of a capitalist system upon a traditional culture functioning through the ritual of sacrifice and reciprocity, following an essentially Jungian interpretive framework (also supported by the works of Joseph Campbell and Claude Levi-Strauss), I adhere to arguing for the function of symbol and myth in expressing and mediating human experience and behaviour.

12 Jaqi is the Aymara word for Indigenous person ‘human’ and Q’ara the word for non-Indian in Aymara; in Kichwa it is generally ‘Misti’ or the Spanish Mestizo, with Indigenous people calling themselves ‘runa’.

13 Canessa 2000:713

14 The term ‘ñaqak’ literally translates as ‘slaughterer’. A ‘legitimate’ ritual sacrificer personage can be demonstrated in pre-Columbian Andean culture at least as early as the 2nd - 8th century CE Moche culture of the north coast of Peru, where it appears as the ‘decapitator’.

15 ie living creatures including people, agricultural products, ritual substances like coca and alcohol

16 figurines made of llama fat, coloured threads, coins and so on; see Allen 2002; Greenway 1998; Gose 1986
now a fundamental part of their world, a world which had ever depended upon the innate function of sacrifice to feed tellurian spirits and ancestral beings, which in turn delivered fertility, health and prosperity to people and their crops, animals and communities, reflecting a profound damage inflicted to the archetypal entities represented by the apus in their increasingly savage demands for human blood and organs, in their morphing from a pre Old World form into one of a Eurocentric capitalist order:

“From evidence already considered, there is equally good reason to deny any radical difference between the apus [as they evolved from the 17th and 18th centuries] and the powers served by the ñakaq. If the apus represented a wholly different power structure, they would not appear as blonde-haired, blue-eyed hacendados with mechanised workshops inside their mountains to convert offerings into precious metals, nor would they pay tribute to Lima, which would not in turn officially protect the vicuñas that deliver this tribute” 17.

Several writers highlight the shift in emphasis of ancestral Andean religion from one of primarily ancestor veneration (via mummified remains), to one of mountain spirit veneration18, as the suppression of many of the traditional forms of Andean beliefs and practice progressed 19. Gose20 articulates a persuasive theory that indigenous Andeans, following the age old practice of reworking conquerors into ancestors in their symbolic worlds, had likewise reworked the Spanish conquerors into ancestors. And the great regional apus, which had contained a mythic underworld of glittering wealth were now visualised in their visible earthly manifestation as being like white people dressed as powerful hacendados with rich clothing and characteristic broad brimmed hats, mounted on fine horses21. Silverblatt also discusses this transformation of the mountain gods to reflect the drastic revision in the lived experience of Andeans in the new socio-political and religious scheme of things:

“ After the Spanish conquest, Andean mountain gods adopted the new trappings of power that marked colonial society. Now they might be called ‘saint’; now they

18 The continuation of mountain veneration is well described in Allen’s book ‘The Hold Life Has’, 2002. The survey carried out as part of the MEDICINE project found that it still continues in the study indigenous communities, although possibly less strongly than it once had probably owing to the impact of modernisation and globalisation and gradual abandonment of traditional belief systems with that.
20 Gose, P. 2008. ‘Invaders as Ancestors’.
21 The style of the Salasaka lord of Taita Chimborazo apparition, who, although ambivalent, in the myth recounted by Corr, was nevertheless benevolent too.
might even ride a mighty stallion and wear the gold and silver ornaments of the colonial elite.”

But Andean belief had ever revolved around the central theme of the maintenance of harmonious balanced relationships – ‘reciprocity’. You venerated your ancestors, apus and wak’as and fed them with goods and sacred products, and in return they offered protection, fertility and wealth; health and well-being. Put another way: “the measure you give is the measure you receive”. It was the age old Andean order of life.

The Spanish conquerors and the colonists who came by their thousands to populate the new lands in the centuries succeeding the conquest, with their European socio-economic systems of wealth extraction and governance and their Christian religion, generated an entirely new model of living that had at best only ever partially met these expectations. Hence, when they no longer fulfilled their reciprocal obligations in any way, they had become essentially parasitical, as the changing mythic form amply demonstrates with the emergence of the ŏaqaq/kharisiri figure described above.

However, if the ŏaqaq/kharisiri signifies the emergence of a damaged mythic form to express Indigenous Andean experience of what had happened to them and their world – a subversion of the traditional pre-Columbian ritual ‘sacrificer’ into a horrific ‘slaughterer’/parasite – there are also signs of other cross-fertilisations producing more hopeful outcomes:

“... The mountains gods inventors, experiencing the changed conditions of living evoked by the Spanish invasion, transformed the deities who reigned over the Andes’ heights: Illapa23 and Santiago had inextricably merged, forging a god kin to, but nonetheless differing from, either of his progenitors.”

And:

“....Peruvian peasants created a novel religious doctrine... Colonial Andean faith thus fused the saint of conquest [Santiago]25 with Illapa/lightening and the mountain gods – native deities representing power and domination. The Andeanized Santiago’s history as a patron of the vanquished allows us to understand how Indians

22 Silverblatt ibid : 185
23 The Andean god of thunder and lightning.
24 Silverblatt ibid : 184-185
25 Originally a ‘killer of Indians’, delivering the Spanish ultimate success in their wars of conquest.
experienced, grappled with, coped with, challenged, and endured the lived realities of colonization. His transfigurations, imaging the very different relations of power and economy instituted by colonialism, also suggests appraisal of life’s possibilities - strategies for social action – and provide clues to the activities and kind of future Andean people envisioned26 [emphasis added].

The nature of the mythic form had evolved over two hundred years of changed colonial circumstances and relationships. At the beginning of this process it can be observed in the psychological impact to the ancestral Andean psyche in the accounts given by traditional religious specialists examined by Jesuit priests during their trials for sorcery and idolatry, their mythic world reflecting the crisis of the impact of alien ontological forms represented by the Christian religion 27. It would take many years, centuries, for there to be something approaching an uneasy integration of these two fundamentally different systems of belief and the rituals that celebrated them 28.

The outline offered above of the broader lived reality and mythic expression of it of the Andean region in its experience of the Spanish conquest relates specifically, in terms of the examples described, to Peru. How these broader regional and cultural dynamics might be reflected in the changing detail of ancestral belief systems related to individual and community health, leads us back into a re-engagement with the two Indigenous study regions.

Witch saints and soul stealing landscapes

Aside from two rather unusual and sinister figures, the brujo-santos – ‘witch saints’ – San Gonzalo of the Ambato-Salasaka area and San Martín el Negro, from the Zuleta-Ugsha area, it is not clear the extent to which Indigenous people from higher in the northern Andes and our study region produced a similarly violating and parasitical mythic figure of socio-economic exploitation as the Ńaqaq/kharisi just described. The witch saints do seem highly

26 Silverblatt ibid: 175
27 Griffiths, 1996 analyses this process in some detail, as does Brosseder, 2014; see also ‘the Tale of Juana Icha’ this report.
unusual, however, and without precedent, being this time subversions of original Spanish saints, from goodly into evil manifestations. Through the making of ritual offerings, the saying of black masses, as well as the inscription of the name of the person to be afflicted either into a book, or a repository within or behind the statue of the saint itself (housed within a church), the witch saint mediates harm rather than help, much in the manner of ‘classic’ witchcraft. The processes of ‘gifting’ (payment of money or making of an offering) and use of a ritual intermediary, still form part of the dynamic and therefore appear to belong to the northern sorcery complex as it is described by authors such as and Sax and Salomon. Although apparently declining, there was still a belief in both study communities of the influence of these two witch saints in causing certain sorts of illness and misfortune. The link with the Spanish Catholic religion is explicit, although as a generality it is not the case that Christian sacred personages are seen (or perhaps better said admitted) as being potentially harmful.

There are other suggestions that similar dynamics were in process that resulted in a final change to mythic form, or at least to its significance, which expresses the impact of the alien ontological aspects of the imposed Catholic Christian religion. It lies in the curious development of several forms of Andean illness (discussed earlier in “Healing Cosmology and Traditions in the Northern Andes”), referred to as ‘topophobic’ and are the illnesses associated with being caught alone or sleeping on hillsides, or out of the way places, wherein the soul of the subject is ‘seized by the hills’ (agarado del cerro), leading to a physical and psychological decline in health, even to death. As stated earlier, it is not really known if illnesses associated with the ‘mal’ group are actually of pre-Columbian origin at all, or owe their aetiology to incoming European or African ideas. Cavender and Albán, who describe traditional Andean maladies and their treatments in some detail, say this:

“... the mal concept provides a portal into the mindscape of some highlanders, i.e., the symbolic transmutation of the physical features of the landscape into places that are topobohically perceived as charged with dangerous animate and inanimate forces. These places are akin to what cultural geographers call "landscapes of fear" ... "sick places" ... or "landscapes of despair"... This topophobic aspect has been

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29 As far as I have been able to determine.
31 Sax 2019 ibid; see also Salomon, F. (1983). ‘Shamanism and politics in late colonial Ecuador”.

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identified among other mestizo and indigenous populations in the Ecuador highlands ..., Bolivia ..., and Peru. It is a mindscape deeply rooted in what historian MacCormack calls the "sacred topography" of the pre-Christian, Incan, and pre-Incan era, a time when "the plains and the mountains, the sky and the waters were both the theatre and the dramatis personae of divine action". She notes that for many contemporary Andeans, "earth and sky are still inhabited by the ancient powers". As noted by anthropologist George Foster the highlanders' mindscape was also influenced by beliefs from Spain concerning dangerous "airs" emitted from gravesites and evil spirits riding the wind. We do not intend to impart the notion that the residents of the highlands live in a constant state of fear of malevolent forces; rather, it is recognition of a living landscape that the highlanders must carefully navigate and negotiate.

To note here is the clear influence of contemporary European concepts of demonology and witchcraft which have invaded the Andean cosmology together with the disease organisms that decimated Andean peoples by their millions. This influence is demonstrable in the form of the two witch saints described earlier.

Ultimately it is ‘unproveable’ that the seemingly excessive fear of certain sorts of landscape features in a cosmology that traditionally revered tellurian spirits and accorded the highest respect to the apu mountain deities indeed represented a subversion of the ancestral pattern under the influence of the imposed alien beliefs, but I think it suspicious nonetheless. The continuity of ancestral beliefs down to today is certainly demonstrable, as the survey shows, but in the form of the mountain spirit complex and the Andean vampire, there are clear suggestions of a subversion of the ancestral form, which may also be reflected in the phobic experience of tellurian powers, particularly mountains, once forceful, if forbidding, protectors. As the tale of Juana Icha (whose tutelary spirit was Apu Parato) and those of many other traditional religious specialists show, there was a crisis in how Andean people experienced their sacred world, hitherto exemplified in the harmonious relationship with wak'a and apu, the spiritual guardians of communities and personal

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32 MacCormack 1991: 146
33 MacCormack ibid: 433
34 Forster ref from C and A
35 Cavender and Albán 2009; http://www.ethnobiomed.com/content/5/1/3
tutelary spirits of community shamans. There is no indication from what we can tell that Andean people had ever experienced the powers of their land in such a threatening way, although it is clear that such powers could also be ambivalent, demanding and protean in nature, something commonplace amongst traditional ontologies and understanding of divinities that the gods have positive and negative aspects and need to be placated. It is tempting to interpret this ‘topophobia’ as being kindred to the kind of subversion noted earlier, that the ancestral mythic forms had been displaced from their original central place of psychic integrity in Andean cosmology by the new rapidly and often brutally imposed Christian forms. Given that they could never be completely ‘uprooted’ in the way that the evangelisation campaigns sought however, they had acquired instead an alienated and dangerous aspect.

THE COURSE OF EVENTS IN SALASAKA AND ZULETA

The examples discussed above are drawn largely from the course of historical events as we understand them in Peru and Bolivia, but bear valid comparison with the northern Andes in Ecuador, given many socio-political, ethnic and ontological comparators in common. For example, we have seen the Salasakas also have mythic traditions of their wak’as and apus – the great regional volcanos – containing wealth (as well as sometimes the Christianised hell), and the fascinating story of the spirit master of Taita Chimboraazo appearing in human form, mounted on horseback and dressed in rich clothing, to a poor alcalde (sponsor of a local fiesta) and giving him access to the mountain’s wealth in order to support his community obligations37. We have seen that the Salasakas had evolved as an ethnic group from entirely independent sources as far as the ethnohistorical and anthroponymic data tell us. There appear never to have been any binding reciprocal obligations with earthy lords and as they evolved from the point of their arrival in the region, they moved further into a

37 Corr 2001:62. Here it seems that the ‘apu’ in question was more benevolent than the description of those from further south, as given by Gose (1986) cited earlier here.
situation to contain and distance themselves as a people from the national and local Creole and Mestizo influences in political control.

However in Zuleta, as far as the paucity of historical evidence tells us, the community came together largely as a consequence of their relationship with the hacienda. In other communities in the same region such as Atuahualpa and Quinchuquí, the traditional paternalistic relationship with the hacienda system was preserved well into the 20th century as an essentially exploitative one, and the life and identity of the Indigenous people there had devolved over time into something in the order of the ‘mere continued existence’ referred to earlier: impoverished, oppressed, disempowered and discriminated against, even by other Indigenous people. There would unlikely to have been any change to this, given the length of time it had persisted and the vested interests of the conservative landed elites involved. It took the socio-economic movements of modernisation and agrarian reform largely consequent on broader global processes, investment by foreign NGOs, reforms in other Latin American countries, and, in certain ways, pressure by the USA too, to begin a process of change, initiate a ‘wave’ that, together with other factors – opportunity, preparedness, assistance and ‘vision’ – allowed these people – finally – to free themselves and re-gain, possibly initiate for the first time even, their long lost historical consciousness of their identity, ethnicity, their rights as a people and an understanding that they had been dispossessed of their ancestral lands.

In Zuleta, the benevolent expression of the paternalistic hacienda regime in many ways still persists, albeit greatly reformed. Adapting to changing global imperatives (international tourism, Indigenisation, human rights) it has maintained the advantage in many ways by investing in its Indigenous community and supporting many environmental, infrastructural and educational projects. The annual celebration of the fiestas of San Juan Bautista exemplify the persistence of this. It is really only now, under the impact of globalisation, that this traditional display of hacienda-Indigenous inter-reciprocal relationship is – finally –

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38 Casagrande 1981. Huarcaya (2018) cites this process in other similar important cases, for example, Cotopaxi south of the capital Quito.
39 Huarcaya (2018) notes pressure from the John F. Kennedy administration for land reform in the Americas, largely owing to a real fear of the spread of Communism in the region.
beginning to weaken. It now serves as much as anything as a colourful festivity which attracts both national and international tourism, whilst up and down the valley and more broadly across the region, it has morphed back into the celebration of a neo-Inkaic ‘Inty Raymi’ where Indigenous people proudly express their independence, ethnicity and traditions, largely free of colonial interference or antiquated symbols of power relationships.

THEMES AND COMMON DENOMINATORS

Within this ‘broad brush’ representation of regional historical and mythological developments, what might be common factors or themes underlying these two very different cases and their different responses to many of the same sets of conditions, which explains the very different outcomes experienced by each? We might identify factors such as:

- Resilience;
- Agency;
- Opportunity (with circumstances);
- Creative engagement with adversity;
- Assistance.

These highlight another important characteristic of ‘free’ people: the freedom and opportunity to exercise ‘choice’. The Salasaka people demonstrate this point rather well. Rather than being the way they are through marginalisation and social exclusion, it seems, in the light of the historical research carried out by Corr and Powers\textsuperscript{40}, that the Salasakas are the way they are through personal choice. Those of Zuleta are as they are through historical circumstances largely beyond their choice or control.

The Indigenous campesinos of Quinchuqui had come down through history under similar socio-political circumstances to lose their ancestral lands, becoming indios propios or Indios

\textsuperscript{40} ibid

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de hacienda, unfree Indians, hacienda Indians, bonded labourers, who required both changed social circumstances and access to help to empower them, in the form of:

- The changed legislative structure following the agrarian reforms;
- Competent legal advice;
- Additional support (NGO);
- Better educational preparation, vision and energy (the younger generation members of the communities);
- Engagement more widely with emergent debates about Indigeneity in its wider Andean (and Latin American) context.

They also required a certain conviction and courage to prosecute their claim in the face of strong resistance from the hacienda and from other local vested interests, including those of other Indigenous ‘free’ people who wanted to able to buy the land themselves and to maintain the traditional class structures which had privileged them over their bonded neighbours. As much as anything, they also needed to change the image they had of themselves, to overcome a powerful psychological model of their sense of self, their own lowliest of social classes and innate powerlessness against the prevailing socio-political and economic order of things. Battles of any kind always have a strong psychological component and overcoming the enemy in the mind is the first stage of overcoming the enemy outside. It also shows how the ‘framing’ of circumstances and experiences – rebranding them even – can create a significant change itself in those circumstances, how they are understood and experienced and ultimately allow for a very different outcome. This key point ties in well with the theme developed by Papadopoulos in reference to refugee experiences and their construction of ‘personal narratives’, discussed later in this report.

Huaracaya describes this psychological watershed, when, with enough determination and commitment, with a process of reframing the argument and with the energy of their better educated younger generations and help from supportive outsiders, the communities were finally able to prevail:

“The responses of the Ecuadorean indígenas to the transformation of the rural social environment, far from being a reflection of their historical consciousness, were the
practical means to produce it. Literate and competent in Spanish, the young leaders of the pre-cooperative had much more cultural capital in mainstream society than their forefathers. They were not the stereotypical indios who, dependent on the non-indígenas, could not avoid being subject to their paternalistic exploitation and harsh discrimination. These young indígenas could easily have invested in the subject position of the mestizo, which, as a process of assimilation, involves the disavowal of indigenous memory. Leftist supporters and pre-cooperative leaders first framed the land struggle in terms of class. The leaders self-identified as leftist revolutionaries and did not articulate claims of indigeneity. However, following long-standing discriminatory practice, the peasants were [then] repressed as indios. The hacendados’ media campaign also recruited the stereotype of the indio to discredit the land reform.

“During the struggle, through the learning of history, the campesinos realised that the hacendado was not a legitimate land owner. The peasants then invested in the subject position of the historically-conscious indígena, and later framed the expropriation of the hacienda lands as a victory over non-indígenas. This enabled them not only to legitimise their appropriation of the hacienda, but also to see historical continuity in the exploitative actions of non-indígenas, who, sharing the immorality of the conquistadores, appropriated that which was not theirs. Participation in the land struggle also transformed indigenous notions of agency, demonstrating that even a powerful hacendado could be defeated. Blanca Chancoso, one of the historic leaders of the indigenous movement, once told me, ‘It was the strength of the community that defeated the hacienda [Quinchuquí].’ But it was not the traditional members of the comunidades de hacienda, united by ancestral loyalties, who won the struggle for land in Quinchuquí. The agents of social change were, rather, the young activists who, as leaders of the Quinchuquí pre-cooperative, articulated an indigenous historical consciousness which then spread amongst their community, contributing to victory against the hacienda (emphasis added)” 41.

DISCUSSION

The situations of Salasaka and Zuleta could not be more different, whilst still containing at core many basically identical factors. These include: region (Andean), culture, social structures, Amerindian ethnicity, ancestral beliefs relating to land and sacred geography, kinds of divinities, the central role of the concept of ‘gifting’ (sacrifice), the understanding of

41 Huarcaya 2018
health and illness and the employment of traditional religious specialists (yachaks, curanderos) to mediate the health and well-being of people and their communities and to serve as diviners of the future. In common with the wider region, they had in their different ways experienced the impacts, both of the Inka conquest in the late 15th century and then the full weight of the conquest by Spain which succeeded it in the 16th. In the survey conducted of the communities it was clear that they shared an overall understanding of the ancestral ideas and beliefs related to life, the cosmos and to health and illness being asked them, even if they no longer always subscribed to them. What can their very different experiences contribute towards understanding of the contemporary experiences of refugees, asylum seekers and migrants?

Despite the apparent disparity of the two – the historical Andean with the contemporary global refugee population displacements in terms of fundamental variables such as time period, hemisphere, culture, systems of belief and so on – they nevertheless repeat timeless human themes. The Andean example is particularly interesting for the light it sheds upon the nature of the impact of one very different ‘alien’ culture, ontology, political system, upon another widely divergent from it. The Americas had inherited a system of belief from non-European prehistoric peoples moving across from Asia ca 20,000 BCE, and their cultural beliefs, social systems and mythic processes preserve an essentially ‘pristine,’ non ‘modern’, or pre ‘Old World’ pattern i.e. one which had departed from the common cultural root/trunk at that point and all they had shared in common at ca 20,000 BCE and from that point, evolved independently of it.

A healthy organism can generally negotiate change and survive, even under severe circumstances of duress, providing some at least of the mitigating factors are present which allow for adaptation to change. This might include a dynamic wherein a population are able to form a cohesive ‘enclave’ group and construct barriers to protect their evolving collective identity from being overrun by ‘other’, or by drawing upon deeper psychological dynamics which slowly rework their collective sense of self in their original containing cosmos into something which makes sense of very altered circumstances. The point is frequently made in the context of our present climate change and species extinctions crisis, that, given time, many species would be able to adapt, if the process of change allowed for the process of
biological evolution to keep pace with it. If the change is too rapid, then the adaptive and survival processes are overwhelmed.

The mythic view

The positive/negative dyad is demonstrable in the two manifestations seen in the production of the vampiric entity – the ŋaqaq/kharisiri, or in the more hopeful cross fertilisation of Indigenous and European symbolic forms into more positive ones able to engage with and negotiate the changes.

The ŋaqaq is a horror story as it fundamentally offers no hope of redemption. There is no antidote or cure for the attack, because the vampiric entity is outside of the ancestral Andean cosmological framework, being (probably) a subversion of the earlier Andean ritual sacrifier figure:

“... kharisiri attacks are outside the relationship people have with the tellurian spirits and therefore the spirits cannot be invoked to cure the victim .... to be cured from a kharisiri attack one must buy back at a great price that which was stolen in the first place. There is a double exploitation here: Indians are exploited for their fat and then have to buy it back to cure themselves. It appears that the only way to be cured is to restore the fat to its position in the cycle.”

Here is a definition of the ‘predator’ archetype which conforms very closely to the ŋaqaq/kharisiri as described:

“The natural predator appears in fairy tales personified as robber, animal groom, rapist, thug, and sometimes as evil women of various stripe. .... Deleterious relationships, abusive authority figures, and negative cultural prescriptions influence dream and folkloric images as much as or more so than one's own innate archetypal patterning, the latter referred to by Jung as archetypal nodes inherent in each person’s psyche.”

but:

“In folklore, mythos, and dreams, the natural predator almost always has a predator

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42 Canessa 2000:712
or stalker of itself as well. It is the battle between these two that finally brings about a change or a balance. When it does not, or when no other goodly antagonist arises, the story is most often called a horror story. The lack of a positive force that is successfully antithetical to the negative predator strikes the deepest fear into the hearts of humans” 43.

Canessa continues by relating the finding that:

“migrants to Lima from Huamanga thought that there were no kharisiris in the city. As urban migrants, they will have left behind the set of relationships and rituals which underpins the Jaqi-Q’ara distinction. The relationship between Jaqi and the tellurian spirits mediated by fat will have no resonance with urban migrants, who no longer depend on these tellurian spirits for their livelihood and identity. This kind of identity rarely survives a move to the city for very long and the kharisiri remains a memory from rural life; indeed, by becoming Q’ara, these migrants are, from the perspective of rural dwellers, potential kharisiris.”44

The progress of modern life and globalization is leaving behind the ancestral systems of belief (confirmed in the survey carried out as part of the MEDICINE study). This itself has positive/negative connotations. To have moved beyond what our modern ways of seeing the world would undoubtedly interpret as crude superstition and belief in cultural ‘bogymen’ seems to be only a good thing. Yet one might also argue, in the light of its representation by Canessa, that the parasitical predator has actually prevailed, in reproducing itself (viz the modern global order and capitalist economy first introduced by Spain) so successfully as to have claimed the lives and identities of once Jaqi Indigenous Andeans, transforming them into Q’ara, capable of perpetuating the violating dynamic, unaware that they are even doing so. Until relatively recently in the Ecuadorian highlands, and in the northern region containing the study population, authors have noted how ‘free’ or land holding Indigenous people have, until recently, assimilated to Mestizo identity, abandoning any claim to being Indigenous; Allen has also described the same process in Colquepata, highland Peru45.

45 As described in Huarcaya 2018; also referred to in Corr and Powers 2012; Allen, 2002. ‘The Hold Life Has”.
Estés notes the fact that the predator generally has its own predator⁴⁶, hence the transformation of a Spanish ‘predator saint’ into a patron of the vanquished in the form of the ‘redeemed’ Santiago ‘mata de Indios’⁴⁷ is illuminating in the light of this. For the Indigenous psyche has indeed produced a symbol of a ‘redeemed’ predator, capable itself of waging war against those which, originally, it sought to support, and to protect those is sought to destroy. This, as Silverblatt herself argues, suggests a profound resilience, inventiveness and hope in the Andean psyche, to combine a pre-Columbian ancestral god – Illapa, the god of lightening – with the ‘mata de Indios’ Spanish patron saint of colonisation and warfare.

“His transfigurations, imaging the very different relations of power and economy instituted by colonialism, also suggests appraisal of life’s possibilities - strategies for social action – and provide clues to the activities and kind of future Andean people envisioned”⁴⁸.

The book edited by Hill “Rethinking History and Myth”⁴⁹ offers other intriguing examples of different Indigenous South American myth-making making sense of and lending hope to Indigenous experience of colonial domination and their ultimate hope of navigating these and of prevailing.

**CONCLUSION**

Myths tell the story of a people by encoding the historical narratives of the collective and their experiences in symbolic ways, albeit very much expressing the ‘cultural form’ of the ethnic group. Glorious tales of the deeds of founding ancestor-gods are typical of creation

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⁴⁶ Clarissa Pinkola Estés 1992 *ibid*
⁴⁷ ‘Killer of Indians’. Santiago used to be known as the “Mata-moros” or ‘Killer of Moors’ after his association with the Iberian ‘Reconquista’ movement, which retook the Iberian peninsula from Moorish invaders over 700 years and which itself in many ways inspired the vision for the conquest of the Americas which followed it.
⁴⁸ Silverblatt *ibid*: 175
myths cross-culturally, they lend legitimacy to a people who, in turn, reflect something of their glory, as we know from authorities on Andean myths\textsuperscript{50}.

When elites become predatory or parasitical, then the myth will similarly reflect this, as with the emergence of the ñaqaq/kharasiri entity. As the psyche needs to maintain balance and also express hope\textsuperscript{51}, ‘saviour’ figures commonly emerge to make sense of confounding circumstances and mediate redemption, and therefore it is interesting to note the emergence of the Spanish Santiago now as protector/redeemer of Indians, who, in apparently combining aspects of the original violating influence, serves to transform them into something redemptive and protective, signifying the deeper Indigenous collective psyche’s own battle to synthesise a solution for itself and come to terms with its new colonised circumstances in a way that allows it ‘meaningful survival’.

Where there is life there is hope, as the aphorism goes. Particularly where there is opportunity and time to negotiate with and adapt to change. From the two scenarios described for the study regions, there have emerged two contrasting narratives offering alternative views of Indigenous Andean responses to the crisis of contact with an alien hegemonic conqueror. One, through a combination of different circumstances (many of which are now opaque), was able skilfully to negotiate the melt pot of the colonial period and retain a distinctively autochthonous integrity. The other, only recently released from its centuries-long bondage, is now free to construct a sense of ethnicity and collective ‘self’ within this, with the influence of modernizing narratives which highlight Indigeneity, cultural heritage and plurinationality.

The Salasakas had apparently always been ‘free’. Although we know little of the detail of their early migration experiences, they made the most of the new region they found themselves in, bought land, put down roots and invested in a collective sense of identity bound up with their apprehension of their Indigenous identity in opposition to the concept of a foreign outsider ‘other’ ie White/Mestizo. They have maintained and built upon this

\textsuperscript{50} Salomon and Urioste (1991) “The Huarochiri Manuscript”.
\textsuperscript{51} Re the nature of unredemptive ‘horror’ stories
identity and still continue to do so. They have maximized opportunity, using resilience and creative engagement with circumstances that might also have limited them. They did not seek (as many did) taking upon themselves an alternative and better privileged identity of being non-Indigenous/Mestizo.

In this they also demonstrate one of the characteristics relevant to the population displacements witnessed in our present day refugee crises, as receiving countries (particularly those in the EU) develop strategies to address the needs of displaced people and how best to integrate them into the socio-cultural structures of the recipient country. There is seen to be a problem with ‘enclave formation’, wherein large numbers of incoming groups from a particular ethnic/cultural background group together and set limitations upon the extent to which they integrate in the culture of the recipient country, exercising a Salasaka-style form of ‘cultural denial’. This is a highly controversial subject, and one which many EU countries are currently grappling with. Yet it is one which is also a common feature of every migrant/immigrant dynamic and has been present everywhere that people have moved into different recipient regions with different cultures and grouped together to maintain their sense of identity and cohesion as a people.

The preceding section has interwoven the historical narrative of the study populations within their broader regional and historical contexts, with the way that Andean Indigenous mythos offers a more nuanced insight into the lived experience, as it impacts psychologically upon people. The relevance to human experience more generally, beyond any constraints of time, culture or space are clear. This forms the bridge of common human experience that links us to the final section of this report, where the aim is to connect with modern

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52 Whitten et al 1981; Corr 2001, 2012. See also Allen, 2002. “The Hold Life Has” for a description of the final assimilation into Mestizo identity of many of the Indigenous people in the community of Colquepata, Peruvian highlands, with the forces of modernisation: “If there were still Incas, as there should have been, then we really would be Runa. But instead they’re all turning Misti [Mestizo]. They’re [the local indigenous people of the town of Colquepata] filled with desire to be Misti, not Inca. We were like Incas, chewing coca, drinking chicha, drinking it from (ceremonial) tumblers. That’s how we were, but no longer – now we’re Spanish Mistis, we’re altogether Misti now” (Allen, 2002: Afterward: Runa, Misti and Mestizo, para 2).

displaced peoples – refugees, asylum seekers and migrants – and to see what the lessons in common tell us, and the way from this we might be able to construct a practitioner’s and policy ‘tool’.

And, for now, it remains to be seen which of the two mythical figures – ñaqaq/kharisiri or Indigenised Santiago in his transformed role as saviour of the Indians – will ultimately prevail in the circumstances of the emerging neoliberal global order we now confront.
CHAPTER FOUR
Modelling Health Beliefs In Traditional Populations

Defining health. The first challenge

How to define health and illness, and how to construct ‘meaningful models’ that capture the essence of beliefs and concepts as they exist in very different cultures has long been a concern to people from a wide background of disciplines:

“There is wide recognition that cultural models influence how individuals interpret the signs and symptoms of illness, including psychiatric disorders. The process of interpreting and ascribing meaning to one’s bodily sensations, thoughts, feelings, and behavior is mediated by cognitive models and social interactions with others, which in turn reflect cultural knowledge and practices. Social scientists have distinguished between the biomedical concept of disease, the patient’s subjective experience of illness, and the social meanings of sickness, each of which may be based on different explanatory models.”¹

This, then, has been the first challenge of this study ‘MEDICINE. Indigenous concepts of health and healing in Andean populations’. How to begin to define what ‘health beliefs’ are – i.e. beliefs about what constitutes the condition we call ‘health’ – in populations of people with conceptually very different ontologies which is to say ways of seeing the ‘world’ or understanding of ‘reality’. The earlier sections of this report have gone some way towards setting the context for this, and explaining the methodology undertaken for establishing what the study populations’ ‘health beliefs’ were from what could be established of the pre-Columbian autochthonous antecedents, and it is not the purpose to repeat this here. Readers are therefore directed to the appropriate sections which explain this, how the survey instrument was constructed to test these concepts and how well they survive in three Indigenous communities of the Ecuadorian Andes today.

Culture, health and illness

What, exactly, are ‘health beliefs’? Health beliefs are the sum total of all the ideas that people relate to the term ‘health’ and assign meaning or validity to. What constitutes health, and how illness is understood and experienced has, as noted by many authors, its own very large literature and I have once again had to limit the scope of this study into merely defining the informed framework which sets out some of the principal ideas that situate the enquiry within an understanding of the ways that ‘culture’ forms the individual and the collective understanding of ‘health and ‘illness’.

The work by Spector, “Cultural Diversity in Health and Illness”\(^2\) emphasises the importance of giving due orientation in ‘cultural concepts’ in the education of nurses, physicians, and other health-care professionals within the biomedical profession, something finding strong resonance with the training modules offered by the Andalusian School of Public Health, Granada (see later section ‘Practitioner’s Tool’) who have developed modules specifically aimed to raise awareness of what is cultural and ethnic ‘diversity’ and what is ‘sensitivity to diversity’.\(^3\)

Spector offers definitions of what constitutes ‘health’ according to what specific model or framework of interpretation is being employed, within alternative and traditional cultural contexts and how to model these (see Figure 1 below). It is helpful for us to see how subtle and nuanced are the different understandings of a term that the majority of people take for granted within the framework of their own cultural conditioning.

In describing the ‘Health Traditions Model’ she presents three interactive dimensions: maintain, protect or restore Health, giving rise to an overall total of nine interrelated facets:

“The HEALTH Traditions Model uses the concept of holistic HEALTH and explores what people do from a traditional perspective to maintain HEALTH, protect HEALTH or prevent illness, and/or restore HEALTH.


\(^3\) [https://www.mem-tp.org](https://www.mem-tp.org) ‘Diversity’ (M1-U1) and ‘Intercultural Competence and Sensitivity to Diversity’ (M1-U2).
Imagine HEALTH as a complex, interrelated phenomena— the balance of all facets of the person—the body, mind, and spirit. The body includes all physical aspects such as genetic inheritance, body chemistry, gender, age, nutrition, and physical condition; the mind includes cognitive processes such as thoughts, memories, and knowledge of such emotional processes as feelings, defenses, and self-esteem. The spiritual facet includes learned spiritual practices and teachings, dreams, symbols, stories; gifts and intuition; grace and protecting forces; and positive and negative metaphysical or innate forces. These facets are in constant flux and change over time, yet each is completely related to the others and also related to the overall context of the person. The context includes the person’s family, culture, work, community, history, and environment. Health, in this traditional context, has nine interrelated facets represented by the following:

1. Traditional methods of maintaining HEALTH—physical, mental, and spiritual;
2. Traditional methods of protecting HEALTH—physical, mental, and spiritual; and
3. Traditional methods of restoring HEALTH—physical, mental, and spiritual (see Table [here Figure] 1).”

![Figure 1. Model of HEALTH. The Interrelationship of Body, Mind, and Spirit](image)

She offers two very similar, but subtly different definitions of ‘health’, one according to ‘Functional Structure’ where: “HEALTH is defined as the balance of the person, both within one’s being—physical, mental, spiritual—and in the outside world—natural, familial and communal, metaphysical”\(^5\); and the author’s own definition: “HEALTH. [which] is defined as a state of balance between the body, mind, and spirit as well as a sense of harmony with the environment.”\(^6\) Both these definitions correspond closely to the Indigenous Andean understandings of what constitutes ‘health’ as described fully in the section reporting the survey findings and are modelled in Figure 2 – the ‘Andean Health Beliefs Model’ – below.

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\(^4\) Spector 2002:198

\(^5\) Spector 2002 *ibid*

\(^6\) Spector 2002: 198
Essentially, then, we learn that ‘health’ is “a complex, interrelated phenomena— the balance of all facets of the person—the body, mind, and spirit”\(^7\). This premise served to inform the construction of the survey instrument, wherein different sections sought to determine the respondents’ personal beliefs about the world they lived in and their understanding of its metaphysical basis. Relevant to the definition just offered, it also sought to determine the respondents’ views about how they understood these concepts of ‘body’, ‘mind’ and ‘spirit’ and whether they saw them as separate, or whether they saw them as part of a unified whole.

The question: “what is health?” was also asked of survey respondents in order to determine a baseline understanding of how Indigenous Andean people actually did define what ‘health’ was to them, instead of imposing a Eurocentric bias that assumed that ‘health’ always meant what it meant to people from European or North American (ie ‘western’) cultures (see full survey findings, this report).\(^8\)

Understanding health and illness. Culturally constructed models of health

I have employed here a cultural modelling approach to the construction of concepts of health and illness\(^9\), which is one generally endorsed by many authors as being more useful for anthropologists\(^10\).

McKee, whose study of processes of enculturation in the Tunguhuara region of Ecuador (close, in fact, to Salasaka), demonstrates how concepts of health and illness are culturally

\(^7\) Spector ibid

\(^8\) Study of key ethnographic sources have provided important additional verification for the survey responses.

\(^9\) Rachel Corr’s study of the Salasaka people (2001) adopts a similar approach. She explains: I prefer to think of illness interpretations in terms of cultural models rather than theories, because there are multiple models operating in people’s understanding of illness. Cultural models are “presupposed, taken-for-granted models of the world that are widely shared (although not necessarily to the exclusion of other, alternative models) by the members of a society and that play an enormous role in their understanding of that world and their behavior in it” quoting Quinn, Naomi and Dorothy Holland 1987 “Culture and Cognition. Cultural Models in Language and Thought.” Dorothy Holland and Naomi Quinn, eds. New York: Cambridge University Press. PP: 4

\(^10\) McKee 2003: 143 says of this; “ As ‘socially mediated forms of knowledge’ they afford a sense of a shared world view and ‘culturally typical practices’. I find Shore’s conception of cultural models brilliant and far more useful to anthropologists.” McKee discussing B. Shore 1996.“Culture in the Mind” Oxford University Press.
constructed and passed from one generation to another. Describing in detail the whole narrative and therapeutic ‘theatre’ for the embedding of the understanding of the illness ‘malaire’ in a complex interaction of behaviour and rituals, she says:

“...I suggest that cultural models of human body-structure, and of the pathogen Mal aire, are imparted to children during cleansing processes. I speculate that because the perceptions and interpretations embedded in these cultural models are shared by their intersubjective group, they prepare children for social life in their communities.”

Bibliographic sources and survey responses indicate that Indigenous Andean people understand health and its antithesis, illness, as states of being that reflect the status and experience of individuals and communities in both physical and psychological ways. For a person, or a social collective of persons represented by a community, health tends to be understood as the sum total of a state of well-being and harmony with the social, cultural and physical environment. In contrast, illness reflects an imbalance or disharmony within the organism and in the organism’s social, cultural and environmental relationships. Traditional peoples, and certainly Indigenous Andean people, commonly see health and illness in this way. This is very similar to Spector’s definition of health offered above.

Using the concepts identified as being key states/dimensions related to the construction of what health is understood as being and the collective means employed to preserve or restore it (e.g. ceremony or ritual), different ways of representing this were developed and are presented below (Figures 2 and 3) as the Andean Health Beliefs model.

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11 This is the ‘limpieza’ universally employed by healers to treat these conditions.
12 McKee 2003: 131-147
<table>
<thead>
<tr>
<th>Positive/Negative</th>
<th>State (of being)</th>
<th>Manifested as</th>
<th>Ritual/Ceremonial</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Identity (being born)</td>
<td>Birth</td>
<td>Naming</td>
<td>Identity/Legitimacy</td>
</tr>
<tr>
<td>Negative</td>
<td>Dead</td>
<td>Death: social breach/disconnection</td>
<td>Funerary/ancestry</td>
<td>Ancestral identity/Legitimacy</td>
</tr>
<tr>
<td>Positive</td>
<td>Wholeness/Integrity</td>
<td>Individual within family, community</td>
<td>Community performance &amp; ritual participation: feasts, sacrifice etc</td>
<td>Order/Health</td>
</tr>
<tr>
<td>Negative</td>
<td>Incompleteness</td>
<td>Sin</td>
<td>Ritual cleansing, sacrifice, correction/confession</td>
<td>Order/Health</td>
</tr>
<tr>
<td>Positive</td>
<td>Lineage/ethnicity</td>
<td>Origin/ancestor</td>
<td>Mythic/remembrance</td>
<td>Identity/Legitimacy</td>
</tr>
<tr>
<td>Negative</td>
<td>Alien</td>
<td>Displaced/rootless/social disconnection</td>
<td>Adoption by or reconnection to community, lineage, customs, traditions</td>
<td>Restoration of Identity/Legitimacy</td>
</tr>
<tr>
<td>Positive</td>
<td>Balance/equilibrium</td>
<td>Health</td>
<td>Community rituals, feasts, sacrifice</td>
<td>Order/Health</td>
</tr>
<tr>
<td>Negative</td>
<td>Imbalance/Incompleteness</td>
<td>Illness</td>
<td>‘Completion’ therapy; divination, ritual cleansing, sacrifice</td>
<td>Order/Health</td>
</tr>
</tbody>
</table>

Figure 2. Andean Health Beliefs Model
The model was produced from the study of a wide range of key bibliographic sources, together with the analysis of the results of the empirical survey of Indigenous communities about the survival of their ancestral beliefs and practices. This allowed a synthesis into the key domains of the nature/structure of Indigenous Andean lifeways, beliefs and conceptual processes about the world, the nature of being within it and the interaction of states of being with life processes and outcomes, together with the core ceremonies and rituals that form a critical part of many Indigenous societies in sustaining the life cycle as a whole (Figure 3).

In the models, the understanding of what constitutes health and well-being are defined by the outcomes ‘balance/equilibrium’ leading to ‘order/health’, based upon the premise (indicated by the MEDICINE research findings) that (positive) health states emerge from core dimensions which operate at both individual and community level, being ‘Wholeness/integrity’ and Lineage/ethnicity, which all combine to underpin ‘Identity’. Negative health states result from disruption to order/equilibrium impacting an individual/community sense of identity. Displacement, rootlessness and social disconnection may lead to perceptions of self as being alien, with loss of social identity and legitimacy. In order to bring a person who is ‘unwell’ back into a positive state of health,
Healers commonly employ rituals that re-integrate the sufferer within the framework of their socio-cultural milieu as part of the overall healing therapy\textsuperscript{13}.

**Understanding the causes of illness**

As noted by Corr in her analysis of the Salasaka Indigenous people, who were also participants of this study: “The domain of healing is composed of a set of cultural beliefs embedded in larger cosmological theories about the landscape.”\textsuperscript{14}

Figures 4\textsuperscript{15} demonstrates how differently Indigenous people within the broader Andean regions classify illness, based upon ontological and epistemological premises widely divergent from modern ‘western’ ones. Illnesses are therefore classified either in terms of what we would term ‘supernatural’ or, as ‘natural’, caused either by imbalance within the organism unless ‘strictly natural’ (as with trauma and accidents), or the more enigmatic ‘illnesses of White people’ suggesting that cancer, for example, was not commonly recognised before the arrival of Europeans.

Figure 5 presents a list of the twelve most common traditional Andean maladies with an attempt to relate them to modern biomedical diagnostic categories. However, a search for mere ‘equivalence’ is itself both risky and probably unachievable, given the complexity of how concepts and experience of illness are both personally and collectively (ie within the containing culture) constructed. The construction of models of illnesses at both personal and several collective (individual experience, family and society relationships, diagnostic and

\textsuperscript{13} See, for example, Greenway 2003. “Healing soul loss: the negotiation of identity in Peru”. In *Medical Pluralism in the Andes*, 92-106. Here the healer employs the use of allegorical narratives about community life and customs, and the dangers inherent in departing from the traditional ways of the collective to pursue ambitions in the wider modern world. This practice is less obvious in the northern region however (ie Ecuador) where traditional healers most commonly employ ritual healing in the form of ‘limpiezas’.

\textsuperscript{14} Corr 2001:213.

\textsuperscript{15} Figures 4 and 5 are also reproduced in the chapter: “Healing Cosmology and Traditions in the Northern Andes”, this report.
therapeutic context) is discussed by authors such as Kirmaya and Bhugra\textsuperscript{16}, or Baer et al. in their systematic review and documentation of regional variations in descriptions of ‘nervios’\textsuperscript{17}, which cautions against approaches seeking simple equivalence. Therefore, although it might seem that the different categories of illnesses listed in Figure 5 conform to what modern biomedicine understands to be illnesses of a psychosomatic nature, there are growing views which contest the simplistic and divisive diagnosis into diseases of mental or somatic origin and more willingness to contemplate the notion of an integrative, holistic system.\textsuperscript{18}

<table>
<thead>
<tr>
<th>CAUSES OF ILLNESS IN TRADITIONAL ANDEAN ECUADORIAN MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Christian and Andean)</td>
</tr>
<tr>
<td><strong>SUPERNATURAL CAUSES</strong></td>
</tr>
<tr>
<td>Divine/</td>
</tr>
<tr>
<td>sacred</td>
</tr>
<tr>
<td>God</td>
</tr>
<tr>
<td>Apu</td>
</tr>
<tr>
<td>Wak’a</td>
</tr>
<tr>
<td>Saints</td>
</tr>
<tr>
<td>Hills</td>
</tr>
<tr>
<td>Rainbows</td>
</tr>
<tr>
<td>Hurricanes</td>
</tr>
<tr>
<td>Fumes</td>
</tr>
</tbody>
</table>


**Figure 4. The Causes of Illness in Traditional Andean Ecuadorian Medicine**


\textsuperscript{18} Baer et al. 2003 *ibid*. Spector 2002 *ibid.*
<table>
<thead>
<tr>
<th>Malady</th>
<th>Literal</th>
<th>Interpreted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mal/malaire/malviento/aire</td>
<td>Maladies caught from ‘evil air’/wind</td>
<td>Negative psychosocial or environmental influences causing sickness</td>
</tr>
<tr>
<td>Susto/espanto</td>
<td>‘Soul fright’ (also experienced as ‘soul loss’)</td>
<td>PTSD/shock/emotional trauma/ dissociative identity disorder</td>
</tr>
<tr>
<td>Mal de ojo/ojeado</td>
<td>Evil eye</td>
<td>Negative influence of people, primarily to infants</td>
</tr>
<tr>
<td>Agarrado del cerro</td>
<td>Seized by the hills</td>
<td>Topophobia; environmental/psychosocial</td>
</tr>
<tr>
<td>La Luna</td>
<td>Moonstruck</td>
<td>The perceived influence of the lunar cycle on living beings/environmental, psychosocial</td>
</tr>
<tr>
<td>Cuichig</td>
<td>Influence of rainbows</td>
<td>Environmental/psychosocial</td>
</tr>
<tr>
<td>Hualambario/acapana</td>
<td>Negative influence of small local whirlwinds</td>
<td>Environmental/psychosocial</td>
</tr>
<tr>
<td>Brujería</td>
<td>Witchcraft, sorcery or spell casting</td>
<td>Nocebo</td>
</tr>
<tr>
<td>San Gonzalo, El Negro San Martín de Porras</td>
<td>Catholic Witch Saints; same as witchcraft</td>
<td>Nocebo</td>
</tr>
<tr>
<td>Castigo Divino</td>
<td>Divine punishment</td>
<td>Nocebo</td>
</tr>
<tr>
<td>Mala suerte</td>
<td>Bad luck</td>
<td>Nocebo</td>
</tr>
<tr>
<td>Envidia</td>
<td>Envy</td>
<td>Negative effects of nurturing envy; health disadvantages of relative inequality</td>
</tr>
</tbody>
</table>
The mind-body spectrum or divide?

Western biomedicine traditionally adopts a view that there is essentially an *a priori de facto* experience that is a given, that can seem to undervalue if not ignore, how culturally constructed ideas of health and illness actually are, although it is a view coming under increasing challenge by different schools of thought and especially as it relates to the understanding of illnesses as defined within mental/physical divisions of biomedicine. This study has consistently found that participants from the survey communities of Indigenous ethnic identity do not see the world or the mind-body in this dualistic way.

“Biomedicine poorly understands illnesses that transcend the mind–body distinction. Developing an understanding of the ethnomedical systems and diagnoses that recognize and understand these connections may be important in augmenting the biomedical understanding of the full dimensions and causes of human health.
problems, as well as psychological problems.” 19

Figure 6 illustrates graphically the relationship between traditional Andean and modern biomedical health beliefs, highlighting the very different ontological and epistemological premises of the two, the first holistic, the second divisive. In their study of the folk illnesses ‘nervios’ and ‘susto’ Baer et al. emphasise the same point:

“Our work expands the relationship to include both mental and physical disorders. In doing so we stress the importance of questioning the mind–body division of Western cultures—and of biomedicine—which discounts the relationship between folk illnesses and physiological disorders. The ethnomedical systems in which these illnesses are embedded do not recognize a mind–body distinction, and indeed see a fluid relationship between the physical body and its problems, the mind, emotions, and the spiritual. If we really want to understand folk illnesses, we need to allow for the possibility that these categorizations of symptoms may cross over the neat lines that separate the psychiatric and the physiological in the biomedical conceptualization.” [emphasis added] 20

Likewise the health model presented by Spector, discussed earlier here. How, then, is this division to be meaningfully reconciled in a way that serves the needs of multiple cultures; in the case of the subject matter of this study, to meet the needs of people from a diverse range of cultural contexts, traditions and backgrounds, many of which conform more to the traditional health belief model than the conventional biomedical?

Traditional versus modern biomedicine. Mutually exclusive views?

Returning briefly to the study region, we learn that the health network in Ecuador is based on a ‘multinational paradigm’, one in which “people can incorporate models of medicine based on both western science and evil-eye theories into their system of understanding without any contradiction” 21. This may be the case with many people in general, and, as discussed by Kirmaya and Bhugra in their paper “Culture and Mental Illness: Social Context and Explanatory Models”, people do indeed construct multiple models of illness, not all of

19 Baer et al. 2003 ibid.
20 Baer et al. 2003:333
which are well reconciled one with the other, to accommodate the many different life and relational contexts that they find themselves in\textsuperscript{22}.

The problem lies with reconciling two such very distinctive epistemological modes of understanding as traditional medicine and western biomedicine. Modern biomedicine struggles awkwardly with accommodating understandings of conditions which different disease manuals still have a propensity to define within the domain of psychiatric illnesses\textsuperscript{23}, yet which (depending upon the specific cultural context and associated belief systems) anthropologists might define in a number of ways related to shamanistic experiences and practices. As seen in the section “Healing Cosmology and Traditions in the Northern Andes” these commonly include the inducement of states of altered consciousness to access alternative spiritual ‘realities’ i.e. the world of ‘spirits’. Yet shamans outside of their very specific cultural milieu would be diagnosed in modern biomedical terms as being psychotic.

More recently, there is a better attempt to distinguish between culturally appropriate (i.e. ‘non-pathological’) states of altered consciousness and pathological mental states such as dissociative identity disorder (DID), dissociative trance disorder (DTD) and possession trance disorder (PTD), which Hecker et al. discuss in some detail\textsuperscript{24}. It is a subject which is attracting increasing interest, with other authors, for example, expressing concerns that the DSM-5 manual is not sufficiently sensitive to able to differentiate between what they call ‘nonpathological religious possession’ and dissociative identity disorder (DID).\textsuperscript{25}

There is a large literature which addresses these conflicts, many centring upon possession states, which are probably the most common of mental conditions where there is a substantial cultural ‘cross-over’. The phenomenon of shamanism has itself attracted the

\textsuperscript{22} Kirmaya and Bhugra 2009
interest of modern academics who seek to understand, analyse and classify it via cross-cultural research within western biomedical interpretative models. In a study of trance, dissociation and shamanism, Wood et al. conclude:

“We posit that, in more stratified societies, female agents suffer from higher levels of psychosocial trauma, whereas male agents are more vulnerable in flatter societies. In societies with fewer levels of formal hierarchy, males come into informal social competition more regularly than in stratified contexts. This instability leads to a cultural feedback effect in which dissociative experiences deriving from chronic psychosocial stress become canalized into a male religious trance role. The model reproduces these patterns under plausible parameter configurations.”

There is little reference or discussion of the many distinctive features of shamanism, such as the complex ‘calling’ patterns (as with dreams) that underlie the initiation to the shamanic profession in general. It highlights the dangers inherent in interpreting one ontological system of belief, experience and practice solely in terms of another which employs a fundamentally different conceptual basis. To demonstrate this point, I have used three very different models (early modern period Catholic Christian, conventional modern biomedical and the Jungian approach of Analytical Psychology) to interpret the experiences of the 17th century religious specialist Juana Icha, who found herself before the ecclesiastical courts in Peru on charges of idolatry and sorcery (“see “The Tale of Juana Icha. A Trial by Three Models”).

In my view, the best and most comprehensive work which addresses the relationship between what shamans experience and how modern psychiatry understands these is the book by Jungian psychologist and analyst C. Michael Smith “Jung and Shamanism in Dialogue. Retrieving the Soul, Retrieving the Sacred” which methodically sets out the

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27 The commensurately broad literature on the subject of shamanism, such as the seminal work by Eliade 1964 [1992] and the one I have generally used by Ripinsky Naxon 1993, treat the whole subject matter of the shamanistic ‘calling’ and its significance, and in the interviews I conducted with the yachaks of the study region I can confirm that the pattern of ‘calling’, generally via dreams and visions, is a common one in the manifestation of shamanism globally. Griffiths 1996 reports many similar narratives of ‘calling’ by traditional religious specialists from 17th century Andean Colonial contexts. Possibly the modern biomedical community would offer some explanation employing models of chronic psychosocial distress to explain this too.
points of similarity between the two systems and how common sets of experience (such as those just identified, i.e. DID, DTD and PTD) are understood in each and how they might be better understood in a common framework.

As it is, we are clearly still a long way off being able to reconcile the two epistemological and ontological frameworks in a manner which is satisfactory and does justice to both. Until then, the real progress in understanding and new interpretations which are being made, allow modern schools of biomedical thought to make strong recommendations for the application of culturally sensitive protocols in diagnosing these conditions, and in distinguishing between more pathological manifestations in the general populace at large, from those which are more tightly related to traditional cultural contexts and ‘religious’ practices. For example, Hecker et al. emphasise the importance of recognising the prevalence of ‘spirit possession’ in countries with recent history of warfare, citing the strong association between trauma exposure and spirit possession: “Spirit possession is a common idiom of distress in the majority of societies in the world”29.

Although a fuller account of the classifications of the range of different ‘disorders’ such as pathological spirit possession found within the DSM-5 and ICD-11 is deemed beyond the scope of this study to include, good summary accounts of these may be found in works such as the systematic review of the global prevalence of spirit possession by Hecker et al., who also note their approval of developments in the latest mhGAP Humanitarian Intervention Guide’s advances in the mention of dissociative symptoms in the module on acute stress, which includes “medically unexplained paralysis, inability to speak or see, and pseudoseizures”30.

CULTURALLY INTEGRATIVE MODELS OF CARE PROVISION. THE STUDY REGION

From the discussion of different approaches to understanding and modelling health here, it can be seen that provision of inter-cultural health care, at least at the level of primary care, should ideally be offered in multi-cultural societies.

Inter-cultural health care in Ecuador

As seen in ‘The Evolution of Indigenous Identity and Empowerment in Ecuador’, the Constitution of Ecuador theoretically already provides for the full integration of intercultural health, respecting the plurality of ethnicities and cultural traditions within the one nation state, honouring traditional, ancestral and alternative medical practices and establishing the right to health in the context of the country’s social, cultural and linguistic diversity. The Office of Intercultural Health was set up as a part of the Ministry of Public Health (Ministerio de Salud Pública), responsible for developing, implementing and monitoring technical guidelines, programmes and activities related to the provision of culturally-appropriate health in the National Health System and the management of the Ministry of Public Health, which guarantee the recognition and respect of the diversity of peoples and nationalities, and the articulation of traditional knowledge and health practices.

Appropriate, high-quality, intercultural services are also provided through the Model of Integrated Attention of the National Health System (MAIS), which establishes local health teams composed of health professionals and Technicians in Primary Health Care (TAPS), who are intermediaries between public health professionals and the local population. In predominantly indigenous areas, TAPs speak the indigenous language and are familiar with cultural components of health beliefs and practices. According to this model, traditional medical practices should be complementary, reflecting local health cultures and forming the basis of services that are culturally, socially and linguistically appropriate. Additionally, technical guidelines regulate procedures in the priority areas of maternal and infant health.

32 https://www.salud.gob.ec/direccion-nacional-de-salud-intercultural/
33 http://www.salud.gob.ec/direccion-nacional-de-salud-intercultural
with the provision of traditional healers and traditional birth attendant (TBAs), who although they are recognized in principle as part of the health system are not accredited. The MAIS model requires that health facilities provide culturally-appropriate services and installations (including birthing rooms) that meet cultural preferences.\textsuperscript{34}

However, the lack of accreditation for the traditional birth attendants may mean that they are not able to accompany their patients into the labour wards or delivery rooms, although there are some intercultural systems, such Jambilhuasi\textsuperscript{35} in Otavalo, which have been developing local projects in the attempt to remedy this. Only one traditional midwife/partera (also a practising yachak) was interviewed in Salasaka who had, at some considerable cost to herself, been able to negotiate the formal medical accreditation system to become a recognised midwife able to practice in modern clinical facilities, but she is a rarity. It is commonplace that many parteras, or TBAs, at least from older generations, do not possess the level of literacy required to be able to train to gain these kinds of qualifications.

In a recent study of the implementation of the intercultural policy offering ‘vertical birth’ (VB)\textsuperscript{36} in one hospital in the sierra region of Ecuador, Llamas and Mayhew found that introducing the practice, which involved modifying facilities to provide a traditional birth setting, did have a potential to improve uptake of maternity services by Indigenous women, who still in general have poorer maternal outcomes than the rest of the population. However, the implementation was highly controversial given staff, clinician and user views which either supported or opposed it. For those who supported the policy, it was seen as being critical to address ethnic discrimination to improve indigenous women’s access to the health service. Healthcare workers were initially sceptical, however, not only through the fear that vertical births would lead to poorer outcomes, but also through dislike of working...

\textsuperscript{34} Manueal del Modelo de Atención Integral del Sistema Nacional de Salud Familiar, Comunitario e Intercultural (MAISFCI) \url{http://instituciones.msp.gob.ec/somossalud/images/documentos/guia/Manual_MAIS-MSP12.12.12.pdf}

\textsuperscript{35} \url{https://www.unfpa.org/news/jambi-huasi—health-care-speaks-indigenous-communities-ecuador}

\textsuperscript{36} ‘Vertical birth’ is an Indigenous practice whereby the woman giving birth delivers the infant in an upright position, considered a critical factor in Indigenous birth practices.
together with TBAs, although the study found that this eventually improved with different compromises over time\(^{37}\).

It is the case then, that although an equitable intercultural framework of policy and legislation exists in principal, it is weak and erratically applied in practice\(^{38}\). The translation of policy to practice depends upon the personal vision and willingness of individual care providers and health professionals at the community level to actualise it. Some progress has been made, with isolated examples of ‘good practice’ (as above), but these are more the exception than the rule and there prevails a clear division between policy at the national level and how this translates into practice\(^{39} \quad 40\). In the study region, the Centro de Salud in the Zuleta community is a good example of a fully intercultural, inclusive system of primary health care.

Hence it is clear that, for the most part, western systems of biomedicine are those which commonly prevail, and it is not at all uncommon that no provision whatever is made for alternative Kichwa systems of diagnosis and healing. This is borne out by the findings of Rasch and Bywater\(^{41}\) in a study of the effectiveness of public health provision, where community-based research studies from an impoverished rural barrio in southern Ecuador indicated that the public healthcare system had been unable to address a ‘health epidemic’, a failure, they argue, as stemming from the continued functioning of the biomedical model of healthcare as the dominant health discourse in Ecuador. This, they point out, has resulted

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\(^{39}\) C.A.Gallegos, et al. 2016 \textit{ibid}


in a ‘top-down’ imposed health care system delivering what they refer to as ‘episodic’
emergency-style care. They accordingly recommend that the Ministry of Health (MOH)
create a nationwide community-based health promoter programme, and one guided by the
principles of health promotion.

As part of this study, interviews were conducted with modern clinicians and academics
versed in the health care system of Ecuador\(^{42}\) which supported a view that the continuity of
ancestral health care practices can in some ways function as another level of ‘primary care’
provision, for the many people who are not able to use or who do not trust the modern
biomedical services. It was, however, noted that this could have the adverse consequence
that people with serious conditions not amenable to treatment with ancestral therapies
presented late in the biomedical system when the condition had become advanced.

Interviews carried out for the survey phase of this study confirmed this, as many people said
that they went first to a traditional healer at the onset of an illness, and then to a
conventional doctor if the traditional healer had not been able to heal them. However,
there were also people who said the reverse, that they went to a traditional healer when
the modern clinician had not been able to effect a cure. As the survey of Indigenous
communities also found, there is an increasing trend for people to use the free local primary
care services, or even hospital outpatients facilities, and are growing sceptical of traditional
healers, who can charge high sums for their services (see survey section 5). However, as
seen with the discussion of diagnostic and healing practices in “Healing Cosmology and
Practices in the Northern Andes”, the traditional Andean illnesses such as *malaire*, *susto* and
*mal de ojo* are generally viewed as only amenable to diagnosis and treatment via the
ancestral healing system, and this is true also of the majority Mestizo population in the
country, many of whom commonly go to *curanderos* for the treatment of such illnesses. The
provision of intercultural care, which must at some level include a respect for or
acknowledgement of the alternative care system, is therefore clearly of the essence.

\(^{42}\) Fernando Ortega P. Escuela de Salud Pública, USFQ, Stage 1 Project Advisor; William Waters,Escuela de salud Pública, USFQ, interview 23/02/18; Javier Rodriguez specialist in gastro-enterology interview 25/02/18
Other views which emerged from the formal interviews with clinicians/academics were that what really mattered (in terms of provision of health care) was less a physician’s level of knowledge, but how patients were treated, reflecting deficiencies in their training which needed serious addressing, that physicians needed to respect the rights of their patients and their patients’ needs better. There needed to be better basic training in how to deal with ranges of different people, ethnicities, gender and age groups and better sensitivity to how to address patients appropriately. Casual and condescending forms of address to people of Indigenous or African-Ecuadorian ethnicity, particularly of women, and of older women, was highlighted.

Such improvements might result in a more equitable, inclusive service that better met basic primary and secondary care needs, although were still felt to be probably not close enough to where they should be. There needed to be more community involvement in the organisation of care provision to reflect community perceptions of need. Community services organised by community committees should reflect community values, and policy should reflect people’s needs, but unfortunately, policy setting tended to be detached from community.

Summary recommendations

The following recommendations are made to national health care providers:

- Commitment to and consistency in the provision of effective intercultural health care which reflects fully the range of different needs by multi-ethnic/cultural societies;
- Re-organisation/re-structuring of the provision of primary care to better reflect community needs and values, through the inclusion of ‘bottom-up’ approaches;
- More flexible approaches to including key intercultural maternity services, including offering the traditional ‘vertical birth’ in suitably adapted labour suites;
- More flexible approaches to the training of TBAs that they are better equipped to meet the needs of their patients, in modern labour facilities if necessary;
• Training, or re-training where indicated, in basic human rights orientated approaches to patient management skills and modules in ‘Diversity’ and “Sensitivity to Diversity’ such as though currently employed by the Andalusian School of Public Health, Granada^43.

^43 [https://www.mem-tp.org](https://www.mem-tp.org)
CHAPTER FIVE
The Tale of Juana Icha: A Trial by Three Models
The Psychological Impact of Evangelisation

Introduction

Following from “Modelling Health Beliefs in Traditional Populations” and the discussion of the dangers inherent in biomedical efforts to interpret the health and illness models of traditional societies with shamanistic bases of beliefs, this section more explicitly addresses what I have referred to as ‘the psychological impact of evangelisation’, and uses a particular legal case from 17th century Peru as a case study.

The impact of attempting to eradicate an autochthonous belief system and impose an alternate one might, initially, seem successful at the most superficial level, but the deeper one penetrates the individual psyche, there will be strongly surviving ideas and structures governing behaviour and experience, that cannot be easily changed. This in itself is a complex and ‘highly charged’ subject and one which I am not proposing to develop further by engaging in a full review of literature relating to this phenomenon. Here I merely address the kinds of impacts consequent on the forced evangelisation of Indigenous Andeans to Catholic Christianity through how the ethnohistorical record portrays it.

Jesuit campaigns to ‘uproot idolatries’

One of the best analysis of the shamanistic nature of Indigenous Andean healing lore and the psychological impact that forced evangelisation to Christianity had upon healers, is Griffiths “The Cross and the Serpent. Religious repression and resurgence in Colonial Peru.”

In Chapter Three: ‘The Idolater as Shaman’, Griffiths minutely examines the trial records of several defendants brought before the Spanish ecclesiastical courts on charges of idolatry

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1 via processes similar to ‘denial’
2 Griffiths 1996
and sorcery, showing in what way their personal accounts testify to the intrinsically shamanistic nature of their practices. He offers important psychological evidence of the influence of being forced to internalise a totally alien ontological system into their autochthonous Amerindian psyche and this is rather unique in the several otherwise excellent books that have been published in recent years dealing with the same subject matter. I have reproduced the following extract from Chapter 3 in full:

“Such relationships [viz between the shaman and the tutelary spirit in whatever form this took] may be representative of an archaic bond between shaman past and shaman present. But this bond was not immune to the process of change. With the advent of Christianity, an alien supernatural system, there was serious malfunctioning and even breakdown in the union of tutelary spirit and his messenger to the community [ie the shaman]. The time-honoured reciprocal relationship of practitioner and spirit had begun to fall victim to the inroads made by the new faith. What attests most clearly to this is the increasingly violent and unsatisfying relationships the declarants had begun to maintain with their apus. Fernando Carvachín protested that his spirit would materialise only to strike him and scold him for neglecting the magic which he had taught him. María Ticllaguacho grumbled that her ‘demon’ had whipped and beaten her for believing in the Spanish god. And Juana Icha complained bitterly to her interrogator that her apu had never mistreated her in the way that he was now accustomed to do.

Such conflict, presented in external physical terms, represents the mental turmoil consequent on the invasion of the indigenous consciousness by Christian images and practices [emphasis added]. The determining factor in Ticllaguacho’s increasingly brutal relationship with her spirit was her defiance of the essential condition that she should forget she had ever known any other god. Her huaca would appear before her in the form of a ferocious lion with bulging, fiery eyes and scold her for believing in the Spanish god and praying to him. Whipping and beating her, he had left her half-dead. By continuing to pray to the Christian god, she provoked an outraged antagonism in her autochthonous guardian. The Christian insistence on its exclusive monopoly of the numinous world had apparently generated a corresponding demand among the indigenous deities. Given that the Andean tradition was one of the incorporation of new deities into the existing pantheon, this expressed a dramatic transformation wrought by the invading religious system....The predominant influence on Carvachín’s relations with his spirit seems to have been the need to resist the strengthening grasp of Christianity. What is evident in the colonial period is the significant role of the new faith in disrupting the age-old pattern of mutual commitments. The defendants may not
have internalized the concepts of the Christian religion, but their self-perceptions were nonetheless altered by the intrusion of an alternative numinous world.”

A Curandera’s Tale. The Story of Juana Icha

The following account “A Curandera’s Tale. The Story of Juana Icha” was originally published in the Project MEDICINE Blog for 27th April, 2017 and forms the case study for the analytical interpretations offered in the three models which follow it.

“As part of the early phase of research into the ethnohistorical record, I went to the Archivo Histórico Arzobispal de Lima (Historical Archive of the Archbishops of Lima), Peru to examine the records specifically relating to the Jesuit trials of Indigenous religious specialists – ‘Extirpación de las Idolatrias’ – held there. There are many accounts surviving of the prosecution of indigenous Andeans by the ecclesiastical authorities, many dating to the 17th and 18th centuries, but the account of one of them – Juana Icha – provides us not only with another example of the legal processes involved and the intellectual framework applied in such cases, but of something rather rarer, of the real psychological impact that forced conversion to an alien creed had upon the people being prosecuted.

The presiding priest and prosecutor in this case was one Don Antonio de Cáceres and Juana Icha, referred to throughout as the ‘confessant’, the defendant. At the time of the trial in 1650, Juana Icha was 60 years old. She was a locally renowned curandera from the town of Pomacocha in the Caujo ecclesiastical jurisdiction of the Viceroyalty of Peru and considered very powerful, with the ability to divine, and to harm as well as to heal. Perhaps inevitably she had made enemies, including those who had brought her to the attention of the religious authorities and who testified against her.

The first point of interest to note is that Juana Icha would have been born around 1590, a good generation following the Spanish Conquest in 1532. Certainly at this time more remote Andean regions would have likely been less exposed to the intensity of evangelist campaigns than in the main population centres and Juana Icha had evidently internalised from her

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3 Archivo Arzobispal Lima. Hechizerías y Idolatrias 3.2. Causa contra Juana Icha, 1650
4 https://www.andeanmedicine.net/blog/curanderas-tale-story-juana-icha-1491594927
earliest infancy the autochthonous Andean belief system, centring upon *wak’a* veneration. Her guardian spirit, or *wak’a* was called ‘Apu Parato’, *apus* representing a particular kind of mountain deity. Following several forced confessions, we learn that Juana Icha had been imprisoned overnight in the church, when she heard the characteristic whirlwind sound of Apu Parato outside the door, calling her to join him. She responded for him to go away, that she was now in God’s hands where she wanted to stay, and, after attempting to induce her to follow him to his dwelling high upon the mountain above Cajapalca with a lake called Cochayoc on its summit⁵, eventually, he left.

However we interpret experiences of this nature, either in terms of the spiritually mystical or through conventional western biomedical mental health understandings which defines experiences of this nature as manifestations of ‘psychosis’, the cultural and psychological trauma is clearly manifest. There are many other similar cases discussed by authors such as Griffiths and Mills⁶ which clearly demonstrate the psychological process of ‘dissociation’⁷, wherein the innate indigenous experience of the numinous and understanding of the nature of the cosmos were under direct assault by an invading alien system of beliefs which imposed alternative metaphysical constructs and associated rituals, including the active demonization of the indigenous Andean. Cáceres, the priest prosecutor, consistently and disparagingly refers to Apu Parato - Juana Icha’s guardian spirit - as “el demonio, Apo Parato, su amigo” - “The demon Apu Parato – your friend”.

Mental health and well-being are critically dependent upon a stable sense of identity, at both personal and collective levels; these in turn impact physical health. Warfare (the wars of conquest by Spain), population displacement (the forced resettlement programmes called ‘reducciones’ introduced by Viceroy Toledo in the Andes in the 1570s), and the forced programmes of evangelisation to an alien religious doctrine all combine as significant stressors to indigenous populations already afflicted by successive waves of epidemic Old World diseases, to which they had no immunity.

The objectives of MEDICINE include the construction of a framework of understanding into how indigenous Andeans adapted to these stressors and

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⁵ This would most likely have been in the form of a ‘soul journey’ ie a journey through mystical spiritual realms achieved by induction of a state of altered consciousness as in a trance, and not an actual physical journey.
⁷ This is how I understood it at the time of writing, although I have since developed my knowledge base of these complex psychiatric conditions considerably through extensive further reading.
survived, and the extent to which their original belief systems and practices have survived with them.”

Trial by three models

The complexity of the beliefs and experiences of people from societies or religions with shamanistic or mystical traditions, which include visions of spiritual beings, voices and auras, have been widely studied. All major religions have their mystical schools: Islam has Sufism; Judaism has the contemporary esoteric Lurianic Kabbalah. Evelyn Underhill’s seminal work “Mysticism. A Study in the Nature and Development of Man’s Spiritual Consciousness”, which was first published in 1911, focused upon the Christian mystical traditions. A few years earlier in 1903, Carl Jung published his PhD dissertation “On the Psychology and Pathology of So-Called Occult Phenomena”, where he first posited the concept of the nature and behaviour of what he termed autonomous psychological complexes, which functioned as independent ‘alters’ or entities within the psyche, based upon a study of his cousin Helene Preiswerk, a spiritualistic medium who conducted regular seances.

As different as these two works seem to be, both treat essentially with the same experience – the realm of the psyche and the ‘mystical’ experience. One presents the range of ‘otherworldly’ experiences of spiritual personages that many people have in states of altered consciousness, and the other sets out a paradigm for interpreting these in a way that offers important insights into the structure and functioning of the human mind. As controversial as the work of C.G. Jung still is to mainstream schools of psychology and psychiatry, in my view, it is the best paradigm, that allows us some understanding of shamanistic and mystical experiences through states of altered consciousness. The ontological and ritual contexts for these are simply the framework within which to situate them.
The Christian model

This particular Christian model is that drawn from 16th and 17th century Catholic Christian orthodox beliefs which operated within an overall context of the beliefs of the day, which also included beliefs in spirits and demons.

Sabine MacCormack in her book ‘Andean Religion’ offers a helpful orientation in the Renaissance period ontological context, noting that:

“As late as the 17th century, scientists and astronomers regarded the entire physical universe as being governed by angelic and demonic energies”.. [wherein].. angelic energies moved the stars in their celestial spheres while much of the sublunary world was permeated by the negative impulses of devils and demons ... which disguised themselves in clouds and vapours, caused tempests and earthquakes, polluted and corrupted the air ... and spread diseases. ... [The] demons were particularly fond of appearing in the guise, or under the accidents, of the dead 9 10.

The famous 16th century Spanish chronicler Pedro Cieza de León, who followed closely in the wake of Spanish conquistadores, was convinced that the devil spoke to Andeans in the guise of their deceased ancestors, as well as being manifest in certain Andean divinities. However, although 16th century authorities such as Castañega11 and Ciruelo12 were prepared to acknowledge a scientific basis to atmospheric phenomena and movement of stars, as well as health and disease in terms of the ‘natural law’ notion of the science of the day, they still conceptualised the human world in terms of polar opposites of God and the devil, licit and illicit authority13. Griffiths14 makes the point that, as time progressed and 18th century succeeded 17th century, this simply became the intellectual framework within which Spanish ecclesiastical authorities situated their case, which was motivated more by issues of

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9 MacCormack 1991: 29
10 Note the similarity here to the aetiology of ‘malaria’ as being an evil wind brought from the dead to the living.
11 Martín de Castañega, Franciscan friar and Inquisitor, author of “Treatise of superstitions and sorceries and various spells and abuse and the possibility and remedy of them (Logroño: Miguel de Eguia, 1529).
12 Frey Pedro Sánchez Ciruelo, Spanish mathematician and theologian of the 16th century and author of “Reprobation of Superstitions and Enchantments”, Salamanca 1538
14 Griffiths 1996 “The Cross and the Serpent”
control (i.e. controlling the influence of Indigenous religious specialists) than genuine fear of their religious deviance. It was simply the model that was available to them. However, in 1650, it is more likely that priest prosecutors such as Don Antonio de Cácares sufficiently believed in the ontological framework that he employed to prosecute Juana Icha.

Although there had been concerted efforts to document and understand Andean religion, if only to be more effective in uprooting it and replacing it with Christianity\textsuperscript{15}, the majority of intellectual Spaniards and particularly those in ecclesiastical office, judged all religions which were not Catholic Christian to be heretical. Remember these were also the days of the spread of Protestantism, itself deemed heretical. Therefore there could be no toleration of alternative experiences of the numinous outside of a very tight framework of what Catholic Christianity deemed acceptable. Many of the mystical experiences of Christian saints, including Joan of Arc, Meister Eckhart, Saint Teresa of Ávila and Saint John of the Cross attracted the attention of the Inquisition in one of its different guises through the ages, for their potentially heretical experiences of what they claimed were divine beings. Therefore there was no question that Juan Icha had been guilty of dialogue and intercourse with ‘el demonio’ (Satan), who had appeared to her in the guise of Apu Parato. She was a baptised Christian moreover, yet effectively guilty of apostasy in her continued veneration of her Andean ‘demon’ and gaining supernatural powers from him that allowed her to practice her craft, all attributable to ‘el demonio’.

We never learn of her ultimate fate, but it was commonplace for Indigenous defendants found guilty of charges of sorcery and idolatry to be severely disciplined through punishments such as public humiliation, flogging, being forced to wear the cross publicly for a number of years, being forced to work in Lima’s public hospitals for a number of years and so on; and they were universally banned from any further practice of their craft. The Extirpación de las Idolatrías, being a ‘poor relation’\textsuperscript{16} of the formal Tribunal of the


\textsuperscript{16} Also called ‘bastard child’; Griffiths 1996
Inquisition and relevant only to Indigenous Andeans, had no power to ‘relax’ offenders in the way that the Inquisition was accustomed to.

Eventually, with the passage of more time, the idolatry trials waned and by the end of the 18th century, there seemed to prevail a general resignation to the fact that Indigenous Andeans continued clandestinely in their ancestral ‘superstitions’. The prevailing view was that they were too simple minded to be capable of anything else.

The biomedical model

Only a brief interpretation of Juana Icha’s experience will be attempted here, to offer a view on how employment of a very different epistemological model can completely alter our understanding of a person’s experience, however it was that they originally experienced it and whatever meaning it originally held for them.

It should be borne in mind that the shamanic experience is generally a complex set of interrelated experiences, which might involve auditory and visual hallucinations, experiences of the presence of a spirit guide in human, animal or even ‘composite’ form, and visions of other spiritual beings. However, it should also be remembered that shamans are in full control of their experience; they themselves commonly induce their trance stages and navigate through the alternative spiritual (cosmological) dimensions that they encounter in their trance or ‘soul journey’.

Consider the following information, drawn from an interview with a Salasaka shaman:

“The stones tell me how unwell [and in what manner] the person is and they tell me what to do. Therefore, I do only what the stones tell me to do. But the evil spirits come to threaten me in my dreams and to insult me asking I why I have removed them from that person and what authority I have [to do this]. Those evil spirits appear to me transformed into small / dwarf people. These evil spirits would seem

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17 Defendants found guilty of heresy within the jurisdiction of the Tribunal of the Inquisition were ‘relaxed’ i.e. removed from ecclesiastical jurisdiction to the public/state authorities for execution by garrotte or by burning.
18 Griffiths 1996; MacCormack 1991
19 This interview has been reported in full in “Healing Cosmology and Traditions in the Northern Andes”.

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to be people but they are not, they are evil spirits that come from the devil, spirits that want to continue to take over the soul of the person.

Yes, I have seen angels in my dreams, Jesus, God although in an inexplicable way, but for me those characters that I have seen are angels from heaven. Together, angels from heaven and gods of nature (the stones) give me knowledge and power to do the ritual and to get rid of evil spirits. ... When I begin the ritual process, all the spirits come to me with knowledge and power, as if I were an instrument to give well-being to the other person.”

This shaman employs the term ‘dream’, although it seems that he also has the ability the dream ‘lucidly’ i.e. to have a degree of control in his dreams, in the manner of the ‘soul journeying’ undertaken in traditional shamanic trances. During another interview, he also spoke of employing his whip to aid his dream journeys and to beat off attacks by evil spirits.

The ICD-11 classifies experiences of this nature within Dissociative Disorders, and the two which would seem most fitting would be 6B62 Trance Disorder and 6B63 Possession Trance Disorder\(^{iii}\), although there is no real indication that this shaman experiences being taken over by his spirit guide (the female spirit of the sacred rock outcrop where he conducts his rituals). Many other shamans commonly experience transformation into their tutelary spirits, however, during the induction of the trance. The ICD-11 emphasises of both trance disorder and possession trance disorder that they are involuntary and unwanted states, not accepted as a part of a collective cultural or religious practice. Hecker et al. also note that with the DSM-5 “Only trance and possession states that are involuntary or unwanted and occur outside of religious or culturally accepted situations are included.”\(^{20}\)

As with their review of the global prevalence of spirit possession and its association with prior experience of trauma, it is clear that the experience of an alternative numinous world populated by non-human spirit beings is, in fact, a not uncommon one, and it is only the condition of its being wanted or unwanted that determines whether it is diagnosed as being ‘pathological’ or not. Modern biomedicine therefore makes allowances for the fact that people have these experiences (even if it cannot explain them) and if they are sought as

\(^{20}\) Hecker et al. 2015
part of a formal belief system i.e. in ‘culturally accepted situations’, they are not included in the category of a disorder. There are similar definitions offered by the DSM-5.\textsuperscript{iv}

Of Juana Icha’s experiences, we learn that Apu Parato would in fact materialise before her, or arrive unsolicited with the noise of a whirlwind; he also castigated and beat her (one assumes that this would have been experienced in a state of altered consciousness as details are not provided). In this case it would seem that the experience is both ‘involuntary’ and ‘unwanted’, yet only the unsatisfactory nature of what had once been a highly rewarding relationship is what is unwanted, and this owing to her requirement as a baptised Christian to be completely faithful to the Catholic faith.

Juana Icha, it must be remembered, had not sought this confrontation with the Church or volunteered her information, which had been coerced from her. She was under trial for sorcery through being betrayed to the Jesuit investigators by people who were presumably her enemies. Her obligated conversion to Christianity had required her to deny her autochthonous spiritual guardian, the Indigenous Andean expression of the numen, and give allegiance to a totally alien understanding of ‘God’ and associated sacred personages, mediated through the catechisms and doctrines of the Catholic church. How is such ‘belief’ to be internalised meaningfully, given the need to engage with and reconcile deeper psychic structures which are the repository for primordial images and ideas that have been internalised from the containing culture and prevailing ontology since infancy? The conscious ‘will’ might make an agreement to believe, but how ‘deep’ can this meaningfully penetrate? Clearly Juana Icha struggled with this, as details of her story emerge and it would seem that Apu Parato (and many of the other autochthonous spiritual guardians of Andean shamans being prosecuted) was not prepared to ‘go without a fight’. They were unceremoniously banished from the realms of the sacred instead into the regions of the damned, in common with so many of the pre-Christian ‘pagan’ beliefs systems and associated deities across the world.

Happily then, Juan Icha would not have been prosecuted (nor even sectioned under the Mental Health Act of today) for her beliefs and experiences within the formal framework of modern biomedicine, however sceptical the generality of modern clinicians might be at her
descriptions of her apu. The fact that she was unhappy with the deterioration of her relationship with him, blaming her evangelisation to Christianity, presumably would be seen as being a private matter between her and Apu Parato.

The Jungian model

Carl Jung formulated much of his theory, particularly in respect of the concept of the unconscious – personal and collective – through his own well known early professional life experience of a personal mental crisis, which included profound and disorientating psychotic episodes, wherein he had direct experiences of the ‘world of spirits’ in the form of encounters with actual spiritual entities. The better known of these is the character he called ‘Philemon’, who acted very much in the capacity of his own tutelary guide and wise counsel; “Philemon came to be understood as an aspect of his higher Self”.21 He was therefore no stranger to spirits, but formulated a model to account for them in ‘modern’ scientific psychological terms.

To attempt a brief explanatory digest of Jung and his work and the practice he developed known as ‘Analytical Psychology’ is well beyond the scope of this work. There are many excellent books which summarise his main theories and how these relate to the human experience. The book I have used here is the one I have previously cited, by C. Michael Smith “Jung and Shamanism in Dialogue” which, as far as I am concerned, offers by far the best account of how the Jungian model compares with the traditional shamanistic view of the world. To orientate the reader better however, I have included brief extracts which describe the main phenomena relevant to the experience of spirits and the spirit world here, in this case which revolve around the phenomena of the autonomous complex:

“Complexes are Jung’s secular psychological interpretation of the (shamanic) numinal spirits that cause psycho-spiritual disorders, by invading and taking over the conscious organizing centre (will) of the personality.” Para 2.

“Jung’s conception of the complex contributes to the traditional theory of spirit and demonic possession, as well as its modern successor, multiple personality (MPD), now dissociative identity disorder (or DID).” Para 3.22

Smith notes the problem with Jung’s interpretations of shamanic phenomena in his tendency to interpret spirits as manifestations of the unconscious, and possessing spirits as complexes or archetypes which might suggest that spirits are finally nothing but psychological contents, something which modern biomedicine would clearly endorse. “For Jung the unconscious is very large, growing beyond the personal unconscious of Freudian psychology, and including the collective unconscious or objective psyche, which makes it largely an unknown: an unfathomable mystery filled with numinous presences”.23

It is not my intention, nor is it necessary, to offer a summary and discussion of the psychological theory, structures and dynamics which constitute Jung’s theory of the psyche, such as the nature of the collective unconscious, the central role of archetypes and so forth, which would overwhelm this section with unnecessary and confusing detail24, so I will simply highlight the phenomena of key importance here, as they reflects on the experience of Juana Icha and the generality of people with shamanistic practices. This includes people from other mystical traditions who experience profound visions of other spiritual entities. In many cases these are not the same as the condition of ‘possessive trance disorder’ detailed earlier, as there is no actual ‘possession’ experience (although certainly many shamans do experience ‘transformation’ into their spirit guide under the state of trance).

Juana Icha, and many defendants like her, engaged in a relationship with a spiritual ‘being’ which generally involved them both remaining as functionally ‘separate’ from each other. Juana Icha both saw, heard and engaged with Apu Parato as a distinctive being, and appears never to have actually been taken over by him, becoming him. He was accustomed to Juana Icha making offerings to him of the Andean sacred products consisting of coca leaves,

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23 C. M. Smith 2014 *ibid*
24 Many works offer good summary accounts and C. M. Smith’s work “Jung and Shamanism in Dialogue” presents an excellent explanation of all these different aspects and how they interact together. Even the simple introduction by Wikipedia can inform readers sufficiently well as a starting point: https://en.wikipedia.org/wiki/Jungian_archetypes
llama fat, chicha beer and so forth, in return for his sustaining her visionary and occult powers. There are ample reports in similar documents of there being a sexual dimension to these shaman-spirit relationships, although given the nature of the confessions, which were often extracted under torture, I would not know how reliable these are. The priest prosecutors were ruthless in projecting the products of their own prurient imaginations upon the ‘confessants’, particularly women.

From the earlier references to autonomous complexes, which may certainly operate in pathological ways and conform to different modern classifications of spirit possession disorders discussed, we need to be aware in Jungian terms of what is quite different, and designated as being the central organizing principal of the psyche from which all potential emerges called ‘the Self’. In Jung’s psychology the archetypal Self and its symbols refer to the deep centre of the person, its potential wholeness and source of development:

“Jung designated the deep and numinous centre of the psyche the archetypal Self. It may be viewed as the manifestation of the divine presence within the psyche, or of the “image of God” within the psyche. It typically manifests itself in a variety of forms and personifications, some of them bearing close resemblance to the shaman’s spirit guides and familiars [emphasis added].”

The reference to “divine presence” and “image of God” is controversial inasmuch as people with no religious beliefs, who are atheistic, will not be prepared to be led down a pathway into accepting something alien to them. Happily this is not necessary, as what lies at the end of this pathway, towards a definition and acknowledgement of this central organising numinous centre is a simple question mark, which accommodates both an interpretation of a divine being as ‘Ultimate Reality’ indwelling in people, as well as it does the ‘simple’ unconscious centre of the human psyche, distinct from any separate ‘god’. Esoteric Eastern philosophies and religions (Hinduism in some its earlier and most evolved expressions), also espouse the theory of the ‘Self’ as being both the transcendent highest cosmic principle – Brahman – and its indwelling manifestation – the Atman – in humanity, and thus offers intriguing parallels. In short, you may believe what you wish, and Jung himself was famously non-committal about this.

However complex the psyche and the concepts of the personal and collective unconscious are, people indisputably have wide ranging experiences of spirit beings in very many different cultural contexts, which are frequently experienced as being ‘numinous’ in a positive way. It is also quite clear that “the experience of the numen is of an exclusively personal nature”26, however later interpreted or organised into a collective containing framework for the purpose of better understanding it, or into formal religious doctrines.

I would therefore posit that Juana Ich’a’s tutelary guide Apu Parato, and indeed the generality of many of the tutelary spiritual guides that Andean shamans allied themselves with was, in fact, a manifestation of the ‘Self’ in its Andean cultural guise, which could take a very wide range of forms it should be pointed out. The Jungian model therefore fully accepts and accommodates the plurality of the human spiritual experience, as diverse as humanity is and human cultures are.

Comments, discussion and cautionary tales

On a wider note and of relevance to our modern worlds and societies, it should be pointed out that many people have, at least at some stage in their lives, experiences of states of altered consciousness which might include involuntary visual or auditory hallucinations, or trance like experiences. Our societies have no understanding of these (outside of the narrow biomedical definitions of mental illness) and we entirely lack the frameworks and contexts for interpreting what it is being experienced. For the generality of people, it is profoundly disturbing to have involuntary apparitions of personages or creatures or the sense of being ‘possessed’ by an invading entity foreign to ego consciousness. People presenting in a standard clinical facility with symptoms of this nature would therefore commonly be referred for psychiatric assessment and management by a regime of ant-psychotic medication.

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26 C. M. Smith. 2014. Chapter 2: Technician of the Sacred. Expression of the Numen Para 1
In traditional societies, however, many (not all) such experiences might be associated with people gifted with ‘supernatural vision’ as being a ‘seer’, or a neophyte religious specialist. This in itself is sometimes experienced as a ‘calling’ to undertake shamanic apprenticeship, which, in traditional societies, may take many years of training. The shaman interviewed from Salasaka experienced his ‘calling’ in a profound dream, wherein he was visited by the spirit of the sacred wak’a site where he practises (in human female form) and told to serve her by becoming a healer and that she herself would teach him his craft. This is, in fact, not an unusual initiation to the shamanic profession. Yet anyone from our modern societies who had a kindred experience would have no means to understand it, no ontological or ritual context for structuring it in any way meaningful to them outside of mental illness.

Now in western societies people are certainly more open to these experiences and this has resulted in a proliferation in courses and ‘workshops’ in how to be a shaman in recent years. I am highly sceptical of these, that somehow a mere brief course or workshop can teach a person from a spiritually disengaged western culture the complexities of these ancestral systems, the majority of them evolved from very different ontological and epistemological bases. I have interviewed South American shamans who took many years to learn their craft; a shaman from the Shuar community Ecuador who told me he had learned the uses of 500 plants and all their healing properties. This is not something that can be learned in a six week workshop or course! Worse, it leads to a down valuing of this ancient and powerful tradition and causes it to be dismissed by its biomedical judges as a mere manifestation of ‘New Age’ culture.

Finally, we now see the burgeoning of a wing of the travel industry wherein foreign visitors flock to the Amazon for ‘ayahuasca tourism’. In so doing, they are exposing themselves to serious and unnecessary risk and distorting the whole ritual and psychological framework for the employment of this powerful hallucinogen, now being exploited by unscrupulous ‘neo shamans’ for profit at the expense of their traditional cultures. Inevitable and tragic deaths of gullible tourists, unaccustomed to the side effects of this drug, with no adequate
supervision of its administration, or any professional emergency medical aid on hand for resuscitation, have been the consequence of this.27

Conclusion

Of the three models presented here, which offers Juan Icha the fairest ‘trial’ of her life, her faith and her craft? The only one of the three which demands uncompromising exclusivity to itself is the Christian model. In many ways this is still true – witness the continued evangelist campaigns, both in the Andean communities of the survey region, and wider in the world, as with recent high profile killings of Christian missionaries in places such as the Andaman Islands28. It has been observed elsewhere in this study (“Heritage Discourses. What Constitutes Heritage Now?”) that evangelical branches of Christianity actively seek to eradicate traditional belief systems and target Indigenous sacred sites for destruction. One otherwise ideal Indigenous sierra community was excluded from the survey owing to its recent evangelisation by Seventh Day Adventists, and the complete abandonment of their ancestral beliefs and practices as a consequence (see Survey Methodology).

This ideology is the active promotion of a ‘monoculture’, which appears to reject a meaningful expression of the diversity of the human condition and experience; that there may be many ways of experiencing and expressing something as innate and as personal as the numinous; that there is a ‘one size fits all’. As people are diverse, in terms of ethnicities, cultures, languages, so are the many ways that they ‘see and know’, and the extraordinary variety of the different beliefs about the world and nature that express these. Christianity is hardly alone in its intolerance of plurality by the fundamentalist views of the more extremist manifestations of the religion (such as those that existed during the expansion of the Spanish and Portuguese empires in the 16th century); the same is equally true of extremist forms of Islam. Until very recently, Hinduism reflected an extraordinary diversity of non-dogmatic eclectic religious beliefs and practices that comprehended people’s need to

experience the numinous in ways meaningful to them. Perhaps only now, with the rise of the more militant nationalist expression of Hinduism, is this starting to change. At the other extreme, there is the dogmatic negation of anything ‘spiritual’, whether it be ideologies such those that prevailed in the Cultural Revolution of Mao Zedong in 1950s China, or in the Stalinist USSR which persecuted Siberian shamans in much the way that the Jesuits persecuted them in the Andes, or modern positivist scientific traditions that flatly refute the existence of anything beyond the realm of ‘matter’.

Modern biomedicine is and probably always will be sceptical of the human spiritual experience, but at least modern disease manuals have made an effort to distinguish pathological experiences of a spiritual nature from those actively sought or practiced in personal or more formalised ritual or religious contexts. This is progress. Clearly it is important to be able to distinguish experiences which are involuntary and which impact life and its quality in potentially harmful ways, from those which are either neutral or beneficial.

The Jungian framework, in developing an overarching model of the nature and functioning of the psyche – that fundamental and inescapable context for all human experience – provides the best model I believe. It is also one that itself can provide a context for distinguishing (and treating) autonomous and potentially pathological experiences from the very many which exist as a part of our shared human evolutionary inheritance psychologically. It is one which actively endorses the need that people experience and express their innate sense of ‘self’ and the inner imperative of the psychological journey through life towards ‘individuation’:

“Jung had a teleological view of the psyche, in which everything in it had purposive intentionality aiming at wholeness and an unfolding realization of potentiality which he called individuation. The unconscious contents inherently strive toward outward expression and realization in the actual world”.  

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I would conclude with the view that no one system has a monopoly of the truth in terms of something as diverse and rich as life and our humanity as a part of this. And, as far as its spiritual experience and expression goes, in the immortal words of Shakespeare’s Hamlet: “There are more things in heaven and Earth, Horatio, than are dreamt of in your philosophy”.

References for “The Tale of Juana Icha”
Archivo Arzobispal Lima. Hechizérias y Idolatriáes 3.2. Causa contra Juana Icha, 1650

Glossary for “The Tale of Juana icha”
Apu: A pre-Hispanic concept meaning ‘Lord’ in Quechua. As the spirit inhabiting mountain peaks, the apu is the personification of the landscape. It functions as a tutelary deity, intervening directly in the material world and requiring propitiation through regular, formal offerings (Griffiths 1996:316).

Huaca (wak’a): a superhuman person, shrine, holy and powerful object (Salomon and Urioste 1991:16). In pre-Columbian and colonial times, a huaca was a “sacred entity” or ‘object of reverence’. It has been described as “both a localization of power and the power itself resident in an object, mountain, grave, ancestral mummy, ceremonial city, shrine, sacred tree, cave, spring or lake of origin where festivities were held or where a great man lived.” (Brundage 1963 in Griffiths 1996:317).

6B62 Trance disorder
Description
Trance disorder is characterized by trance states in which there is a marked alteration in the individual’s state of consciousness or a loss of the individual’s customary sense of personal identity in which the individual experiences a narrowing of awareness of immediate surroundings or unusually narrow and selective focusing on environmental stimuli and restriction of movements, postures, and speech to repetition of a small repertoire that is experienced as being outside of one’s control. The trance state is not characterized by the experience of being replaced by an alternate identity. Trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system, head trauma, or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

6B63 Possession trance disorder
Description
The possession trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice.

Possession trance disorder is characterized by trance states in which there is a marked alteration in the individual’s state of consciousness and the individual’s customary sense of personal identity is replaced by an external ‘possessing’ identity and in which the individual’s behaviours or movements are experienced as being controlled by the possessing agent. Possession trance episodes are recurrent or, if the diagnosis is based on a single episode, the episode has lasted for at least several days. The possession trance state is involuntary and unwanted and is not accepted as a part of a collective cultural or religious practice. The symptoms do not occur exclusively during another dissociative disorder and are not better explained by another mental, behavioural or neurodevelopmental disorder. The symptoms are not due to the direct effects of a substance or medication on the central nervous system, including withdrawal effects, exhaustion, or to hypnagogic or hypnopompic states, and are not due to a disease of the nervous system or a sleep-wake disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Excerpted from Hecker et al. 2015: ‘Pathological Forms of Spirit Possession’

‘The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV; American Psychiatric Association, 2000), included experimental criteria for pathological forms of trance and possession phenomena as examples of dissociative disorders not otherwise specified (DDNOS). Dissociative trance disorder (DTD) is defined as a marked alteration of consciousness or loss of the usual sense of identity without replacement by an alternate one, accompanied by a narrowing of awareness of immediate surroundings and stereotyped behaviors or movements which are experienced as being beyond one’s control. In possession trance disorder (PTD), the usual sense of identity is replaced by another identity. This is attributed to the influence of a spirit, power, deity, or person. The stereotyped and culturally determined behaviors or movements are experienced as being controlled by the possession agent, and there is a full or partial amnesia of the event. The DSM-5 states that distinct personality states of dissociative identity disorder (DID) may be explained as an experience of possession in some cultures. DTD remains classified as DDNOS, and PTD generally is subsumed into the category of the DID (Dalenberg et al., 2012; Van Duijl, Kleijn, & De Jong, 2013). Yet, if the criteria of DID are not entirely fulfilled, PTD may also be classified as DDNOS, for example, if there is no amnesia or if the disruption of identity is less than marked. Furthermore, the DSM-5 introduced a dissociative subtype of posttraumatic stress disorder (PTSD), listing depersonalization and derealization among its symptoms. In some cultures, the dissociative subtype of PTSD may also cover possession phenomena (Sar, Alioglu, & Akyu’z, 2014). Another possibility to code possession experiences in the DSM-5 is the new category of acute dissociative reaction to stress (duration of less than 1 month). As transient possession phenomena may not be classified as DID or DDNOS (e.g., as for these diagnoses, the symptoms are required to be chronic), they may be classified as acute dissociative reaction. The International Classification of Diseases, tenth edition (ICD-10), includes trance and possession disorders as a separate entity (WHO, 1992). Very
similar to the DSM, the ICD-10 defines trance and possession disorder as a state in which there is a temporary loss of the sense of personal identity and full awareness of the surroundings. Only trance and possession states that are involuntary or unwanted and occur outside of religious or culturally accepted situations are included. From a systematic review that analyzed 28 articles and 402 cases of patients with dissociative trance and possession disorders worldwide, During, Elahi, Taieb, Moro, and Baubet (2011) concluded that dissociative trance and possession disorders are widespread conditions that can be understood as global idioms of distress.”

“EXPRESSION OF THE NUMEN Since the numinous is experienced as wholly other, expressing it is problematic. Ordinary language and rational concepts fail to do it justice, as it eludes them with its mystery. It can be evoked or aroused through the symbolic use of language, but it requires a natural sense of the numinous to be able to be conscious of it. Indirect means are typically used to evoke awareness of it, because it can not be taught or communicated through tradition. The shaman may be taught much about Direct means of expression involve the use of language, but in a way which stretches words to their breaking point, through symbolic images, or through words which have no literal meaning at all (the Hindu om, the Hebraic halleluiah, the Sioux wakan). Often sacred words must be passed over in silence, or must be said or chanted in a special way. Direct means only work if they rely on non-verbal means, such as an attitude of reverence/respect, attunement of mood, respectful tones, etc. Indirect means typically involve aesthetic and environmental conditions which arouse numinal feeling. Any atmosphere which can evoke a sense of extraordinary potency, beauty, awe, and elevation of mood or lofty aspiration, or perhaps a sense of the sublime, may become an indirect means for evoking a feeling of the numen. Places, events, or objects which seem strangely different, unique, miraculous, or powerful seem to hold a greater potential for numinal response. Otto draws attention to the ancient Stonehenge as having a power and grace which was numinal. He believed it may have originally been used to store up numen in a solid place by magical means. 5 Natural objects, for example, stones, bodies of water, mountains, the sun and moon, all may arouse the feeling of the numen. Sacred art has typically been able to arouse the numen, often through the use of impersonal and austere looks (Byzantine Madonnas), blackness (black Madonnas), and destructive personae (Kali Durga) because they suggest not only the alluring aspect but the tremendum or horrific aspect of the holy. The use of negative space in Oriental art, as well as in Gothic architecture, as well as the use of light and shadow (Gothic vaults), also arouse similar responses. The shaman’s love of darkness, of graveyards, of the nocturnal, may be understood as a need for environmental contexts which are evocative of the ambivalent experience of the sacred.

CHAPTER SIX

From Bridge to Policy and Practice Guidance

Introduction and study objectives

Following from “Building the Bridge. A Discussion of the Evidence”, this section represents the final part of the EC-funded project “MEDICINE. Indigenous concepts of health and healing in Andean populations. The relevance of traditional MEDICINE in a changing world”. It meets the overall project goal, as defined by Research Objective 6 of the proposal to the European Commission Horizon 2020 funders:

“RO6: ‘Bridge’ to contemporary global ethnic scenarios and policy making ‘tool’. Drawing upon the stages developed in ROs 3 and 4, a conceptual ‘bridge’ will be developed from the study population to generate a trans-cultural model for use with contemporary peoples from migrant or marginalised backgrounds that informs best practice for the integration of their traditional beliefs into modern health and social care provision.”

This has since been modified into being a ‘practitioner’s tool’, but one with clear with policy relevance and guidance for policy making. Lessons learned from the study of a population with an historical experience of destructive impacts to collective cultural identity via persecution, socio-cultural trauma and population displacement would aim to draw out key dynamics related to their survival and adaptive processes into contemporary global population displacement scenarios via the aforementioned ‘bridging process’. This process built upon 1) Project Phase 1 – the study of archaeological, ethnohistorical, ethnographic and bibliographic sources to draw out key ancestral (pre-European) Indigenous Andean beliefs related to health, illness and healing and 2) Project Phase 2 – the development of a survey instrument to take into three contemporary Indigenous Andean (Ecuadorian) communities to test the validity of the concepts previously identified, to review evidence for the survival of key cultural patterns and ancestral beliefs and practices related to Indigenous pre-European Andean epistemologies and ontologies.
The earlier chapters in this report have presented the evidence in this sequence, building a clear narrative serving this overarching goal, concluding with “Building the Bridge. A Discussion of the Evidence” wherein it is stated:

“The preceding section has interwoven the historical narrative of the study populations within their broader regional and historical contexts, with the way that Andean Indigenous mythos offers a more nuanced insight into the lived experience, as it impacts psychologically upon people. The relevance to human experience more generally, beyond any constraints of time, culture or space are clear. **This forms the bridge of common human experience that links us to the final section of this report, where the aim is to connect with modern displaced peoples – refugees, asylum seekers and migrants – and to see what the lessons in common tell us, and the way from this we might be able to construct a practitioner’s and policy ‘tool’**.”

The process of developing the ‘bridge’ between the two apparently widely different populations has sought to identify the common denominators and core processes involved, where they are comparable and where divergent, as demonstrated graphically in figures 1 and 2.

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**Figure 1. Factors in common between historical and modern populations**
Revisiting, briefly, evidence presented in previous chapters, the two study populations – Salasaka and Zuleta – highlight two very different dynamics present in the post 16th century Iberian conquest colonial and Republican periods, which set the context within which Indigenous people either adapted to and survived the conditions of the European takeover of their lands with their sense of Indigenous ethnicity intact, or else arguably descended into the lowliest and most abject of conditions as peons on the great Creole landed estates, bonded labourers working for the mere right to live on and till a small plot of what had once, in such abundance, been their own ancestral lands. The one thing apparently absent from this process was any sense of ‘historical consciousness’ of their lot, and therefore only evolving mythic traditions offer clues as to the historical actuality, as seen earlier.

It is also surprising that a general collective commitment to a shared cultural and ethnic identity as being non-European and non-Mestizo was not, in fact, the case. As outlined by
Huaracaya\(^1\) and also Casagrande\(^2\), it seems to have been more commonplace that many ‘free’ Indigenous people saw themselves as part of a wider class group that included Mestizos, and, not uncommonly, assimilated into it, thereby losing all cultural and ethnic distinctiveness as a result, given that such investment “in the subject position of the mestizo ... as a process of assimilation, involves the disavowal of indigenous memory”\(^3\).\(^\text{i}\)

This in itself can be viewed as another form of ‘survival strategy’ – ‘adapt and survive’ – or put another way, change your fundamental identity into one better privileged.\(^4\) The lesson of the mythic ñaqaq/kharisiri discussed earlier is therefore very relevant here. It was only with the relatively late development and intersection of a number of factors, revolving around agrarian reform in the 1960s that, finally, the Andean peasant classes became sufficiently empowered to confront and prevail over the vested interests that had across five hundred years effectively enslaved them. In the wake of their success, other Indigenous groups became inspired to redefine themselves as part of the overall non-White/Mestizo Indigenous ethnic group, and in this lies the origins of the modern movement of ‘Indigeneity’ in this region (the process is kindred but with different specifics in other regions). However, there were other groups such as the Salasakas par excellence, who adopted the reverse strategy of ‘cultural denial’ to protect and reinforce their sense of collective identity against the national ‘other’, apparently even at the expense of being stigmatised by it for being Indigenous.

\(^1\) Huarcaya 2018 *ibid*
\(^2\) Casagrande 1981
\(^3\) Huarcaya *ibid*
\(^4\) Although Huarcaya offers a more complex and nuanced discussion of the pressures to assimilate, which include the stigmatisation of being Indigenous, and the formal education system: “given that the condition of being indigenous was heavily stigmatised, most *indígenas* who went to school assimilated into dominant, mestizo culture. As Rudi Colloredo-Mansfeld argues, the equating of formal education with assimilation was a ‘basic tenet of national culture’ “.
Observable survival strategies

This might therefore be reducible to two observable survival strategies:

1. assimilate to the dominant culture to survive, at the expense of the original cultural/ethnic identity, a process that embraces loss of cultural/ethnic distinctiveness. This might be understood as a form of cultural pragmatism that privileges class or socio-economic survival at the expense of individual/group identity;
2. construct protective barriers against the dominant culture and ensure that there is as little contact with it as possible i.e. ‘cultural denial’.

Either one of these might deliver ‘meaningful survival’, in terms of the ability to maintain independence to some degree and retain a sense of individual and collective dignity.

The third scenario is not a strategy at all, but rather an ‘acceptance of lot’ and as such is the worst case scenario: the Indio de hacienda - the owned Indian or serf, normalised over hundreds of years into acceptance of being the lowliest class, dependent upon the hacienda for protection and the most basic of usufruct lives – mere ‘continued existence’.

The independence and pride of groups like the Salasakas seem to have been the outcome of several centuries of a determined crafting of their separate sense of ‘self’, ethnic and cultural identity defined in opposition to the national ‘other’. Theirs would seem to offer the most ‘meaningful’ of survival scenarios?

The situation as described offers interesting contrasts with results from the survey, wherein a mere generation following the political and socio-economic changes centring on agrarian reform, Indigenous respondents from all regions readily identified themselves as being ‘Indigenous’ or ‘Runa’ with a collective commitment to a shared cultural and ethnic identity as being non-European and non-Mestizo (ie mixed). This was especially the case for groups
like the Salasakas, but now more generally includes a growing sense of pride in identity from Indigenous *comuneros* in Zuleta too.

To re-iterate findings from the analysis of evidence from the study populations presented in “Building the Bridge. A Discussion of the Evidence”, key factors present or absent in the two contrasting study populations of Salasaka and Zuleta, were highlighted as being:

- Resilience;
- Agency;
- Opportunity (with circumstances);
- Creative engagement with adversity;
- Assistance.

These in turn highlight another important characteristic of ‘free’ people: the freedom and opportunity to exercise ‘choice’. How might this link to the comparator population of contemporary refugees and asylum seekers?

**CONTEMPORARY REFUGEE AND MIGRANT PEOPLE**

Turning from the Andean study region, I will now review the comparator population and experiences of contemporary refugee, asylum seekers and migrant people, not just as arrivals in Europe from destinations in Africa and the Middle East, but as a global population displacement phenomenon more widely.

The UNHCR define a refugee as “someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.
Two-thirds of all refugees worldwide come from just five countries: Syria, Afghanistan, South Sudan, Myanmar and Somalia.”

Conversely, “a ‘migrant’ is fundamentally different from a refugee. Refugees are forced to flee to save their lives or preserve their freedom, but ‘migrant’ describes any person who moves, usually across an international border, to join family members already abroad, to search for a livelihood, to escape a natural disaster, or for a range of other purposes. However, refugees and migrants often employ the same routes, modes of transport, and networks. Movements of both refugees and migrants are commonly referred to as ‘mixed movements’. It is important to distinguish the different categories of person in mixed migratory movements, and apply the appropriate framework of rights, responsibilities and protection.”

Approaches to address the needs of refugees

Recipient countries, such as those within Europe on the front line of the present refugee crisis, adopt diverse approaches to address the acute and longer term needs of the many thousands of people who have become refugees and are seeking asylum away from their original homelands.

Guided, for example, by UNHCR7 and WHO policy directives8, sometimes supported by EC-funded research initiatives, different approaches to the assessment and management of refugees and asylum seekers have been devised by many European organisations and individuals to address the contemporary refugee (and migrant) crisis in both practical and innovative ways. A full review of literature related to this, to the personal experiences of refugees, and the kinds of policies, strategies and approaches to their predicament is, however, outside the scope of this current work. Therefore two important and innovative examples are offered here: 1) the EC-funded Migrant and Ethnic Minorities Training

5 https://www.unrefugees.org/refugee-facts/what-is-a-refugee
6 https://emergency.unhcr.org/entry/44937/migrant-definition
7 https://www.unhcr.org/uk/
8 http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health
Packages (MEM-TP) project carried out by the Andalusian School of Public Health at Granada (ASPHG) and 2) the work carried out by Professor Renos Papadopoulos in the psychiatric assessment and counselling of refugees, adopting the approach of Analytical Psychology. Both of these draw fully upon the policy, professional and academic literature to develop their innovative lines of work.

A public health approach

In addressing the need for a better awareness of cultural heterogeneity and spectrum of improved ‘competencies’ from intercultural competence to diversity sensitivity, training modules developed by the ASPHG draw attention to the importance of raising awareness and understanding of the sorts of key social differences that may be a core part of the functioning of an ethnic group and which might significantly affect the manner in which people who have become migrants and refugees are addressed by health care systems in recipient countries, where the majority society and health care system is that of a ‘modern western’ (Global North) European order.

It is noted in MEP-TP that many traditional societies have a series of commonly accepted elements that persist and form an essential part of the culture, which have been situated here into what I am calling ‘Framework 1’ and have set these to be considered in terms of the personal, family, originating community (Community 1) and recipient community (Community 2) dimensions and which will all influence the ways in which people are affected and will therefore demand appropriate consideration under these categories by health care professionals.9 This is reminiscent of Figure 1 in “Modelling Health Beliefs in Traditional Populations”, which reproduces the model presented by Spector9.

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The dimensions from Framework 1 are generally subsumed within the global concept of ‘culture’, with, for example, the concomitant employment of intercultural mediation\(^\text{10}\) in respect of preliminary assessment and further actioning of people who have become migrants or refugees by recipient countries, but there needs to be a more nuanced and sensitive approach to reflect the several dimensions in which ‘culture’ (and what constitutes it, for it is a complexity of dimensions in and of itself) interacts with the individual and the individual within family and then community. Individual health is situated within the broader dimensions of family and community health, as discussed more fully in “Modelling Health Beliefs in Traditional Populations”, this report.

Psychological assessment and counselling of asylum seekers and refugees

Another approach has been developed by Professor Renos Papadopoulos in formulating what is called ‘The Trauma Grid’ and is a simple but effective tool for developing a better awareness and approach in professionals assessing refugees and asylum seekers than merely within the blanket assumption of ‘trauma’\(^\text{11}\). In order to systematise the variety of


responses to adversity, Papadopoulos devised the grid, tabulating the various combinations of trauma effects across different levels and perspectives\textsuperscript{12}. The grid offers a framework of three possible effects of trauma – positive, negative and neutral – and assists the therapist to hold in mind the totality of each individual’s experiences as they relate to the wider network of interrelationships across the different defining contexts.

\textbf{The trauma grid}

\begin{tabular}{|c|c|c|}
\hline
\textbf{Levels} & \textbf{Negative effects} & \textbf{Neutral effects} & \textbf{Positive effects} \\
\hline
\textbf{Individual} & INJURY, WOUND & ADVERSITY-ACTIVATED DEVELOPMENT (AAD) & \\
\textbf{Family} & Psychiatric disorders (PD), PTSD & Distressful psychological reactions (DPR) & (AAD) \\
\textbf{Community} & Distressful human suffering (OHS) & & \\
\textbf{Society/culture} & RESILIENCE & & \\
\hline
\end{tabular}

\textbf{Figure 4. The ‘Trauma Grid’ (after Papadopoulos)}

**Alternative world views**

However, there are other important factors that need to be considered in order to construct a fuller framework for understanding how many traditional societies behave and, at the foundation of all individual and collective behaviours, is ‘worldview’(\textit{umwelt}) i.e. how the world/’reality’ is actually experienced (constructed). Several of the earlier chapters in this report have addressed and discussed the nature and significance of many of these essential differences much more fully, as it is one of the important bases of this study. Therefore, I have simply summarised the main points that need to be held in mind in the paragraph which follows.

Many Indigenous peoples understand, experience and ‘classify’ the natural world very differently to the way it is understood and experienced in modern ‘global northern’/western’ cultures. This is generally a ‘whole’ (ie not divided) world approach and includes such basic phenomena as the meaning of life and death, the nature of ‘being’, what it means to be human, and the innate ‘being-ness’ of other phenomena – whether those with observable life processes as with plants and animals, or those with non-observable life forces such as rocks, mountains, thunder and lightning, an ontology commonly dismissed in modern scientific parlance as ‘animism’. These revolve around generally little understood concepts (in western social/scientific terms) related to metaphysical understandings of the world and the way that beliefs, customs and rituals have emerged from these essentially different epistemological and ontological cultural and social strata, which shape how the society itself and individuals within that, experience the world around them, organize their community structures and understand critical concepts like ‘health’, ‘illness’ and ‘healing’, which people in many modern societies take for granted as being a single given concept, defined by a priori ‘facts of science’. For example, in terms of the nature of the counselling and therapy offered to refugees, Papadopoulos says:

“... awareness (a) of the limitations of our psychotherapeutic practices because of their Eurocentric nature and (b) of the value of healing rituals and practices of other cultures, can provide substantial encouragement to venture beyond our Western practices and seek more appropriate ways of assisting adversity survivors in settings outside of our known ones [emphasis added]. Thus, it is important to make the distinction between ‘doing psychotherapy’ according to the traditional western styles and settings, and offering a ‘therapeutic dimension’ to whatever work we do with adversity survivors; such creative adaptations of the basic therapeutic principles are not only possible but in fact imperative in contexts where the traditional western-style psychotherapy is not appropriate.” [emphasis added]¹³

Framework 2

Given, then, that beliefs founded upon alternative epistemologies and ontologies and idiosyncratic worldview profoundly affect a person’s experience of illness and response to therapy, the following influences must also be taken into account:

- The role of oral traditions and mythic narratives that situate a person/family/community within an historical framework of time and geographic context and ‘legitimize’ them through connection to lineage/ancestors;
- Religion and/or belief system (which may include belief in spirits or other forms/dimensions of ‘reality’);
- Use of traditional systems of healing and traditional healers within this (e.g., shamans);
- Customs and taboos and the role of these in shaping behaviour.

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<tr>
<th>Framework 2</th>
<th>Personal</th>
<th>Family</th>
<th>Community 1</th>
<th>Community 2</th>
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<td>Role of narratives/Myths</td>
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Figure 5. Framework 2

Narratives and the role of meaning in constructing identity

The chapter: “Indigenous Identity and Historical Consciousness: The Role of Cultural Narratives and Myths” has already presented a developed discussion of this theme, which is picked up and further referred to in succeeding chapters, so readers should refer to these
for a fuller account. As seen, oral traditions (stories, narratives, myths) are the life blood, not only of traditional societies, but of humanity in general. In times and in contexts that are pre- or a-literate, oral traditions have been the only means to encode information about a people’s origins, movements, key historical moments, customs, beliefs, myths about the heroic deeds of their ancestors and so on. As seen, individual and collective social identity is critically embedded in these myths and narratives which lend fundamental legitimacy to a people’s sense of who they are.

Papadopoulos\textsuperscript{14} discusses ‘constructed responses to adversity’ in terms of the narratives that people tell themselves about their experiences, and that meaning is imposed upon the sequence of events that constitute the whole refugee experience, which in turn help to build a person’s (or a people’s) overall identity. In the case of people who have been the victims of violence, warfare, conquest, forced dislocation from homelands under conditions of duress, these identities will still be founded upon an original ‘embedded’ notion of self and community, albeit one now modified to include the life changing events that the individual (or people) have suffered:

“... one of the most decisive of these factors that contributes to the fixing of the identity is the meaning-making process that involves all the factors [related to the personal characteristics and circumstances of the individual and the process and experience of their becoming a refugee] but mainly the way they interact with the various societal discourses that account for these events and experiences. These discourses are not abstract formulations but they constitute the epistemological frameworks that inform the ways people actually comprehend themselves and others and, consequently, determine the very interactions between individuals and groups. [emphasis added]”.

This is as relevant for the collective as it is the individual, given that collectives of individuals build the social units we understand as communities. Important points arise in connection with this, particularly as they relate more specifically to key differences between people migrating from ancestral homelands to new countries who might have experienced conflict,\textsuperscript{14}

violence, and/or persecution in those once homelands and people whose homelands have been overrun and conquered by an alien polity or system, who are unable to escape and are therefore obliged to live in conditions of changed power dynamics which alter their view and experience of their former identity (and, therefore, the orals traditions and myths that emerge from this experience to express these). From being a sovereign people, they become effectively indentured to the new ruling power; even enslaved by it. When that ruling power also has epistemologies and ontologies of a radically different order, which it then imposes upon the people it has conquered, the impact to identity must be profound indeed. The preceding chapter “Building the Bridge. A Discussion of the Evidence” examined the role of Andean myths in this context, highlighting the emergence of new mythic forms to account for and address drastically changed circumstances, being principally the predator-parasite ñoqaq/kharisiri and transformed Spanish warrior saint Santiago-Illapa.

This will also be the case for people in the present day contexts of population displacement under conditions of duress, therefore It would seem to be ‘of the essence’ to engage actively with this critical role of storytelling/narrative in societies in a way that incorporates the dynamic into the fabric of welfare services provided to refugees, both early in their presentation as well as later, following placement and integration in the recipient country. As Papadopoulos has described the way that story fixes the interpretation of an experience into a quasi-factual representation of it (regardless of the actuality of that experience), so this process will be subject to collective representation. People with shared cultural and ethnic backgrounds will develop stories which recount their historical experiences and transform them into a means to perpetuate and evolve their sense of personal and cultural identity, within the framework of their changing historical narrative.

POLICY AND PRACTITIONER’S ‘GUIDANCE’ FRAMEWORKS

Moving ahead to the development of the ‘policy and practitioner’s tool’ and how that might look, it might be helpful to explain that a tool is simply an instrument, or anything in fact,
which allows something to be done. It is the enabling intermediary between a person or persons who want to achieve something and the goal they want to achieve.

How might these ‘tools’ operate in constructive ways that promote a better, more appropriate assessment and management of refuges and their needs? Following the presentation and discussion of a wide range of evidence related to the Andean historical comparator populations in preceding chapters, with their many interactive complexities of processes, it is clear that no one simple device can be envisioned, but will more likely be a ‘construct ‘that allows for the interaction of several dimensions. Papadopoulos’ ‘Trauma Grid’ presents a similar approach and demonstrates the need to be able to relate a number of dimensions in graphic format that connect the individual with community, collective identity, cultural past/mythos and present circumstances/adversity/change. The framework presented by Spector\textsuperscript{15} is also similar. Papadopoulos’ point, which he emphasises a number of times in the development of his approach, is that, in the extreme and unusual circumstances presented by warfare, conflict and social catastrophe, the first casualty is often the loss of complexity into a reductionist simplistic polarisation of interpretations, often focussing simply upon the catastrophe itself and the concomitant impact of ‘trauma’:

“...the first casualty of trauma is complexity. Under these conditions, we lose our ability to hold onto the complexity of the multiple and radical changes in us, our relationships, our beliefs, our understanding of what is happening, and so on. Yet, as humans, we cannot live without having any understanding (however imperfect) of what is happening around us, between us and within us; therefore, inescapably, we resort to oversimplified formulae of pseudo-understanding. The most common form of this oversimplification is polarisation, perceiving matters in terms of either/or, instead of both/and.” \textsuperscript{16}, \textsuperscript{17}

\textsuperscript{15} Spector 2002; see previous “Modelling Health Beliefs in Traditional Populations” this report.
\textsuperscript{17} “Under conditions of polarisation and archetypal unipolarity, the ability to bear complexity is destroyed and replaced by oversimplification at all levels. This means that no person or phenomenon can be appreciated in terms of its complexity. Everything is experienced either as being positive or negative and without any shades, nuances or doubt, ambivalence or conflict - none of these can be tolerated under the pressure of the gripping unipolar archetype. Yet, as we know, the ‘richness of [life] and internal psychological states ... [are] based on the complexity ... [that is] generated by the various conflictual antitheses and dilemmas”\textsuperscript{17}
Here we are looking at something which assists national policy makers and social and health care practitioners working with refugees and asylum seekers, particularly in the initial ‘acute’ stage of their presentation, although with relevance to later tertiary stages following arrival into the recipient country. Given that, through the course of analysing and discussing the evidence of the comparator study population, no one simple point or dynamic emerges reducible into what has just been defined as a ‘tool’, a better term might therefore be a ‘Guidance Framework’. Both the training modules developed by the ASPHG and the ‘Trauma Grid’ evolved by Papadopoulos are, in fact, just such guidance frameworks, as presented earlier here.

The question therefore is how are people to be assessed for their immediate and longer terms needs in ways which will help both the provider of the care and the recipient? The two examples discussed earlier demonstrate ways that this is relevant. The ASPHG have developed their several modules to train health care professionals in the sorts of approaches and issues that specifically affect refugee people. There are many of these that cover all the sorts of important issues that need to be considered in such an assessment process\(^{18}\). However, I am focusing here upon those modules specifically relevant to ethnic diversity awareness and recommended approaches to dealing sensitively with people from a range of different ethnic/cultural backgrounds. These include modules upon ‘Diversity’ (M1-U1) and ‘Intercultural Competence and Sensitivity to Diversity’ (M1-U2). The modules aim to raise awareness of the sorts of common assumptions and prejudices of people with ‘Eurocentric’ understandings and biases and set them within a better informed context, which allows trainees to develop better ways of assessing and meeting the needs of refugee people from a wide array of different ethnic/cultural backgrounds.

As a psychoanalyst who is actively engaged in the psychological assessment and counselling of refugees during the initial acute phase of their experience, Papadopoulos has developed a simple, but very effective ‘tool’, which aims to guide therapists and counsellors into taking

\(^{18}\) [https://www.mem-tp.org](https://www.mem-tp.org)
a much broader, more sensitive and constructive approach to the range of possible refugee experiences, rather than a conflation of all experiences, subsumed within the blanket term ‘trauma’. This he has called ‘The Trauma Grid’ (see above). Although arguably a ‘practitioner’s tool’ par excellence, as it directly assists practitioners who are working with refugees and guides the way they assess their needs and evaluate the impacts of their experience accordingly, it is also a ‘guidance framework’.

Framework 1, outlined above, synthesises key points identified by the ASPHG that need to be addressed by practitioners, which I have developed further with Framework 2, which includes more ethnic/culturally specific dimensions which need to be addressed in a similar way, across the dimensions of individual, collective, community of origin and recipient community. Both work well as ‘guidance frameworks’ to assist practitioners in the way they classify refugees at initial stages of presentation, within the interactive dimensions relevant to individual, family and community contexts. As with the ‘Trauma Grid’, information is tabulated within these dimensions that allows a more comprehensive and sensitive assessment of the presenting individual/s and their circumstances and needs.

LESSONS TRANSFERABLE FROM THE STUDY POPULATIONS

Key factors which have emerged earlier as present or absent in the two contrasting study populations of Salasaka and Zuleta in their respective ability to engage successfully (or not) with the impact of the alien colonisation of their land were:

- Resilience;
- Agency;
- Opportunity (with circumstances);
- Creative engagement with adversity;
- Assistance.
And two polarised survival scenarios emerged from this:

1. Assimilation
   versus
2. Enclave formation

In the absence of any mediating circumstances to promote either of the above, where agency and choice is reduced to a minimum, there might be a reduction to ‘basic survival’ outside of any sustaining social context promoting identity and hope in a constructive future, as with ‘mere continued existence’, itself a worst case scenario and one clearly to be avoided.

However, assimilation carries with it the clear risk of loss of ethnic/cultural identity/distinctiveness, (i.e. not a ‘meaningful’ survival of the people concerned), whilst enclave formation (one in general discouraged by refugee resettlement policies of receiving countries) promotes ‘meaningful survival’ and the continuation of ethnic and cultural distinctiveness detached from the society and culture of the recipient country, exhibiting introspective isolationist tendencies, as exemplified in the Salasaka’s ‘cultural denial’, something also ‘not ideal’ as far as the dominant culture of the recipient country is concerned.

A synthesis of these two polarised and mutually exclusive survival scenarios therefore needs to be sought in order to achieve a ‘meaningful reconciliation’ of survival outcomes, promoting both ethnic/cultural integrity with a realistic integration of the refugee group within the society of the dominant culture of the recipient country. It should be remembered that the meeting of people from different ethnic/cultural groups can be a very positive experience and exposure to different ways, beliefs and customs brings with it opportunity for the cultural enrichment of both sides. How this itself might be achieved is the task of policy makers to determine, in dialogue with both their own society and culture, and that of the incoming refugees being resettled.
Additional points to bear in mind

Additional factors to emerge in the development of realistic guidance frameworks include the importance of developing an awareness, based upon prior training, of ‘critical attention to cultural detail’ (both Frameworks 1 and 2 perhaps) that may not be initially clear at the earliest stages of reception of the individual or family into the receiving country. Examples include:

1. **Behavioural characteristics.** The importance of making accurate and informed assessments of critical behavioural characteristics to identify correctly conditions which might indicate a pathological psychiatric condition such as DID or PTD from non-pathological culturally mediated spiritual experiences of people from traditional belief systems, bearing in mind that “spirit possession is a common idiom of distress in the majority of societies in the world” 19.

2. **Unusual cultural practices.** These might have a fundamental significance to the individual/family. A good example of this is the placing of a red cord upon the wrist of a newborn infant to guard against the ‘evil eye’, widely practised in Andean societies. Accounts were given that upon arrival at clinical or hospital facilities, the red cord is often cut off automatically being deemed as being unhygienic, thereby exposing the child to dangerous influences in the understanding of the family.

3. **Active engagement with narratives.** As highlighted earlier, to engage actively with storytelling/narrative in displaced societies in a way that incorporates the dynamic into the fabric of welfare services provided to refugees, both early in their presentation as well as later, following placement and integration in the recipient country.

The provision of ‘intercultural mediation’ to allow a meaningful dialogue between receiving health and social care professionals and the presenting refugee/asylum seeker is already

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19 See relevant discussion in “Modelling Health Beliefs in Traditional Populations”, this report. Culture and Health webinar series 2019: “A bridge to better health care: cultural mediators in refugee and migrant health care”, 2 July 2019, Copenhagen, Denmark 13.00–14.00 CEST. Anecdotal information provided by the panel representative of Médecins Sans Frontières.
commonplace in the provisions for the reception of refugees. It is clear, however, that the consistency of standards and standards of competency are very variable and probably better knowledge and awareness training would improve the quality of the service\textsuperscript{20}.

Training modules in Diversity and Sensitivity to Diversity developed by the ASPHG (see Frameworks 1 and 2 above), and the approaches devised by Renos Papadopoulos described earlier, also address these to some extent.

POLICY GUIDANCE

Predictably, the policy research and guidance literature dealing with refugee integration from major organisations such as the UNHCR, UNDESA, the OECD and the EC is very considerable and it has not been possible to include it here \textsuperscript{21}. Recommendations which follow are therefore drawn solely from the study findings, and do not include such additional material.

Briefly stated:

- policy makers must decide how best to manage the contradictory survival strategies highlighted earlier in a way that promotes ‘meaningful survival’ via balanced socio-cultural integration strategies, and not impose practices and pressures that are

\textsuperscript{20} WHO Health Evidence network Synthesis Report 64. 2019. “What are the roles of inter-cultural mediators in health care and what is the evidence of their contributions and effectiveness in improving accessibility and quality of care for refugees and migrants in the WHO European region?”

https://www.unhcr.org/uk/local-integration-49c3646c101.html

essentially assimilative, which is to say, erode and ultimately eradicate individual ethnicities and cultural distinctiveness.

- policies should promote **plurality** through preservation of ethnic diversity. There is a real danger that, in the professed commitment towards equality of opportunity and integration within the receiving countries’ socio-cultural structures and employment markets, pressures will be put upon refugees and asylum seekers to demonstrate their willingness to prioritise those of the receiving countries’ culture to the diminution of their own.

- A balance should to be sought that both respects diversity and ethnic/cultural distinctiveness, yet allows for a wholesome integration of the refugee/asylum seekers within that of the receiving country. Whilst not desirable that incoming displaced people being resettled form large blocks which exercise a form of ‘cultural denial’, a balanced approach between these two polarised scenarios should be sought via full engagement and dialogue with the relevant organisations representing people seeking asylum.

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1 Huarcaya (2018) also explains: “Few studies have paid attention to the ways in which assimilation into mainstream culture – *mestizaje* – contributed to the reproduction of the hacienda regime. Since the well-being of local non-*indígenas* depended on the exploitation of the *indios*, the former shared a normativity of complicity that dictated that they should never break rank, side with the *indios*, or treat them as equals. The discriminatory practices of non-*indígenas* normalised indigenous subordination, and the hacienda offered supposed protection to the *indígenas* from such harassment and exploitation.”

2 The following excerpt is specified for people of the Roma ethnic group in Europe, but is relevant far more widely in many traditional cultures world-wide, particularly those with a patriarchal basis:

“Cultural identity is very important for Roma communities and the source of community self-esteem. Community support is a protection factor to individuals. This is especially evident in extended family support offering material resources and both physical and emotional care to face old age or disability.

Roma Cultural features affecting health and disease:
- Social organisation based on the extended family (e.g. when a member becomes ill, the entire family accompanies them in the process)
- Prevalence of the group over the individual.
- High value put on the spoken word which takes precedence over the written word.
- Respect for elders, who have an essential role within the community and are cared for at home. Older Roma have great influence on the younger members. Therefore it is essential to seek support from influential members e.g. to introduce changes in the lifestyle.
• Mourning affects social and labour activities and imposes rules regarding personal appearance and community life e.g. in terms of expressions of joy or entertainment activities.
• The deceased are very important, thus affecting reactions when informing of the death of a close relative or when ordering the removal of a corpse or calling for an autopsy.
• Worship: each church and pastor has a different influence on parishioners.
• As in most patriarchal societies women are responsible for care and treatment of illness.
• Overprotection of young women, who are prepared for an early marriage and to assume early maternity. Sex is sometimes viewed as taboo (e.g. impact in sexual education, family planning or prevention of gynaecological diseases programs)

CHAPTER SEVEN

Heritage Discourses. What Constitutes Heritage Now?

Research Objective 7 as defined in the project proposal to the EC sought:

“"The conservation of the ‘intangible cultural heritage’ of the Andean Quichua study population. Using the framework of concepts and practices identified in earlier phases of the work, MEDICINE will further refine key concepts and practices of Traditional Medicine (TM) of the study population, to promote their recognition and safeguarding at the national and international level, using the framework of guidance identified in the 2003 UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage. Mechanisms developed to achieve this will contribute to policy guidance.”

The earlier phases of the study undertaken to construct the survey instrument established clearly that current practices of TM are an inextricable part of an overall complex whole of ancestral beliefs and practices related to Indigenous Andean understandings of the cosmos, which the questionnaire addressed directly in the range of questions asked to respondents, and which are presented in full in the Survey Section of this report. Therefore any longer term aim to preserve the ‘intangible heritage’ of the study populations must reflect this.

Introduction

‘Cultural heritage’, and arguments surrounding what constitutes it, have increasingly come to dominate discourses about ‘Identity’ and attendant subjects, not only of history and archaeology, but increasingly contemporary and even popular culture. Heritage is now commonly interpreted very widely, and includes the important ‘intangible heritage’ dimension constituting non-material culture represented by customs, traditions, practices, beliefs and rituals. Yet no one culture or ethnic group, from its origins until quite recently, ever thought in this way. No one ever stopped to consider and codify in any particular way

what constituted their ‘culture’. It was simply a part of being the people they were. This discourse is something that has emerged with the acceleration of change in modern times and the imperative towards globalisation and drivers such as international tourism, which both demand something understood by travellers as ‘authentic culture’ as well as exposing the same ‘authentic culture’ to processes and pressures which destroy it. As well articulated by the apt words of the popular folk song of the 1970s: “Don’t it always seem to go that you don’t know what you’ve got ‘till it’s gone” (Joni Mitchell). You cannot actually protect something in danger of being destroyed until you have defined what it is that should be protected and why it merits protection.

Rachel Corr discusses the implications of the recent trend towards the codifying of cultural heritage in Ecuador specifically for the Salasaka people, quoting Marshall Sahlins, who called it “the indigenization of modernity” and further noted its relevance to emerging debates centring upon definition of ethnic identity in relation to the ‘indigenisation’ process and the recognition of Indigenous people’s rights be self-determining within Ecuador. “Defenders of the indigenous order are prepared to make useful compromises with the dominant culture, even to deploy its techniques and ideals—in the course of distinguishing their own.”

(Re-) Defining heritage. Alternative approaches

Exemplifying the trend in the redefinition of what constitutes ‘heritage’, away from prescriptive, top-down approaches inherited from older outdated colonialist models, the recent edited work by Schofield “Who needs experts?” confronts the issue of evolving attitudes to defining heritage and how best to manage it. Schofield argues that cultural heritage is everywhere, it is not a ‘thing’, it is always a matter of ‘perception’ and that there needs to be a wider view of it.

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Rachel Corr elaborates on how definitions of what constitutes ‘cultural heritage’ are embedded in different discourses, depending upon whether they are arise from the Indigeneity discourse, or have more to do with the drivers of the global tourism industry (see my earlier comments). There are others, such as with the Caribbean discourse on the cultural identity of formerly enslaved African people, that construct cultural heritage as part of the global discourse emphasising cultural resistance, ethnic roots, and structures of common difference⁴.

“This global discourse is of recent origin and has superseded an older, local narrative of community, based on localized and inclusive relations existing within a wider, global field of relations. The coexistence of such radically different notions of the past raises more general questions of the relations between globalized forms of heritage based on the construction of exclusivity, localized narratives rooted in the exigencies of an international world order, and identities grounded in local constructions of place⁵.

Landscape. Enduring stage of human drama

There is no life and lived experience outside of ‘place’. Many studies highlight the critical role that landscape plays in the evolution of human experience and notions of identity, which needs to be better represented in modern discourses of what constitutes ‘heritage’. Heritage is about people, therefore It is simply pointless to be protecting ‘monuments’ outside of the context within which they were constructed, within which they symbolise the totality of a peoples’ experience of their world and their response to it.

“Landscape is heritage; heritage is landscape. And landscape, as we know, is everywhere. If we adopt this broad characterization of cultural heritage, is there anything that does not come within its remit? Places form the punctuation marks of human experience, just as routeways are the sentences that connect those places, being literal and metaphorical narratives of a journey made, or connectivity across landscape. The landscape is full of stories, and stories make memories. It is those memories that create our conceptions of heritage, and which make it inevitable that we attach value to the places that matter to us.”⁶

⁴ Olwig 1999:372 in Corr 2001; 251
⁵ Corr 2001: 251
⁶ Schofield ibid
Or:

“[s]pace becomes place simply by being named: in other words, place is space to which meaning is ascribed. Place, rather than an abstract space, is a location endowed with meaning.”

The collected essays in Staller’s “Pre-Colombian Landscapes of Creation and Origin” focus upon the critical timeless role of the landscape in the Andes in the construction of origin myths as being places of the emergence of legitimising ancestral deities and personages.

The critical linkage of landscape with storytelling emphasizes the role of landscapes as being the theatre of the human experience and myths associated with them as the coded experiences of people in narrative form set within that context, or the ‘script’, if you like. This theme runs throughout through Corr’s work related to the Salasaka people:

“Representations of the Sacred Landscape” and the intimate interrelationship between the two. Results from the survey of Indigenous communities presented in this study demonstrate very clearly how important the landscape still is to people as the container of their sense of being, of who they are, and that so many symbolic places of meaning and power are situated within it. Of the Saalsakas, Corr tells us:

“Salasacan discourses about the landscape are part of the multiple, multi-cultural constructions of the landscape in Ecuador.... Oral narratives provide a context for the transmission of knowledge about sacred places and the history of the landscape. Whether the narrators consider the stories mythology or oral history, there are truths embedded in each. Both history and myth contain information about power relationships.”

This is the common human experience of people of traditional societies pan-globally and throughout time, and is not something unique to a specific culture or region. For example, Sinamai discusses essentially identical expressions in Great Zimbabwe, in the way that landscapes symbolically encode a people’s experience through myth making in relation to

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9 Corr, 2001:49
Across the world and several thousand years earlier, Edmonds describes ancestral geographies in 4th millennium BC Neolithic Britain and the way that people of the time thought about the land and themselves in relation to it, ideas that have much in common with the evidence presented here for Indigenous Andean people. As he says: “Theirs was a world shaped by kinship, ancestry and various forms of affiliation. It was a world in which the dead were a powerful presence, and where distant times and places held a particular fascination”¹¹, calling to mind Indigenous Andean kinship systems and relationship to ancestors and the containing landscape. Johnson emphasises the critical role of place in Indigenous world view, quoting Ortiz as saying: “Being and place are conceptually linked. This is an Indigenous principle and, therefore, is maintained as such within Indigenous cultural philosophy and expressed in the most common or ordinary way”¹². He urges for a better understanding of the importance of place within Indigenous epistemologies in what he calls ‘a place-connected approach’.¹³

For all these reasons it is clear that landscape cannot be dismissed from the corpus of what constitutes ‘cultural heritage’, being inextricably linked with ‘culture’ and ‘heritage’ understanding, experience and production. In terms, then, of the study communities of this project, any recommendations relating to heritage will necessarily have to include the landscape within which they, and the people who produce them, are situated.

Not what they seem

The traditional and timeless heritage of the region focusses, as we have seen, upon the ‘sacred’ landscape. This in itself can be ‘problematic’ given the nature of the heritage sites themselves, which are, for the most part, specific regional landforms, mountains, springs or cascades, and the actual locus of ritual activity associated with them. In the old heritage

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¹³ Johnson 2012 *ibid*
discourses referred to earlier privileging sites with distinctive or aesthetically pleasing monuments, these local shrines would be unremarkable and never be distinguished as being sites of special significance, worthy of protection whatever. Ugwuanyi makes similar points for the Igbo communities of southern Nigeria in relation to sacred heritage sites there.\footnote{Ugwuanyi, J.K. (forthcoming). “Human-nature offspringing”: indigenous thoughts on posthuman heritage. In Harrison, Rodney and Sterling, Colin (eds.), Deterritorialising the Future: Heritage in, of and after the Anthropocene. London: Open Humanities Press}

In the Zuleta region however, the understanding of what constitutes ‘heritage sites’ conforms more closely to the old heritage discourses privileging distinctive visible monuments, there being the many artificial earthen mounds called tolas, which, by and large, conform to the last pre-Inka culture in the region – Caranqui (ca 1250-1450 CE).\footnote{Athens 2012; Athens, Morrison and Willis 2015, 2009, 2010, 2013; Currie 2000, 2001} The biggest of these sites and one certainly considered to be of ‘national importance’ is the big ceremonial ramp mound site located on the Hacienda lands. The irony of this is that these sites are completely abandoned and are relicts of the archaeological past and a culture that met its demise when it was conquered by the Inkas in the last quarter of the 15th century CE. As discussed elsewhere in this report, the majority of local people have no clear understanding of what these sites signify, nor are they related to any specific continuing Indigenous ritual practices. There are most certainly sacred sites throughout this region that Indigenous people visit and venerate, but they are of the ‘non distinctive’ kind such as those in Salasaka, physically unremarkable in any way.

However and finally, now that there is a slow evolution in ‘historical consciousness’ (discussed earlier) and more people are becoming aware of their ancestral past, there is a gradual waking up to what this might mean. The Hacienda itself actively promotes the local Caranqui heritage and encourages local people, as well as international visitors who arrive there, to experience the site in this way. There are now evolving customs to conduct shamanic healing ceremonies on the mounds, which suggests that the interrupted cultural trajectory has been re-engaged with and is being actively worked into new historical discourses of the past, with the overall aim of raising awareness (and ‘pride’) in local people of their forgotten past.
The danger to the living ‘non visibly distinctive’ heritage is very real however, and there are clear signs of destructive impacts to traditional concepts of the sacred landscape and related shrines through the modern mentality. In January 2017, I visited the sacred site of Kinlili Urku in Salasaka and photographed an area of ritual offerings which had recently been bulldozed and burned, although the reason for this was unclear. Nevertheless it was clear that whoever was responsible had no idea of what ‘sensitivity’ to the local heritage was, even if they knew what did constitute ‘local heritage’ in the first place. For this reason, and given potentially destructive impacts of modernisation, there is clearly a need for a better awareness and understanding of ‘cultural heritage’ in communities such as this. Yet other dangers exist in the form of deliberate damage carried out through ‘cultural vandalism’, not infrequently by evangelical Christian groups determined to destroy Indigenous sacred sites:

“Yes, springs and cascades, such as at the Bridge of Angochagua [are considered sacred]. The Evangelists had a spring destroyed in La Rinconada.”  

Last, but far from least, is the country itself and the erratic application of its own (in theory) ‘strong’ heritage legislation, which has seen the wholesale destruction through development of very many sites of national importance, including several of the large tola sites in the northern region until quite recently (e.g. the large ramp mounds at Cayambe and Otavalo). The town of Caranqui, close to Ibarra, was actually the location of the last Inka ruler Atahualpa’s northern seat of power, with significant extensive architectural remains. Only relatively recently have there been archaeological investigations there and an effort to recover and protect the site17 which had been encroached upon by modern development from the town.

\[16\] int:17 - male shaman, Zuleta
\[17\] Bray, T. L. and J. Echeverría. n.d. “Saving the palace of Atahualpa. The Late Imperial site of Inca-Caranqui, Imbabura province, Northern Highland Ecuador, 2008.” Unpublished report
Evolving heritage

As culture is dynamic, so is heritage; it is something which evolves with the people who produce it, therefore there needs to be a fuller awareness of this which recognises the imperative to evolve.

For example, members of the Salasaka community have more recently engaged actively with links with what they consider to be their past. It was described in an earlier section how a group of unrelated pre-Columbian artefacts accidentally discovered during municipal ditching works was seen as being lost relics from this past. In terms of ‘intangible heritage’ there has been a proliferation in the organization of musical groups, the re-creation of traditional rituals as well as the construction of a local ethnographic museum and other activities. Part of these efforts also responds to the desire to attract tourists to the area, with many of these events re-created for their benefit.

Younger members of the community are also interested in participating in this growing trend as they seek to connect with their Indigenous heritage and recover a better sense of their ethnic identity\(^\text{18}\). This appears to be part of the wider recovery of the Indigenous historical consciousness discussed by Huarcaya\(^\text{19}\). Several informal conversations with indigenous youth (not a part of the formal survey) offered ample anecdotal evidence for this, whilst the results of the few formal interviews with younger respondents also confirmed it. For example, there is an observable trend for younger males to wear their hair long now in the traditional manner and, if baptised, to change their first names from Christian to indigenous Kichwa ones.

Heritage: physical or ‘intangible’?

The aim of this overall section was to focus upon the study communities’ ‘intangible heritage’ as reflected in their continued practice of traditional ancestral medicine. It can be seen, however, that TM is just one aspect of a whole range of ancestral beliefs and related

\(^{18}\) Diego Quiroga, personal communication 2018; Jorge Caisabanda, personal communication 2017, 2018.  
\(^{19}\) Huarcaya, 2018.
practices, therefore singling it out by itself would not be appropriate; likewise the focus itself upon the ‘intangible heritage’, outside of the geographical locus for it and the physical expressions it gives rise to. Together, they represent the ‘whole heritage’. Therefore recommendations which follow adopt this approach and do not privilege traditional medicine to the exclusion of its whole context of traditional knowledge, belief and ritual and the location that this is practised in.

Physical or ‘intangible, both are ‘heritage’; they simply vary in the way they are manifest. This is pertinent in the light of our ‘modern’ western dualistic way of seeing the world, afflicted by its Cartesian mind-body divide. In the survey of Indigenous communities, a majority of people in all communities saw the mind and body as being two different aspects of the same overall ‘whole’, as they saw the phenomenal world of nature as a ‘whole’ and not an amalgamation of all its apparently ‘separate’ and different aspects. I might therefore suggest here that ‘heritage’, being that collective expression of a people through their ‘culture’, is exactly the same, in that it has both physical (body) and psychological/behavioural (mind) manifestations, the one generally giving rise to the other. The divide between them is therefore largely spurious, as is the notion that the context for both – the landscape – is itself somehow different. This, too, in the light of the fact that there is the ‘mythic landscape’ of the psyche, which expresses and experiences itself in terms of beliefs and their ritual enactments in the physical geography of the ‘arena of life’.

Cultural heritage education In Ecuador

Heritage education in Ecuador is still absent in any effective sense. The autochthonous pre-Columbian past is commonly dismissed in brief narratives about the last pre-Columbian culture – the Inkas. History taught at primary and secondary schools focuses upon the historical (post Spanish Conquest) periods, with a heavy European bias which emphasizes the birth and development of modern Ecuador from its Spanish Colonial and Republican roots. A new simplified utopian (neo-mythical) narrative of the past has gradually emerged,

wherein Indigenous societies dominated until they were conquered by the Inkas, who, in their turn, were then subjugated by the Spanish. The Spanish cultural and religious legacy survives, and is seen as a brutal but civilizing force, that served to give birth to the new Mestizo republics after the 19th century wars of independence from Spain. Wherever narratives about pre-Columbian history are offered, these can be heavily biased to create a sense of national identity in order to differentiate Ecuador from neighbouring countries like Peru, creating a sense of a Mestizo culture and that of a ‘generic Indian’. There is often little reference to the local histories and traditions.\textsuperscript{21}

As demonstrated in the survey, respondents reported that they had received little or no information about their cultural heritage through school and had only received their sense of cultural identity through oral accounts in the family and/or through local customs and traditions. A few had heard about the last pre-Columbian culture in the region before the arrival of the Spanish - the Inkas - but for the most part very little else. If history is written by the victors, this is certainly well borne out in the current situation of Indigenous peoples who, for the most part, continue to live in the same lands that they have always lived in, yet in near total ignorance of their past. Only a tiny minority ever succeed in navigating the education system effectively enough to go on to university and be able to study subjects like anthropology, wherein they might finally have a better understanding of their past and a more comprehensive sense of who they are. The quite recent evolution of ‘historical consciousness’ is discussed elsewhere in this report.

\textbf{POLICY RECOMMENDATIONS}

Following this discussion of the defining principles of what constitutes ‘heritage’, both ‘physical’ and ‘expressive’ (intangible), and a brief review of themes related to this, the following are recommended to policy makers:

\begin{itemize}
  \item To recognize the link between physical expressions of ‘heritage’ and the meaning embedded in them, as it relates to continuity of ancestral beliefs and practices.
\end{itemize}

\textsuperscript{21} Diego Quiroga, Universidad San Francisco de Quito, Ecuador, personal communication, 2018
Heritage is a complex interlinking of the physical and the expressive, within a geographical (landscape) context.

- To recognize as ‘heritage’, locations and practices recognized as such by community members responsible for the active participation in and growth of the living heritage in all its manifestations. Heritage legislators should be in active dialogue with the heritage producers.

- To improve education about what heritage is and to provide better informed pedagogy concerning the history of the people and the origins and development of the country outside of heavily biased and politicized narratives.

- To ensure that legislation is effectively enforced and explicitly to highlight ‘danger areas’, such as the ease with which evangelical movements can freely enter Indigenous communities to encourage conversion to Christianity, encourage abandonment of ancestral beliefs and the practices associated with them and promote (or actively carry out) the destruction of Indigenous ancestral sacred sites.

- To be vigilant in balancing the benefits of tourism (income etc) with its potential for destroying culture. To ensure a full dialogue with communities, encourage ‘grass roots’ debate and provide access to heritage education, to raise awareness of the potential dangers of erosion to cultural ‘authenticity’ through demands from the market to meet tourist expectations.

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UNESCO 2003 [2011] “Convention on the Safeguarding of the Intangible Cultural Heritage” (ICH) defines it in this way:

- Intangible cultural heritage (“ICH”) refers to the practices, representations, expressions, knowledge and know-how, transmitted from generation to generation within communities, created and transformed continuously by them, depending on the environment and their interaction with nature and history.
- Heritage, as it is transmitted from generation to generation.
- Cultural, as it provides to communities a sense of identity and continuity, as culture does.
• Intangible, as it lies essentially in the human spirit, is transmitted by imitation and immersion in a practice, and doesn't necessarily require a specific place or material objects.

• Intangible cultural heritage exists only in the present. The expressions of the past that are no longer practised are part of cultural history, but are not intangible cultural heritage as defined in the Convention for the Safeguarding of Intangible Cultural Heritage.

• Intangible cultural heritage is what communities today recognize as part of their cultural heritage. Therefore, it is often called “living heritage”.

Why is it important?

• Intangible cultural heritage adapts permanently to the present and constitutes cultural capital that can be a powerful driver for development. Food security, health, education, sustainable use of natural resources – intangible cultural heritage is a wealth of knowledge to be used in many aspects of life. Women hold a special place in the transmission of intangible heritage and have knowledge that contributes to their empowerment and to revenue generation.

• ICH is also vital for maintaining cultural diversity in the face of globalization. Understanding ICH contributes to intercultural dialogue, encourages mutual respect and ensures social cohesion.

• The importance of ICH is not the cultural manifestation itself; it lies in its significance to communities. Its value is both intangible and tangible, linked to the social and economic effects of the knowledge and skills transmitted through it.


ii. The 2005 Faro Convention states that cultural heritage:

‘... is a group of resources inherited from the past which people identify, independently of ownership, as a reflection and expression of their constantly evolving values, beliefs, knowledge and traditions. It includes all aspects of the environment resulting from the interaction between people and places through time.’
CHAPTER EIGHT
Project Summary and Conclusions

Throughout the report I have aimed to offer summary, conclusion and insights in most of the chapters, therefore I am not going to repeat all these here, excepting to offer an overall view of the study findings as relevant to the main objectives of the project and to re-iterate some of the most important themes, findings and recommendations.

A central question in the study objectives was to determine evidence for the survival of ancestral beliefs and practices related to health and healing, as specified in study title “Indigenous Concepts of Health and Healing”. Through determining the nature of the survival of such beliefs and the way these might have changed across time from earlier antecedents, it was posited that important insights would be gained into how people develop adaptive strategies for survival, not just in a crude physical ‘mere continued existence’ way, but in a way that allowed a sense of continuity of identity. Beliefs and traditions – ‘intangible heritage’ – and their physical expression in material culture, contain a people’s sense of who they are. However, it was clear from the earliest stage of the research that in order to address this question in any meaningful way, a review of the whole Andean Indigenous cosmology, both the wider regional as well as the study area, representing the whole context for the belief system, would have to be included, given that health beliefs are simply one aspect of the overall ontology of a people. This has been emphasised in a number of places in this report.

SURVIVAL OF ANCESTRAL BELIEFS

Traditional Andean medical practices are embedded in a cosmology that stems from pre-Columbian antecedents, overlain and intermixed with a heavy influence from Christian belief systems imposed by the Spanish colonisers in the 16th century. The specifics of these
beliefs and practices are heterogeneous, depending upon the particular people and region of this very large geographical area, but nevertheless conform to a basic universal system of ontology which venerates deities (wak’as) and the tellurian spirits of earth (mountains, rivers, springs), sky (thunder and lightning) and underworld (clothonic entities). Superimposed upon this and forming a heterogeneous mix with it are Catholic Christian beliefs and rituals, which have become interwoven and in some cases conflated with the earlier pre-Columbian original. In this way, traditions which in all likelihood originated from autochthonous ontologies have merged with later imposed Christianised ones, resulting in the mix of beliefs and practices observed today.

There is no observable community basis to healing, or standardisation of divination and healing practices, with different healers (yachaks, curandero/as) operating as individuals and following their own specific practices; many are aided by their own personal ‘spirit guide’. Herbal medication is widely employed by people, whether traditional healers or not, and the majority of people defer to a common belief system which confers sacrality and power to landforms such as mountains, large rock outcrops, springs and in particular, the great regional volcanoes. Many people continue to believe in the spirits of nature, and the idea of the sacred ‘mother earth’ (Pachamama), but the influence of the Christian evangelisation, together with the impact of modern global culture and availability of modern medicine is evident, with many people now abandoning aspects of these beliefs altogether. People are now as likely to go to the local health clinic for the treatment of illness as they would a local yachak or healer. However, there are a subset of traditional Andean maladies (understood in modern biomedical terms as psychological or ‘psychosomatic’ in origin) in which the majority of people believe and for which only the services of a traditional healer employing the autochthonous Andean rituals will serve for healing.

It is fair, then, to conclude that, despite concerted attempts by Spanish evangelisers to eradicate the autochthonous beliefs of Indigenous Andeans, and the continued influence of the Catholic religion into modern times; despite uncertainties over the origin or integrity of certain beliefs as they survive into the present, the belief system by and large survived. Only
now, with the rapid changes brought by the all-pervasive global culture, is there now a more serious threat to its longer term persistence.

DISCUSSION

As the study progressed through the survey and analytical stages, it became increasingly clear that – perhaps ‘serendipitously’ – the participant communities had naturally divided into two quite different manifestations of and adaptations to the impact of the 16th century Iberian conquest. This allowed a better view on adaptive strategies transferable to the present day population displacement crises we are now witnessing. In the chapter “From Bridge to Policy and Practice Guidance”, I have drawn together the main themes which demonstrate the ways that the study communities themselves evolved following in the circumstances present across the five hundred years following the conquest by Spain. In analysing and discussing these dynamics, I highlight the nature and role of mythos and changing mythic forms, attempting to demonstrate the deeper psychological processes at work, offering a view on how such impacts are experienced and responded to at the collective level. Given time and – importantly – opportunity, it is possible to rework life circumstances into new possibilities for ‘meaningful survival’. The two key mythic forms highlighted here – the predator parasite ṭaqaq/kharisiri and the saviour redeemer Santiago-Illapa are the two polarised responses to this scenario, the one reflecting fear and despair, the other hope.

Hope must ‘burn bright’. There must always prevail opportunities for moving with change, adapting and surviving in a way that is ‘meaningful’ to a people. They should never feel the pressure to abandon their distinctiveness – that critical diversity of cultural expression – in order to survive. Although it should not be forgotten that ‘change’ is also what culture is all about, that culture is dynamic and moves with time and changing circumstances, it must also reflect the distinctiveness and the dynamism of the people who produce it and not become something artificially preserved for the heritage sector and tourism market. We all benefit from this at the global level, that there be a vibrant plurality of cultures that are able to influence one another and, at times, cross fertilise into new forms.
It seems from both the study findings and from what I have observed at a wider level myself through my long association with Ecuador, that Indigenous people there have reclaimed the initiative sufficiently to be starting to take control over how their cultures evolve and how these are ‘marketed’ to the international tourism sector in a way that, by and large, is beneficial to them. But this is not to diminish the fact that socio-economic exclusion and real poverty and hardship is still widely experienced by many Indigenous people today. The present battle lines being drawn over global neoliberal imperatives to reduce state support and subsidies to buffer the effect of the rapid changes, triggering widespread demonstrations from the Indigenous people in Ecuador (and indeed in many countries globally) are a clear mirror of this.

CONCLUDING THOUGHTS

Ecuador has experienced many changes since I first went there as a graduate student in 1976 and many very recently, sharing the rapid change consequent on accelerating global dynamics. It is now a middle income country by OECD standards and not ‘developing’ as it once was. I have seen and experienced first-hand many of the social changes discussed in the several works by authors such as Whitten, which treat with key social and economic factors and dynamics related to ethnicity and the politicisation of the Indigenous movement largely taking place during the second half of the 20th century.

I have from the outset employed a Jungian theoretical perspective drawn from the schools of analytical and depth psychology, which looks for how the collective psyche of a people expresses experience and responses to it in the production of myth. I understand that this is controversial and that many in the academic community and from the modern medical establishment may be sceptical or contest this, but I stand by my conviction that it offers the best way of and certainly a valid alternative approach to studying these key events and processes to ‘independently verify them’, or offer alternative interpretations of key dynamics involved.
I have from the outset of this project met with widespread puzzlement and outright scepticism from those in the worlds of anthropology, ethnology, archaeology, health and social sciences, as well as those involved in addressing the modern crisis in population displacements globally, as to how such a study of an Amerindian population’s historical experience of and adaptation to similar dynamics and impacts to its integrity through conquest and colonization, can offer any real view on how to address the contemporary needs of refugees and asylum seekers.

My response is that there are always important lessons to be learned from the past, in the way that people have responded to the kinds of impacts, events and crises that may have and in many ways sought to destroy them and the kinds of adaptive responses employed by them. The human experience of change, and how to manage change in a way that promotes ‘meaningful survival’ is a timeless one, wherever and whenever in the world it occurs, therefore lessons can be drawn from any group of people who have perforce had to engage with it.

The survey conducted for MEDICINE has demonstrated that Andean Indigenous cosmology with its unique way of understanding the world and responding to it has survived across five hundred years, albeit clearly changed in several key respects, highlighted at different points in this report. Twenty years ago when Rachel Corr produced her study of the Salasaka people and their beliefs, myths and rituals, it seems that many of the distinctive Indigenous Andean beliefs still strongly survived as a generality. The remorseless advance of modern global processes have seen a clear and rapid erosion of these beliefs and practices, as the survey of communities also demonstrates.

Indigenous Andeans were able to negotiate the immense and potentially annihilating impact of the alien ontologies and socio-political systems imposed upon them by Spain, and worked some of these beliefs into their own existing ones. In this I would like to see the symbolic influence of Santiago-Illapa, combining both Spanish and Andean influences in his changed form from a ‘killer of Indians’ into a protector of them. The way that some of the indigenous communities in Ecuador, such as the Salasakas, are steadily claiming Catholic
Christian festivities and transforming them into their own, is, I believe, a good example of this.

However, a clear cautionary note is struck by the continued belief in some parts of the Andes in the parasitical predator – the ṇaqaq/kharisiri – and perhaps we should all take heed and fear it. With the global processes of ‘modernization’ we are in danger of witnessing a wholesale abandonment of such distinctive systems of belief. Many ‘modern-minded’ people might hail this as a ‘good thing’, but, as the 2003 UNESCO Convention on the Preservation of Intangible Heritage highlights, it is surely of the utmost importance that plurality, diversity and the many ways of ‘seeing and knowing’ are protected. We are all the beneficiaries of this. Life is diverse, that is its wonder and enduring strength, and loss of biodiversity is becoming a clarion call of the utmost urgency in our times. We are in the greatest danger of being consumed by the neoliberal global monoculture we are creating.

The warrior redeemer Santiago-Illapa, Peru 2010

1 https://www.servindi.org/actualidad-opinion/20/08/2016/santiago-el-rayo-o-illapa-que-ilumina-el-cielo
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ILLUSTRATIONS

Volcán Tunguhuara (Mama Ahuila), near Salasaka, Tunguhuara Province

Hacienda Zuleta with tolas in foreground
Quebrada San Pedro, Hacienda Zuleta, with tolas

Vólcan Cayambe in Ugsha
Interviewing potato harvesters in Ugsha

Interviewing a traditional midwife (partera) in Salasaka
The sacred site Kinlli Urku in Salasaka, after vandalism (clothing and other items are offerings)

Healing ceremony at wak’a Taita Punta Rumi
The courtyard at Hacienda Zuleta, full of revellers during the festival of San Juan Bautista, as family members from the hacienda watch from the balcony.

Dancers invade the balcony at Hacienda Zuleta, fiesta of San Juan Bautista.
The Varayuk Runakuna during the festival of Kirpus Kristi, Salasaka
(courtesy Jorge Caisabanda C.)

Young girls dancing during Salasaka festivities
(courtesy Jorge Caisabanda C.)
The community health centre at Zuleta

A meeting of traditional healers (**yachak**, **curanderos** and **parteras**) at Zuleta’s health centre
Ancestral medicine store, herbs and healers (*curanderas*) Quito and Cuenca

Hen’s eggs, *Brugmansia* sp. flowers (‘angels’ trumpets’), aguardiente and guinea pigs, important diagnostic and therapeutic items in ancestral Andean medicine
San Juan, also known as Inti Raymi, is a festival celebrating St John, the Summer Solstice and the fertility of the oncoming Harvest. Throughout the year 'Priostes' gather a group of dancers and musicians and lead them in a Procession with a young person on horseback. Riders recite the meaning of San Juan and offer the Hacienda prosperity in the form of a rooster and the Hacienda returns the gift with money. This symbolised connection between the Hacienda and the Community started at the time of former President Galo Plaza Lasso and promises good fortune for all.

'Another procession approaches, this time with a girl as the rider. There can be 8 to 13 processions during the day, with competitions as who is the best.' The chosen rider reciting a long passage about San Juan by heart - a feat each rider has to accomplish in front of hundreds of people.”

See also https://www.facebook.com/HaciendaZuleta/posts/10154431879866621
(Jessica Steel, personal communication 2019)

The festival of ‘Kurpus Kristi’ is a good example of the intertwining of Catholic Christian feast days which Salasaka people have increasingly made their own. The Varayuk Runa is chosen for a year, and represents a kind of ‘master of ceremonies’ and host for community festivities throughout a year. His attendant family members are called Varayuk Runakina (kuna being the Kichwa plural of ‘runa’ ie people. Lavish community feasts are hosted by the Varayuk Runa and his family. Drums such as the one shown in this picture are painted by specialist community painters (in this case, Andrés Torivio Masaquiza, master weaver, musical instrument maker and also my interview assistant). The images depict the Varayuk and his family, the bird is a dove symbolising Indigenous liberty; the figure of the dog, protection. This is an excellent example of the active evolution of mythic, symbolic and ritual forms in this vibrant Indigenous community. (Jorge Caisabanda C. personal communication, 2019).
APPENDIX 1

Christianisation of Salasaka myths and ‘near death experiences’

Following from the discussion of the traumatic psychological impact to Indigenous Andeans of forced conversion to an alien belief system in the 17th century and how the nature of their autochthonous beliefs and those imposed by Christianity eventually merged across the course of several centuries, a brief account of myths and traditions related to recounted to Rachel Corr in her study of the Salsaakas, during the 1990s, is summarised here, when the traditional belief systems were probably flourishing more strongly than they are now. Her accounts show the fascinating merging of the Catholic concepts of hell and devils, within the containing Andean autochthonous sacred landscape with its spirit masters of the mountains and its tales of gold, textiles and Inka wealth.¹

“Although various punishments of Hell are depicted in the [church] paintings, only the *paila* constitutes part of the sacred landscape in Salasaca. ... Part of the colonial imagery of Hell was grafted onto an indigenous sacred landscape and reworked within a new cosmology of the afterlife. The punishments at the *paila* of the sacred crossroads are for sins that express Salasacan moral teachings. The *paila*, witchcraft, devils and sacred geography are part of the indigenous world, shaped by powerful images and historical experience.”²

The *paila* mentioned is a very large brass, copper or cast iron cooking pan within which stews might be made; they can achieve considerable sizes. One of her informants offered an account given by his grandmother of an experience she had had as a child, of what is now called a ‘near death experience’, wherein she had been deemed to have died and was in her coffin being processed to where she was to be buried; and during this experience had had a vision of a scene at a local cross roads at Cruz Pamba, of black dogs and of a *paila* of flames with the souls of sinner being consumed, overseen by witches and devils. It was at this point that she apparently had regained consciousness and knocked upon the coffin lid to be let

¹ I have mainly employed her earlier work, the PhD dissertation “Cosmology and Personal Experience: Representations of the Sacred Landscape in Salasaca, Ecuador”. 2001, but a fuller and updated version of this is published as “Ritual and Remembrance in the Ecuadorian Andes.” 2010.
² Corr 2001:179-180
out. The symbolism of cross roads as being a “sacred plane of existence [that comes] into being in the context of the liminal state of the soul after death” is a universal one. “The ‘otherworld’ intersects with this world at the crossroads in the context of a funeral procession.”\(^3\) This visionary experience of a very Catholic hellish scene, of the kind often depicted upon church wall murals, is one highly suggestive of the integrative processes which, five hundred years following the conversion to Christianity, had found their place within the Indigenous psyche.

\(^{3}\) Corr 2001: 178
APPENDIX 2

SURVEY INSTRUMENT ENGLISH VERSION

ANDEAN BELIEFS QUESTIONNAIRE

Participant Personal Information

Name:
Gender:
Age:
Kichwa speaker (yes/no. If yes, first or second):
Education (level of schooling ie > what year?):
Mobile phone:
TV:
Computer/internet (access to):
Other relevant information (like work etc)
Interviewer:

General (all participants)

1. Cultural Identity
   1.1 Do you self-identify with a particular cultural or national group?
       (If possible, please give a brief history of your Community group)
   1.2 Is your family the basis of your cultural identity, beliefs, traditions, and customs?
   1.3 How is community knowledge transmitted among family/community members, by
telling stories or through formal education?

2. Beliefs about the World and Nature
   2.1 What religion do you follow?
   2.2 How do you see the physical landscape and nature, ie the earth, the sun, moon,
       stars, the sea, the landscape, plants, animals etc? Do you see them as all being part
       of a ‘whole’ or do you see them as being separate things?
   2.3 Does any element, such as the wind, the water, the sun, have the power to harm / to
       heal?
   2.4 Do you believe in earth spirits, spirits of the mountains, good/evil spirits, etc.?
   2.5 Do you believe in ‘sacred locations’ in the landscape, and the importance of
       venerating them with offerings?
2.6 Do you believe that a supernatural being is in charge of the health of their community and able to cure people of any illness (as the wak’as had once been believed to)?

2.7 Do you see life and life experiences as being good or bad, positive and negative? (duality)

3. Life and the Human Body

3.1 Is the human body seen to mirror the wider cosmos, or any particular feature (e.g. a mountain)?
3.2 What do you believe about the ‘life force’ or ‘vital energy’? Does it animate only living creatures, or is it seen to be in all things, animate and inanimate?
3.3 Are any bodily substances (e.g. fat, blood, sweat etc) understood as having special properties, or to be symbols of life?
3.4 Are the mind and body separate, or are they part of a larger ‘whole’?
3.5 What are the functions of the body (e.g. breathing, eating, circulation, mind and feelings).
3.6 Do you believe that people have a:

   i. mind,
   ii. body,
   iii. soul,
   iv. spirit,
   v. shadow
   vi. other (describe)

   Please give a brief description of how you think they interrelate.

4. Health and Illness concepts

   If these questions are not fully understood, please ask the interviewee to give a brief description of their understanding of health and related issues.

4.1 Is there a word that means health?
4.2 How do you say (do you explain) a person is healthy?
4.3 What is health (the concept)?
4.4 When do you lose your health?
4.5 What are the origin / the causes of illness, sickness, disease?
4.6 What are the most common illness/diseases in your family, community?
4.7 How do you know somebody is sick?
4.8 How is a sick person viewed, i.e. is sickness related to identity?
4.9 Is sickness a condition that can be changed?
4.10 Do you believe in:

   i. Mal/malaire/malviento/aire,
   ii. Susto/espanto,
iii. mal de ojo (ojeado)
iv. agarrado del cerro,
v. la luna,
vi. cuichig,
vii. hualambario,
viii. brujería,
ix. San Gonzalo, o otro Santo malo (como San Martín)
x. castigo divino,
xi. mala suerte,
xii. envidia,
xiii. others (specify)

If yes, please provide a brief description.

5. Modern vs Traditional Therapies

5.1 When do you go to a traditional healer/yachak?
5.2 When do you go to a modern doctor or clinic?
5.3 Does the cost of treatment affect whether you decide to go to a ‘modern’ doctor/clinic or a traditional healer?
5.4 Which do you think is more reliable at treating illness?
5.5 Are modern doctors/clinics effective for some illnesses and traditional healers for others? Please describe.

For Healers/Yachaks/Shamans

6. On being a Yachak

6.1 What different types of healers do you know?
6.2 Why did you become healers?
6.3 How did you become a healer?
6.4 What is the origin of your powers?
6.5 Do you see other healers as in competition with you?
7. Understanding of the cause of illness

7.1 How diagnosis is performed?
7.2 How is the illness ‘seen’? (e.g. ability to see the nature of afflictions, as clearly as if in a mirror, or as if the body were open to the eye).
7.3 Are there any mediums employed, e.g., as with candles, guinea pigs, egg yolks, special equipment like stones, or the use of plants which allow them to ‘see’ an illness in a patient and its causes of illness?
7.4 Are these intermediaries experienced or understood as ‘spirits? (e.g as with the spirits of plants)
7.5 Can you direct and control good/bad forces?

8. Healing

8.1. What forms of healing and/or rituals do you employ for illnesses? (e.g. magical herbs, puntas/puro etc)
8.2. Are your ritual/therapies conducted through a spiritual assistant/guide?
8.3. Do you have an altar/mesa?
8.4. What special artefacts or equipment do you employ for your healing rituals?
8.5. Do you employ story telling for any part of this therapy?

Younger community members (aged 18-23)

9. Health and Life Beliefs of Younger People

9.1 Do you see yourself as being:

i) part of the ‘modern world’ in how you behave, what you wear, music you listen to etc or:

ii) a member of your family’s community and traditional values or:

iii) A mixture of both?
9.2 Do you believe in modern ways of seeing the world and nature as taught in school, or seen on TV/social media, or do you believe in the ideas that you hear from your grandparents?

9.3 Do trust more in modern medicine or in the traditional therapies of your parents and grandparents?

9.4 Do you believe in modern ways of seeing the world and nature as taught in school, or seen on TV, social media, or do you believe in the ideas that you hear from your grandparents?

9.5 Do trust more in modern medicine or in the traditional therapies of your parents and grandparents?

Modern Clinical Community

10. Beliefs/opinions of Modern Clinicians about Traditional Medicine

10.1. What are your views about Traditional Medicine and indigenous Andean health beliefs and practices?

10.2. Do you believe that indigenous peoples have a right to inter-cultural health provision that respects and integrates their own views/beliefs about life, health, medicine etc?

10.3. Are you aware that Traditional/ancestral medicine and related practices is recommended to be protected and promoted globally by organisations such as UNESCO, the WHO, PAHO etc?

10.4. Are you aware that the government of Ecuador has enshrined the rights to protection and inclusion of traditional/ancestral medicine in the 2008 constitution?

10.5. Would you personally be prepared to work alongside traditional healers/yachaks/partero/as?
SURVEY INSTRUMENT SPANISH VERSION

CUESTIONARIO DE CREENCIAS ANDINAS

Información Personal del Participante
Nombre:
Género:
Años:
Hablante de Kichwa (sí / no. En caso afirmativo, primero o segundo):
Educación (nivel de escolaridad, es decir> ¿qué año?)
Teléfono móvil (sí/no):
Televisión (sí/no):
Computadora/internet. (el acceso a los - sí/no):

Otro información relevante (como trabajo:)

General (todos los participantes)

1. Identidad Cultural

1.1 ¿Se autoidentifica con un grupo cultural o nacional en particular?

Por favor, brinde una breve historia de su grupo comunitario.

1.2 ¿Es su familia la base de su identidad cultural, creencias, tradiciones y costumbres?

1.3 ¿Cómo se transmite el conocimiento comunitario entre los miembros de la familia / comunidad, al contar historias o mediante educación formal?

2. Creencias Sobre el Mundo y la Naturaleza

2.1 ¿Qué religión sigues?

2.2 ¿Cómo ves el paisaje físico y la naturaleza, es decir, la tierra, el sol, la luna, las estrellas, el mar, el paisaje, las plantas, los animales, etc.?
¿Los ves como si fueran parte de un "todo" o los ves como cosas separadas?
2.3 ¿Algun elemento, como el viento, el agua, el sol, tiene el poder de dañar / sanar?
2.4 ¿Crees en espíritus de la tierra, espíritus de las montañas, espíritus buenos / malos, etc.?
2.5 ¿Crees en "lugares sagrados" en el paisaje, y la importancia de venerarlos con ofrendas?
2.5 ¿Cree que un ser sobrenatural está a cargo de la salud de su comunidad y capaz de curar a las personas de cualquier enfermedad (como alguna vez se creyó que eran los wak'a)?
2.6 ¿Ves las experiencias de la vida y la vida como buenas o malas, positivas y negativas? (dualidad)

3. La Vida y el Cuerpo Humano

3.1 ¿Se ve el cuerpo humano reflejando el cosmos más amplio o alguna característica particular (por ejemplo, una montaña)?
3.2 ¿Qué crees sobre la "fuerza vital" o 'energía vital'? ¿Anima solo a las criaturas vivientes, o se lo ve en todas las cosas, animado e inanimado?
3.3 ¿Se entiende que las sustancias corporales (por ejemplo, grasa, sangre, sudor, etc.) tienen propiedades especiales o son símbolos de la vida?
3.4 ¿Están la mente y el cuerpo separados, o son parte de un "todo" más grande?
3.5 Cuáles son las funciones del cuerpo (por ejemplo, respiración, alimentación, circulación, mente y sentimientos).
3.6 ¿Cree que las personas tienen una:
   
   i.   mente,
   ii.  cuerpo,
   iii. alma
   iv.  espíritu
   v.   sombra

Por favor, brinde una breve descripción de cómo piensa que se relacionan entre sí.

4. Conceptos de Salud y Enfermedad
Si estas preguntas no se comprenden completamente, solicite al entrevistado que brinde una breve descripción de su comprensión de la salud y asuntos relacionados.

4.1 ¿Hay una palabra que significa salud?
4.2 ¿Cómo dice (explica) que una persona está sana?
4.3 ¿Qué es la salud (el concepto)?
4.4 ¿Cuándo pierdes tu salud?
4.5 ¿Cuáles son el origen / las causas de la enfermedad?
4.6 ¿Cuáles son las enfermedades más comunes en tu familia, comunidad?
4.7 ¿Cómo sabes que alguien está enfermo?
4.8 ¿Cómo se ve una persona enferma, es decir, si la enfermedad está relacionada con la identidad?
4.9 ¿Es la enfermedad una condición que puede cambiarse?
4.10 ¿Crees en:

xiv. mal/ malaire/malviento/aire,
 xv. susto/espanto
 xvi. mal de ojo,
 xvii. agarrado del cerro,
 xviii. la luna,
 xix. cuichig,
 xx. hualambario,
 xxi. brujería,
 xxii. San Gonzalo (o otro santo mal),
 xxiii. castigo divino,
 xxiv. mala suerte,
 xxv. envidia,

En caso afirmativo, proporcione una breve descripción.

5. Terapias Modernas vs Tradicionales

5.1 ¿Cuándo vas a un sanador tradicional / yachak?
5.2 ¿Cuándo acude a un médico o clínica moderna?
5.3 ¿El costo del tratamiento afecta si usted decide ir a un médico / clínica 'moderno' o a un sanador tradicional?
5.4 ¿Cuál cree que es más confiable para tratar la enfermedad?
5.5 ¿Los médicos / clínicas modernos son eficaces para algunas enfermedades y los curanderos tradicionales para otras?
Por favor describa.

Para Curanderos / Chamánes

6. Al Ser un ‘Chamán’/Curandero/a

6.1 ¿Qué tipos diferentes de sanadores conoces?
6.2 ¿Por qué te volviste sanador?
6.3 ¿Cómo te volviste sanador?
6.4 ¿Cuál es el origen de tus poderes?
6.5 ¿Ves a otros curadores compitiendo contigo?
7. **Comprensión/entendimiento de la Causa de la Enfermedad**

7.1 ¿Cómo se realiza el diagnóstico?
7.2 ¿Cómo se 've' la enfermedad? (por ejemplo, la capacidad de ver la naturaleza de las aflicciones, tan claramente como en un espejo, o como si el cuerpo estuviera abierto a la vista).
7.3 ¿Hay medios empleados, por ejemplo, como velas, conejillos de Indias, yemas de huevo, equipos especiales como piedras o el uso de plantas que les permitan "ver" una enfermedad en un paciente y sus causas de enfermedad?
7.4 ¿Son estos intermediarios experimentados o entendidos como 'espíritus'? (por ejemplo, como con los espíritus de las plantas)
7.5 ¿Puedes dirigir y controlar las fuerzas buenas / malas?

8. **Curación**

8.1. ¿Qué formas de sanación y / o rituales empleas para las enfermedades? (por ejemplo, hierbas mágicas, puntas / puro, etc.)
8.2. ¿Sus rituales / terapias se llevan a cabo a través de un asistente / guía espiritual?
8.3. ¿Tienes un altar / mesa?
8.4. ¿Qué artefactos especiales o equipos empleas para tus rituales de curación?
8.5. ¿Empleas la narración de historias para cualquier parte de esta terapia?
A miembros de la comunidad más jóvenes (de 18 a 23 años)

9. Creencias de Salud y Vida de las Personas Más Jóvenes

9.1 ¿Te ves a ti mismo como siendo:
   i) parte del "mundo moderno" en cómo te comportas, qué te pones, música que escuchas, etc. o:
   ii) un miembro de la comunidad de su familia y valores tradicionales o:
   iii) ¿Una mezcla de ambos?

9.2 ¿Crees en formas modernas de ver el mundo y la naturaleza tal como se enseñan en la escuela, o se ven en TV / redes sociales, o crees en las ideas que escuchas de tus abuelos?

9.3 ¿Confías más en la medicina moderna o en las terapias tradicionales de tus padres y abuelos?

9.4 ¿Crees en las formas modernas de ver el mundo y la naturaleza como se enseña en la escuela, o se ve en la televisión, las redes sociales, o crees en las ideas que escuchas de tus abuelos?

9.5 ¿Confías más en la medicina moderna o en las terapias tradicionales de tus padres y abuelos?

ComunidadClínicaModerna

10. Creencias / opiniones de los Médicos Modernos sobre la Medicina Tradicional

10.1. ¿Cuáles son sus puntos de vista sobre la medicina tradicional y las creencias y prácticas indígenas de la salud andina?

10.2. ¿Crees que los pueblos indígenas tienen derecho a una provisión de salud intercultural que respete e integre sus propios puntos de vista / creencias sobre la vida, la salud, la medicina, etc.?

10.3. ¿Sabe usted que la medicina tradicional / ancestral y las prácticas relacionadas se recomiendan para ser protegidas y promovidas globalmente por organizaciones como la UNESCO, la OMS, la OPS, etc.?

10.4. ¿Sabe usted que el gobierno de Ecuador ha consagrado los derechos de protección e inclusión de la medicina tradicional / ancestral en la constitución de 2008?

10.5. ¿Estaría usted personalmente preparado para trabajar junto a los curanderos tradicionales / chamánes / partero / as?
APPENDIX 3

QUALITATIVE SURVEY TABULATED FINDINGS

Section 1. Cultural Identity

<table>
<thead>
<tr>
<th>THREE COMMUNITIES - GENERAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>1.2 Is your family the basis of your cultural identity, beliefs, traditions, and customs?</td>
</tr>
</tbody>
</table>

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\(^1\) Runa is the Kichwa name meaning ‘indigenous’.

\(^2\) Kichwa is the northern Andean variant of ‘Quechua’ the indigenous pre-European language spoken by the Incas; it also gives its name to the very widespread and heterogeneous ethnic indigenous peoples spread throughout the sierra down into the rainforest/selva regions to the east.

\(^3\) Zuleteño/a is a person born or living in the community of Zuleta.

\(^4\) Caranqui is the original name of this region, which gave its name to the last pre-Inca indigenous group, before the arrival of the Spanish in 1532.

\(^5\) Mestizo is now an ‘ethnic’ group, comprising around 70% of the population of Ecuador and composed of people who are of racially mixed ancestry: indigenous, white, African etc.

\(^6\) Cayambe is the name of the large Volcano which gives its name to the province and the regional capital; it is also the name if the historical ethnic group.

\(^7\) Feast of Juan Baptista (St. John the Baptist) is the locally venerated saint which replaced the indigenous solar mid-summer solstice celebrations of the Inty Raymi after the Spanish Conquest. They are seen as being very typically ‘indigenous’ and are now slowly reverting to their traditional name of the Inty Raymi.
| 1.3 How is community knowledge transmitted among family/community members, by telling stories or through formal education? | Through the family*. Oral accounts via the family. Family first, then the Bilingual School of Manzana Pamba. Family & community. Through the grandparents* and older people. Through the family**. Oral accounts*. Always family & community. Through family, never education. Family or school. Family stories. Some classes in Kichwa about indigenous history. Parents & grandparents. First family, then school. | More family than school. Oral traditions across generations. Knowledge of local myths from grandparents & community. Through family. Only through family, as there are no classes in Kichwa or about the culture. In the family, little from school. Learned from other people, not the family as she moved through marriage. Family & community, schools were useless. Education. No classes in Kichwa or about the culture. Formal education*. Story telling & also education*. Oral accounts. | Oral accounts** from the family/community*. Doesn’t understand. Not school*. Formal education*. Oral accounts & experiences. |

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7 *Ayllus* refers to an extended family grouping, rather like a ‘clan’.  

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<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 For you, what is cultural identity? (The original question asked</td>
<td>1) Cultural identity is to speak the Kichwa language, wear traditional clothing, look after the land and eat healthily.</td>
</tr>
<tr>
<td>to other participant groups was “Do you self-identify with a particular</td>
<td>2) To be Salasaka is to wear traditional clothing and practice ancestral celebrations.</td>
</tr>
<tr>
<td>cultural or national group?”)</td>
<td>3) I am indigenous Salasaka and as such I consider it important to preserve the culture, our language, traditional dress and ancestral diet. We are a town with history and its own identity.</td>
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<tr>
<td></td>
<td>4) I am an indigenous Kichwa Salasaka. The Salasakas have our own language, handicrafts and our own ancestral medicine and up to now we have our own ancestral education.</td>
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<tr>
<td></td>
<td>5) I’m an indigenous Salasaka used to dressing in traditional clothes when I’m in Salasaka, but not here in the Galápagos. Despite the distance, I and my family have not left aside the Kichwa language, a primordial element of [being] Salasaka indigenous.</td>
</tr>
<tr>
<td></td>
<td>6) I am an indigenous Salasaka. The Salasakas are from the country and we maintain traditional clothing [way of dressing], a nutritious diet rich in cereals and vegetables and we speak the Kichwa language.</td>
</tr>
<tr>
<td></td>
<td>7) For me, to be indigenous is to keep the clothing and our own language.</td>
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<tr>
<td></td>
<td>8) Cultural identity is to dress yourself in the traditional clothing and to speak the Kichwa language.</td>
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<tr>
<td></td>
<td>9) I always identify as Salasaka. To be Salasaka is to wear traditional clothing, listen to our own music and practice autochthonous dances.</td>
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<tr>
<td></td>
<td>10) I am Runa, an indigenous [person] of the Salasaka people. Here in the Galapagos Islands, to be a Salasaka is to participate in important events and festivities organized by the city and by ourselves, dressed in a traditional way; also be Salasaka is to continue eating according to the ancestral teaching [a diet] rich in vegetables and cereals; it is also to keep the language alive by speaking in our homes and on the streets; and, above all, the social organization based on the indigenous worldview</td>
</tr>
</tbody>
</table>
must always be present because it helps us unite the families and brothers and sisters who are far from the Salasaka people [township].

11) Indigenous cultural identity is to own and practice the Kichwa language and to dress in the traditional clothes of our ancestors. The Salasakas live in Galápagos conserving the indigenous culture. We teach our children in the homes indicating that there is no forgetting the culture.

<table>
<thead>
<tr>
<th>1.2 Does your family self-identify as you identify yourself? (The original question was framed: Is your family the basis of your cultural identity, beliefs, traditions, and customs?)</th>
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</thead>
<tbody>
<tr>
<td>1) No.</td>
</tr>
<tr>
<td>2) All my family identify as Salasaka.</td>
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<tr>
<td>3) In my family it’s important to maintain the [Salasaka] identity and everyone identifies themselves as Salasakas.</td>
</tr>
<tr>
<td>4) Not asked/answered.</td>
</tr>
<tr>
<td>5) It is important to preserve and maintain all elements of the culture such as clothing, language and ancestral customs and, yes, my family is identified as Salasaka.</td>
</tr>
<tr>
<td>6) Yes, my whole family identifies as indigenous Salasaka and to preserve and strengthen the Salasaka culture is very important.</td>
</tr>
<tr>
<td>7) In my family the culture is very important, and to conserve our traditions.</td>
</tr>
<tr>
<td>8) In my family the indigenous culture and be Salasaka. But unfortunately it has been difficult to instil our indigenous values in our daughters; we parents feel guilty. But the main cause has been education, in the school classrooms, college and university [they] do not strengthen the importance of being indigenous and indigenous culture. So, my daughters here in Galapagos do not want to dress as indigenous people and also do not speak Kichwa, although they do understand it.</td>
</tr>
<tr>
<td>9) For my family the ancestral traditions and the language are important and we all practice and identify with it.</td>
</tr>
<tr>
<td>10) In my family the Salasaka identity is very important. Among them, ancestral customs are the basis of an indigenous people, language, food and intercultural / bilingual education.</td>
</tr>
<tr>
<td>11) My family on the mainland all identify themselves as Salasakas. They dress in traditional clothing and speak the Kichwa language to preserve and maintain the culture. Likewise, love and care for the land and animals and participation in mingas or social organization are part of self-identification. Another pillar is in the case of the role of gender, women cannot stop spinning to dress the whole family.</td>
</tr>
<tr>
<td>1.3 How is community knowledge transmitted among family / community members, by telling stories or by formal education?</td>
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<td>---</td>
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</tbody>
</table>
| 1) I don’t transmit the culture.  
2) My parents taught me verbally, advising me how to keep the culture. All Salasakas teach the culture through the system of verbal communication.  
3) Our concepts and ancestral ideas of our customs and traditions are passed on verbally.  
4) It [the culture] is transmitted by speaking the Kichwa language in homes, dressing traditionally. Only culture is taught in homes. Learning or strengthening culture through schools or colleges is very difficult and much more difficult here in the Galapagos.  
5) Since childhood we have been educated based on the indigenous worldview through the oral communication system, only [good] council and conversations.  
6) The indigenous culture, which is carried in the blood, has been transmitted through the work [we do] in the fields and we teach in homes orally, but the new generation does not value this much, they do not want to speak the Kichwa language anymore. Education has not been a contribution in the strengthening of culture.  
7) Education does not help us strengthen our culture. Knowledge of culture and traditions is transmitted orally in the family. Our parents or family members advise us to dress traditionally and speak the Kichwa language.  
8) In my family taught and advised our children orally, indicating that they must maintain and preserve the Salasaka culture and tradition.  
9) The teaching of our culture has always been oral, our elders advise us.  
10) It has been transmitted at home. Education has helped a little. But I think that to transmit the culture and / or to influence others in the social relationships, you mustn’t be ashamed.  
11) For the Indians, there has not been the academy [not sure what this is] but the family unit to work the land. We parents, while we work the land, teach the importance of the Salasaka culture, hence the ancestral customs and traditions. |
<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Do you identify yourself with a particular cultural or national group?</td>
<td>12) I am Runa/Indigenous Salsaka. To be indigenous is to live looking after the animals, the land, sowing and harvesting whatever foodstuffs we get to eat.</td>
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<tr>
<td></td>
<td>13) To be a Salsaka is to work, and to look after the land and the animals.</td>
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<tr>
<td></td>
<td>14) Cultural identity for me is to teach others our identity, for example our clothing, our language, our life. We identify ourselves as indigenous through our clothing, through our origins. I identify as Salsaka by my clothing, language and sharing my life with the others.</td>
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<td></td>
<td>15) For me it is to live like a Salsaka, dress traditionally, not to abandon the culture, as, for example, the habit of women spinning and the whole traditional dress. But today the indigenous roots are being lost through migration, because when they return from other countries the Sasalakas return with another mentality and other customs. Despite this, I teach my children to take care of the earth in order to live from it. I also educate them to live in harmony without causing harm to others.</td>
</tr>
<tr>
<td>1.2 Does your family self-identify as you identify yourself?</td>
<td>12) All my family (my sisters, brothers and nephews), according to the learning received from our elders (parents) who lived off the land, live raising animals and work the land and then take these out to sell in the cities so we can use the money to cure diseases and buy things.</td>
</tr>
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<td></td>
<td>13) Yes, my parents and my family taught me how to be Salsaka.</td>
</tr>
<tr>
<td></td>
<td>14) Sincerely, I can’t speak for everyone, saying that yes, they identify as Salsalakas. These days each one has different ideas and conceptions, for different reasons often not knowing [why]. Despite everything, hopefully they live identifying themselves as Indigenous Salsalakas.</td>
</tr>
<tr>
<td></td>
<td>15) Yes, all my family and my children keep the tradition of dressing in the native dress. Well, I must admit that one of my daughters does not like to dress during daily activities because she went to Galapagos, but for parties and programs she is always dressed as a Salsaka.</td>
</tr>
<tr>
<td>1.3 How is community knowledge transmitted among family / community members, by telling stories or by formal education?</td>
<td>12) Traditionally we received cultural learning of indigenous Salsalakas only from our parents, but nowadays children and young people learn both in homes and in schools. Of course, schools with indigenous teachers are those who teach culture and how to live like Salsaka, many times Salsalakas teachers have become the second parents of children.</td>
</tr>
<tr>
<td></td>
<td>13) Parents and the family group teach us children to be indigenous, teaching the language, the clothing and working on the land. Young people learn new things through education and many of them forget what it is to be Salsaka.</td>
</tr>
<tr>
<td></td>
<td>14) I learned about [my] cultural identity since the day I was born. [My/our] parents, men and woman, know how to dress in traditional clothing. It is in this way that they teach us in the house to identify ourselves, so in</td>
</tr>
</tbody>
</table>
school or college we identify as Salasakas, in school they don’t teach cultural identity. The teaching of culture is done orally.

15) The customs and traditions of Salasaka are transmitted orally from generation to generation. For example, having no mother, my grandmother taught me how to make ropes with the tzawar kara (green penco). The leaves were cut, then pieces were made to be able to ferment in water for two weeks. Then, she washed and wove ropes for all the animals and to be able to sell. My grandmother told me that I must continue that tradition in order to survive.
Section 2. Beliefs about the World and Nature

<table>
<thead>
<tr>
<th>THREE COMMUNITIES GENERAL</th>
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<tr>
<td><strong>Question</strong></td>
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<tr>
<td>2.2 How do you see the physical landscape &amp; nature, that is, the earth, the sun, the moon, the stars, the sea, the landscape, the plants, the animals, etc.? Do you see them as part of “whole”, or do you see them as separate things?</td>
</tr>
<tr>
<td>2.3 Do any of the elements like wind, water or the sun have the power to harm or heal?</td>
</tr>
</tbody>
</table>
2.4 Do you believe in earth spirits, mountain spirits, good & bad spirits?

| Yes.* | Yes, both good & bad.** Yes, I experience them. Yes, believes in all of them.* No*. Yes, in good spirits that give fertility. Yes, in earth & mountain spirits*. Only God knows what is good & bad. There are all sorts, you need to know them. Yes, but not bad. Not understood. Doesn’t know. Earth & mountains have good & bad spirits. | Yes**. . No**. Doesn’t believe in them. Yes, in all kinds. Only in terrestrial & water, not mountain spirits. Earth spirits*. Yes, both good & bad spirits**. Yes, both earth & mountain spirits. Yes, but he can’t communicate with them, only more powerful curanderos can. There are spirits everywhere. In earth & mountain spirits; he uses a sound to call them. Yes, such as *apus* (mountain spirits), only good though. Taita Imbabura & Mama Cotocachi⁹. In good spirits. | Yes. No*. Yes, you can get malaire from the spirits in the mountains. Both good and bad*. Only Taita Dios. In earth spirits*. In mountain spirits*. Just good spirits**. |

2.5 Do you believe in ‘sacred places’ in the landscape & the importance of venerating them with offerings?

| Yes.* Yes, bathing in the Vertiente (waterfall) Gualupe helps his pains. Yes, Pacha Pata*¹⁰ & Kinchi Urcu. Yes, especially in Kinchi Urcu**. In Cruz Pamba (Chacana Pamba)*. Hills & springs. No. In Kinlli Urcu & Punta Rumi. Spring waters (vertientes). In Nitan Cruz*. Has heard from elders, but no personal experience. | No.* Yes*. Yes, they exist, such as springs etc. Local waterfalls have good energy, but doesn’t give offerings to them. Yes, like springs & waterfalls, which you leave offerings to. No. Yes, each have their own significance. Yes, some wells have the power to give you energy, but no offerings. In mountains & springs. Springs & cascades. Yes, mountains, springs & tolas¹². In the waterfall of Peguche. | Yes**. Yes, but through an offering made in church. No, doesn’t believe in them**. Doesn’t know.* |

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⁹ These are the two large regional volcanoes, here seen in their capacity as *apus* (mountain spirits).
¹⁰ Pacha Pata is a local spring.
¹¹ Also written as Kinlli UrKu
¹² *Tolas* are large artificial mounds in archaeological settlement sites.
2.6 Do you believe that a supernal natural being is in charge of the health of your community & capable of curing people of any disease (as it was once believed that they were the wak'as)?

| Yes.* | Doesn’t know*. Only Taita Dios.* Yes, in Pachamama, Taita Sol & the mountains. Taita Dios & Taita Chimborazo.* Also Mama Tunguhuara. No. | No.** | Yes*. These are probably now replaced by Catholic saints. Only God.** Doesn’t know. San Juan & the Virgin of Zulia are in charge of the well-being of the community. There used to be but they left as they weren’t believed in. It is now Juan Baptista. In those that can help. | No**. | Yes*. In the past it was the yachaks, now they just believe in God.* In Taita Dios. Doesn’t know.* |

2.7 Do you see the experiences of life as being good or bad, positive & negative? (duality)

| Yes, because there are people who can do you evil. Yes, good/bad, positive/negative experiences exist.** Both good & bad things exist in life.** Yes, a little. Just one life. | Yes.* In good & bad.** Yes, you learn from bad experiences. Yes, there are, but more a fluctuating whole. More good than bad. In between the two. Yes, definitely. Only positive.* Nothing really bad, life is generally good. Good. Life is positive, but God gives us tests. | Both good & bad**/positive & negative*. Only good**/positive. As negatives. |}

* frequent; ** very frequent.

**Selected quotes/responses**

*Salasaka respondents:*

2.2 They are a part of one whole & they give me life
2.5 Yes, she believes in Kinlli Urcu “para poder hilar la loma para vistimenta ‘fime’(? ) me fue a poner una ofrenda pidiendo que de fuerza o sabiduria”. Ie for strength or wisdom she gives an offering to the hill. It could also suggest that to be able to spin (hilar) she gave offerings to the hill.

He believes in Kinlli Urcu because once his son went to leave an offering of a wooden toy/instrument asking that he wanted to be an artist, which turned out [as asked] an now he’s out of the country [presumably working as an artist?]

Yes, he believes in sacred places, especially Cruz Pamba. Once when he was young he went to ask that it give strength or ability to learn to weave & dye woollens which was successful & because of this he has faith.

He believes in good earth spirits that give fertility etc. The mountains have spirits too, & they show their pleasure/displeasure as when they snow, cause earthquakes, erupt etc.
Yes, there are sacred places in the landscape & you have to venerate them with offerings like maize, potatoes etc. Yes, Pacha Pata which is a local spring, it can heal you through bathing in its waters at 5am, & you return healed, with enthusiasm to work, etc

Zuleta respondents
Community elder (16)
2.2 They are all part of a whole. All these are important elements. Important elements: Fire, water, all is articulated. Live in a space, all has sense, space etc
2.3 Thinks all elements have a specific power. Grandparents believed much in moon phases as critical for planning, but not specific that any one has specific power to harm or heal.
2.4 Yes. All on earth has a being; living beings, spirits have power, mountains & rivers have spirits. Urco – spirits to heal.
2.5 Yes. Sacred sites exist for the community. Like springs are sacred. Martin Pocyo is a sacred site locally. Go there to be healed of problems like cuichig. A yachak will prepare a healing bundle to offer to the sacred site.
2.6 Saints, San Juan Bautista, possibly comes from earlier beliefs in a pre-Columbian entity.
2.6 Yes, tradition of San Juan & the Virgin of Zuleta are in charge of the well-being of the community.

Shaman (17)
2.3 Yes, but power for life; to prepare medicine; air, which is fundamental for life. Water has a spiritual power to strengthen your spirit. Waterfalls have a specific power to heal.
2.5 Yes, Springs & cascades. Bridge of Angochagua. The Evangelists had a spring destroyed in La Rinconada
2.6 Yes. There were but not now. They left because they weren’t believed in.

Ugsha respondents
2.3 No; every morning prays to God to protect them. They can harm you at times, although you don’t always know.
2.6 Yes, she believes in Wak’as, giving the example of hunters coming back well after their experiences in the wild.
2.7 Life experiences are good, “porque las malas lo hacemos uno mismo” ie the bad one, we do ourselves.
<table>
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</table>
| 2.2 How do you see the physical landscape and nature, that is, the earth, the sun, the moon, the stars, the sea, the landscape, the plants, the animals, etc.? Do you see them as part of “whole”, or do you see them as separate things? | 1) Nature is beauty, it’s the creation of God. It’s [all] part of one whole.  
2) I see them all as part of a single world, I see them dependent on each other and united.  
3) The landscape of nature is beauty and part of a whole. But the contamination of waste and sewage has damaged the ecosystem.  
4) Among the beings of nature there is dependence on one another. We are all part of a whole.  
5) All of nature is one whole.  
6) Nature is beauty for our eyes and all the elements of it are united and are one.  
7) Nature is diversity; it is beauty for our eyes. And everything is one, all are united.  
8) For me, nature represents beauty and the landscape is beautiful for our eyes. And there is a mutual dependence between man and nature.  
9) The diversity of the landscape is beauty for our sight. I consider that each element of nature makes a unique/separate world.  
10) For me, all the elements of nature form part of one whole, they are one.  
11) For me, nature (physical space) represents joy for our lives. There is a connection between all the beings of nature. |
| 2.3 Do any of the elements like wind, water or the sun have the power to harm or heal? | 1) Yes, it can harm or also heal, extremes can harm and the good elements can heal.  
2) Yes, it can cause us a lot of sun damage, for example, to people who are dedicated to agriculture too much sun produces drought and when you walk under a vast sun without protection, many times, it causes cancer to the skin. On the other hand, the elements of nature, such as medicinal plants, can cure diseases.  
3) The elements of nature have the power to heal and not to harm us. For example, medicinal plants help to cure diseases.  
4) They do not hurt us. On the contrary, man (the human being) is the one who harms nature when we do not care or do not protect it.  
5) Yes, nature can cause irreparable damage. For example, it’s possible to have a tsunami from the sea here in the Galápagos, something which makes us live in fear.  
6) The elements of nature cannot cause us harm. For example, rain helps us in the field to grow plants, the sun serves to dry clothes and water gives us life and serves us to clean up.  
7) Yes, the elements of nature can cause us harm or also heal us. Example, a lot of sun (heat) or cold causes us diseases. Instead the air gives us life. |
8) Yes, nature, such as plants, can heal us and at the same time the excessive use of them can cause diseases. Or natural disasters such as excessive rain and drought can cause material damage and loss of human life.  
9) Too much sun burns your skin.  
10) The elements of nature cannot heal diseases. But they can cause damage, for example, a lot of rain can cause floods and a lot of sun droughts.  
11) Yes, the elements of nature can affect both positively and negatively. For example, when you walk on a very sunny day you [can] get the flu, fever and headache. On the other hand, plants can prevent us from some diseases, for example, oranges, so that we do not catch flu.

<table>
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<th>2.4 Do you believe in earth spirits, mountain spirits, good and bad spirits?</th>
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<tbody>
<tr>
<td>1) Yes I believe it, the elements of nature have [a] spirit.</td>
</tr>
<tr>
<td>2) Yes I believe it. Nature has a life, soul and spirit.</td>
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<tr>
<td>3) I do believe that the mountains and the earth itself have spirits.</td>
</tr>
<tr>
<td>4) Yes, I believe that the mountains have power. So, it depends how we treat nature that gives us life and energy or can cause us something bad, there must always be reciprocity between living beings.</td>
</tr>
<tr>
<td>5) I don’t believe this.</td>
</tr>
<tr>
<td>6) Yes, our land and our mountains have spirit and soul. All spirits are good.</td>
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<tr>
<td>7) I don’t believe it.</td>
</tr>
<tr>
<td>8) Yes, I believe that the earth and its elements have spirits.</td>
</tr>
<tr>
<td>9) Yes, our mountains have spirits.</td>
</tr>
<tr>
<td>10) I don’t believe that the natural elements have spirits.</td>
</tr>
<tr>
<td>11) I could affirm that the beings of nature do not have spirits, but I would not sleep on a mountain because sleeping there one becomes crazy. Likewise, I would not sleep under large trees, near animals such as pigs and inside abandoned houses, because in these places there are evil spirits.</td>
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<th>2.5 Do you believe in ‘sacred places’ in the landscape and the importance of venerating them with offerings?</th>
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<tbody>
<tr>
<td>1) No.</td>
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<tr>
<td>2) Yes I believe in sacred locations, so it’s important to venerate them to get positive energy.</td>
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<tr>
<td>3) It is important to venerate them and take care of them because when we have faith in them they protect us and give us wisdom, energy and even cure us of diseases.</td>
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<tr>
<td>4) Yes, I believe in sacred locations and it’s good to venerate them. But it depends on each person.</td>
</tr>
<tr>
<td>5) No, I don’t believe it.</td>
</tr>
<tr>
<td>6) I believe in sacred places so it is important to venerate them so that they protect us and give us wisdom. But it depends a lot on each person’s faith.</td>
</tr>
<tr>
<td>7) Yes, I believe it, you have to go and venerate them to live well.</td>
</tr>
<tr>
<td>8) No.</td>
</tr>
<tr>
<td>9) Yes, I believe in sacred places and that you must also venerate them.</td>
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<tr>
<td><strong>2.6 Do you believe that a supernatural being is in charge of the health of your community and capable of curing people of any disease (as it was once believed that they were the wak’as)?</strong></td>
</tr>
<tr>
<td>1) No.</td>
</tr>
<tr>
<td>2) I believe in nature but I don’t believe that anything supernatural is looking after it [or us]. Only God looks after us.</td>
</tr>
<tr>
<td>3) Yes, I believe that something supernatural is looking after us.</td>
</tr>
<tr>
<td>4) Yes, I believe that something supernatural is looking after us. This, yes, depends much on the faith of the person. For example, medicinal plants protect us from illnesses.</td>
</tr>
<tr>
<td>5) No, I don’t think it’s so.</td>
</tr>
<tr>
<td>6) Yes, the spirits of nature look after us.</td>
</tr>
<tr>
<td>7) I don’t believe it.</td>
</tr>
<tr>
<td>8) Our God is the one who looks after us.</td>
</tr>
<tr>
<td>9) No.</td>
</tr>
<tr>
<td>10) I don’t believe this; God looks after us.</td>
</tr>
<tr>
<td>11) There aren’t any. There’s only God who looks after us.</td>
</tr>
<tr>
<td><strong>2.7 Do you see the experiences of life and life as good or bad, positive and negative? (duality)</strong></td>
</tr>
<tr>
<td>1) Yes, people have both positive and negative experiences.</td>
</tr>
<tr>
<td>2) In life people have positive and negative experiences, always duality.</td>
</tr>
<tr>
<td>3) In my life I have had both bad and good life experiences, in duality.</td>
</tr>
<tr>
<td>4) In life I have had good as well as bad experiences. Everyone lives in duality.</td>
</tr>
<tr>
<td>5) In my life I have had good and bad experiences, [I believe] in duality.</td>
</tr>
<tr>
<td>6) All families have lived both bad and good, always in duality.</td>
</tr>
<tr>
<td>7) We all live with both good and bad, in duality.</td>
</tr>
<tr>
<td>8) Each person has positive and negative experiences, that’s life, the two go together, in a dual way.</td>
</tr>
<tr>
<td>9) I live both good and bad in my life, in duality.</td>
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<tr>
<td>10) For myself and my family we have had negative and positive life experiences, in duality.</td>
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<tr>
<td>11) People have bad and good experiences. Sometimes we are sad and sometimes we are happy.</td>
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</tbody>
</table>
### SALASAKA – RECORDED INTERVIEWS

<table>
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<td>2.2 How do you see the physical landscape and nature, that is, the earth, the sun, the moon, the stars, the sea, the landscape, the plants, the animals, etc.? Do you see them as part of “whole”, or do you see them as separate things?</td>
<td>12) The natural landscape is a beauty for us, something beautiful for our life. Seeing all the splendor we can imagine the creation of the world by our God. What I can say is that there is a need for each other, that is why rain and sun need both human beings and nature. The rain useful for plants to grow, oxygen to breathe and the sun allows us to bathe and dry the clothes we wash. In this way we make a single world the beings of nature and humanity. Likewise, when we get sick with something - it can be malaire or fever, caused by going out to make water (pass water ie urinate?) in the early hours, we clean ourselves with matitas de matico and guanto. We also make infusions with garlic and lard. Also with strong nettles and with the plants of santa maria we clean ourselves not to be ‘decaido’ ie ill. If we do not improve, we clean ourselves with chili which is a stronger cleaning element. My mother told us to clean with chili so that the devil does not kick because if he kicks us we are left without energy, nor do we have the will to walk or appetite to eat. And after the cleaning [ritual] the [negative energy]is thrown far away on the road. Where do you throw away the plants that were used in the cleansing, anywhere or any specific place on the road? Sometimes you throw them on the cross roads or also in the sequia or river. You throw them at the cross roads so that they go away with the wind. or so that the evil follows the first person who crosses that place. Because of this, many people who know about the cleansing and see that they have thrown the remains of it just in the place where they were crossing, go whipping with a branch so that it does not follow them; those who do not know about it we pass without doing anything. 13) Nature transmits happiness and gives life to be a human being. Everthing exists in inter-relation and inter-dependency. 14) I consider that we live together with nature. For example, of plants, we eat trees, fruits; houses serve to protect us, mountains to get water from. People and nature make one world, one life because we obtain the fruits of nature and from her the air that we breathe. 15) I climb Mama Teligote, I see how the plants purify the air and produce rain and water. I go to the river, I see how it gives life to plants and other human beings. Therefore, nature is one and each being that makes up [forms] nature has their own life and spirit.</td>
</tr>
<tr>
<td>2.3 Do any of the elements like wind, water or the sun have the power to harm or heal?</td>
<td>12) Yes I believe this, for example when we go to bathe in the springs around here with medicinal plants it makes us feel well and refreshed. 13) Don’t know.</td>
</tr>
</tbody>
</table>
14) I think that nature, yes, has power, as much good as bad. Water is life (a power), without water we cannot live. Even the mountains have power since they give me the strength I need. They are for me as if it were the achievement of a goal, every day I give myself the example that I must reach the top of the mountain. In reality nature, or the earth never harms us, on the contrary, we harm them, not knowing how to care for them.
15) All the elements of nature have a spirit, therefore, to be able to heal people and other human beings and pos[ibly?], also to damage depending on the situation. So, I am grateful to Taita Chimborazo for giving us water to take care of our lands. It is necessary to know that when Mama Teligote (Mama Awela) gets angry she sends us ash and even fire.

2.4 Do you believe in earth spirits, mountain spirits, good and bad spirits?

12) Yes, the mountains have spirits and other people have told me this too. Our ancestors, even when they didn’t know about the existence of God, lived worshipping the mountains. There could be good and bad spirits, yes, this depends upon a person’s faith. Because if someone has evil wishes about someone, it could be the same spirit that causes bad effects, but if one doesn’t have evil wishes about anyone, they only have good spirits.
13) Yes, I have heard that bad spirits (devils) exist in abandoned or old houses. I haven’t seen them but other indigenous people say that they have even met the devil in person. Listening to these conversations we say that there are evil spirits.
14) Yes I believe that the earth and the mountains have spirits. People are the ones who have bad and good spirits so, nature only reacts to the actions of man. I think that nature has good spirits and we do not take advantage of it.
15) Yes, the mountains have spirits. They are good, for example, when girl children can’t spin or want to spin better, to learn how to embroider we go with an offering to the sacred site called Mama Kinll (Kinlli Urku; the sacred mountain) In the same way, when a boy has malaire, you go to the sacred site Mama Kinlli to do a cleansing. Furthermore, there we have Taita Kinlli, Taita Cruz Loma y Taita Punta Rumi (Wak’as).

2.5 Do you believe in ‘sacred places’ in the landscape and the importance of venerating them with offerings?

12) People who really have faith go to the mountains (or other sacred places) to pray upon their knees and to offer money and candles to effect good or bad, upon the other person, or on themselves. For them it is very important to worship sacred places.
13) I don’t believe this, I only believe in God. My parents didn’t teach me to believe this either.
14) It’s very important to look after them; they are our gods.
15) When I do a ceremony I invoke Mama Kinlli, Taita Chimbo, Taita Cotopaxi, Taita Inti (sun), Mama Awela (Tungurahua / Teligote), Mama Yaku (water) and Pachamama (goddess of the Earth). When we have faith they can relieve us of some evil.
| 2.6 ¿ Do you believe that a supernatural being is in charge of the health of your community and capable of curing people of any disease (as it was once believed that they were the wak'as)? | 12) Many people believe that yes, there is a place or a spirit to venerate and be blessed by and receive her protection. It is because of this that there was a big discussion here in Salasaka when a tractor destroyed the sacred site of Kinlli Uru because for many believers this site was for prayer and to leave offerings to the spirits. Furthermore, I have heard it said by many people that when you pray and worship with much faith with all your heart, the animals grow healthy and strong and the harvest is good.  
13) I don’t believe it.  
14) I do believe it is taking care of us. Moreover, people who believe in the spirits of the mountains are healthier in body and healthy. It is so, when you want to share and talk about it, you do not want to know, that is why you live in ignorance and vulnerable to diseases. They sign that when they get sick it is God’s punishment, it is not divine punishment, diseases are a consequence of our actions.  
15) The spirits of nature look after us, they help us and even give us life, so, we should live grateful and take care of them. |
|---|---|
| 2.7 Do you see the experiences of life as good or bad, positive and negative? (duality) | 12) Until now I have lived well, as I haven’t done any harm to anyone I could say I am fine. Sometimes I have been ill.  
13) Yes I have lived a good life. I live working the land and happy being able to be active.  
14) My life has been full of positive experiences that are negative [poorly transcribed?]. But I must admit that yes, I have had negative experiences.  
15) Up until now I have lived well, and my children are also well. Only that sometimes [redacted] makes me sad ... Inspite of it, I feel that I am well. |
## Section 3. Life and the Human Body

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<td><strong>Question</strong></td>
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<td>3.1 Is the human body seen to mirror the wider cosmos, or any particular feature (e.g. a mountain)?</td>
</tr>
<tr>
<td>3.2 What do you believe about the ‘life force’ or ‘vital energy’? Does it animate only living creatures, or is it seen to be in all things, animate and inanimate?</td>
</tr>
</tbody>
</table>

13 The question was actually translated as: “Have you ever thought you were a mirror to others?” (Alguna vez has pensado que eres un espejo a los de más?)
14 Mountains seen as parents or grandparents, as guardians, they give life, but that are seen as having human emotions, erupting or having snow on them etc; if you annoy them they will get angry or harm you.
| 3.3 Are any bodily substances (e.g. fat, blood, sweat etc) understood as having special properties, or to be symbols of life? | They are symbols of life.* No, they aren’t*. Yes, they are. Blood has a special property as our children are our own blood. Doesn’t know.* Yes, but doesn’t understand any more. Doesn’t believe it, never heard of it. More in the power/symbolism of blood.* | Blood and fat of certain animals had power. Yes, sweat and fat used as a lubricant or a charm by people in the past. He continues to use it. They are [all] symbols of life.* No.* Blood and sweat; [older people] used human fat/oil and sweat to oil things for power. Yes, these contain the sense of being of an individual. All these substances have ‘power’, but mostly reflect the state of the mind. Not really. Yes, they have special properties.* | Yes, they [all] have special properties.* Yes, they are symbols of life.** Sweat and fat. |
| 3.4 Are the mind and body separate, or are they part of a larger ‘whole’? | They are all the same. Part of everything/of a larger whole.** | They are one, not divided. Part of a greater whole. One whole.** They have different functions but are part of a single whole. One whole, all is life, your thoughts affect the functioning if your body. They are different ie two parts. For them to be separate doesn’t make sense. | Part of one/larger whole.** |
| 3.5 What are the functions of the body (e.g. breathing, eating, circulation, mind and feelings?) | All of these.** All one but with its own functions. Your body needs water, air and food to survive. | To live. The functions support the life [and] the soul. All the same; you need all*, all united, to sustain life. The heart is the motor of the body. They are all those [things] that give life to the organism. | All these.* Heart. Alimentation.** Circulation.* Respiration. Feelings. They give life. |

* Frequent; ** very frequent

**Selected quotes/responses**

_Zuleta_
“The earth, mountains etc is like a human body, with organs, it feels; it has rights. A plant is a living body. This is a more general community belief and is starting to be recovered from having been lost for a time, although our grandparents and great grandparents had this belief.” (16)

“The blood and fat of certain animals had power. Grandparents ate condor, to have a long life; drank the blood of a fierce bull to protect against bad energies or witchcraft. This belief still persists. [You eat the] heart/blood of a fox to protect against bad energies”. (16)

“The functions support the Life, soul. When you die, the soul enters another dimension.” (16)

<table>
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</tr>
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</table>
| 3.1 Is the human body seen to mirror the wider cosmos, or any particular feature (e.g. a mountain)? | 1) No.  
2) It could be, I never thought about it.  
3) It could be so, but I don’t know.  
4) I don’t think so.  
5) I never thought it and I don’t believe it.  
6) No, no I don’t believe that I should be a mirror of these.  
7) I never thought this.  
8) Yes, that something natural or normal. For our children we are role models.  
9) I don’t believe it’s so.  
10) We are all children of God so we could be mirrors to others.  
11) Yes. |

3.2 What do you believe about the ‘life force’ or ‘vital energy’? Does it animate only living creatures, or is it seen to be in all things, animate and inanimate? | 1) Yes, if it affects [you]. Many times it affects negatively when it is not controlled.  
2) It is something that all beings have. And the vital force does not affect from one to the other.  
3) We all have the vital energy so yes, it does have an effect on the family and those closest to it.  
4) We all have internal vital energy which can affect either positively or negatively.  
5) All living beings have internal strength. Between people that energy can have an effect but it can not cause an effect on nature. |

---

The question was actually translated as: “Have you ever thought you were a mirror to others?” (Alguna vez has pensado que eres un espejo a los de más?)
6) I do have the vital force and I think that all living beings have to have the vital force, which depending on it (bad / good), can affect the family and the others.
7) Yes, it animates all living beings and it affects the rest.
8) All human beings have the vital energy. And this energy, depending on it, has an effect on others.
9) We all have, and if it causes effect on others [as] when we are happy and angry.
10) All living beings have the vital force and this can affect the others. For example, when we are motivated we infect others, likewise our anger affects others.
11) Yes, I believe so, but I can’t describe it.

**3.3 Are any bodily substances (e.g. fat, blood, sweat etc) understood as having special properties, or to be symbols of life?**

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<tbody>
<tr>
<td>1</td>
<td>Yes.</td>
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<tr>
<td>2</td>
<td>It is true. For example, the blood of animals is used not to get sick. But, personally, I have not tried it yet.</td>
</tr>
<tr>
<td>3</td>
<td>For my part, I do not believe that bodily substances are symbols of life, but I have heard that other people do these things.</td>
</tr>
<tr>
<td>4</td>
<td>I do believe that the bodily substances of people are symbols of life. Because I’ve seen that the donkey fat helps to get rid of diseases, but I can’t say how.</td>
</tr>
<tr>
<td>5</td>
<td>I think I’ve heard this, but I’ve never done it.</td>
</tr>
<tr>
<td>6</td>
<td>Yes, body substances help us to live strong and healthily and prevent diseases. I have taken blood from cattle so as not to be afraid and not to get sick.</td>
</tr>
<tr>
<td>7</td>
<td>For me, I don’t believe this.</td>
</tr>
<tr>
<td>8</td>
<td>Yes, many of the body substances help reduce or prevent some type of discomfort in the body. For example, I have seen in my family that urine helps someone who drinks too much alcohol, that is, urine helps the person to recover consciousness when drunk.</td>
</tr>
<tr>
<td>9</td>
<td>Yes, bodily substances have special properties to prevent many pains and diseases. For example, the blood of a large rat serves to alleviate back pain, while a dog’s blood is used to treat epilepsy.</td>
</tr>
<tr>
<td>10</td>
<td>I don’t believe in this.</td>
</tr>
<tr>
<td>11</td>
<td>Yes, many of them. For example, cattle manure help a sick child improve.</td>
</tr>
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</table>

**3.4 Are the mind and body separate, or are they part of a larger ‘whole’?**

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>The body is God’s creation, so the mind and the body is part of God.</td>
</tr>
<tr>
<td>2</td>
<td>The body and the mind is a single whole, everything is united.</td>
</tr>
<tr>
<td>3</td>
<td>Each part of the body is one whole</td>
</tr>
<tr>
<td>4</td>
<td>Yes, the mind and the body are one whole.</td>
</tr>
<tr>
<td>5</td>
<td>All the parts of the body are united, so they are one whole.</td>
</tr>
<tr>
<td>6</td>
<td>All parts of the body are one.</td>
</tr>
<tr>
<td>7</td>
<td>Everything is connected; it’s one.</td>
</tr>
</tbody>
</table>
8) Everything is united and each part depends on the other.
9) I think that each one is separate.
10) All parts of the body are united, they are one. The parts of the body are like the parts of a car.
11) The only thing I could say is that all the parts of the body are united.

### 3.5 What are the functions of the body (e.g. breathing, eating, circulation, mind and feelings?)

1) Each part of the body has different functions. For example, the head to think, feet to walk, hands to work.
2) As above.
3) The feet serve to mobilize us from one place to another, the mind serves to think, the hands serve to work and the heart gives us life and generates energy.
4) Feet to walk, hands to work, mind to think.
5) The hands serve to work and the mind to think.
6) The mind serves to think, the hands to write, the feet to play and walk.
7) Mind to think, feet to walk, hands to work.
8) Each part of the body serves a certain function. For example, the feet serve to walk and the head serves to think.
9) The feet serve to walk and the hands serve to get things.
10) The hands serve to work and the head serves to think and this is the important part of the body.
11) Each part of the body has its own functions. Thus, the hands serve to work, the head to think, the mouth to converse, the nails to harvest¹⁶ the potatoes (work the earth), etc

¹⁶ The word given in Spanish was ‘deservar’ to preserve, which doesn’t make sense, so it has been translated as ‘harvest’ which would be ‘cosechar’.
### SALASAKA – RECORDED INTERVIEWS

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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</table>
| 3.1 Have you ever thought you might be a mirror of all these?17          | 12) I don’t know if I’m a mirror of these things, the only thing I can is that yes, they have to see me because I am not locked in the house as if I were a disabled person. As I walk well those who have to see me have to tell me I’m healthy.  
13) I have never thought this.  
14) Actually I have come to think that. But I always thank nature at the start and end of the day; I thank it for the land, for the water that I have, without them I couldn’t live. For example, if I do not have land where I would go? If I do not have what I am going to live? If I do not have plants, what will I eat? and how will I breathe? That is the conception that I have had.  
15) Yes, I consider Mama Kinlli as my mother.                                                                                                                                                                                                                       |
| Also asked (correct): Is the human body reflecting the wider cosmos or some particular feature (for example, a mountain)?                                                              |                                                                                                                                                                                                                                                                                                                                         |
| 3.2 What do you believe about the 'vital force' or 'vital energy'? Does it animate only living creatures, or is it seen in all things, animate and inanimate?                                                                                     | 12) One's life has to be demonstrated to our children, sons-in-law and grandchildren. We must advise them according to the life we lead, we are daring and good, the question is to teach our family. Because we have been taught that there really is a God, so when we cease to exist in this world, he will ask us of good we have left in the world, what we have taught the family. That is why we must teach our children to be workers, not to be envious, to live in unity and always seek to live in equality. All living beings have The vital energy, so while they are well we are fine. However if it rains with lightning or if there is thunder from the mountains, we are frightened and we feel sad and worried. For example, recently Mama Awela (Tungurahua volcano) was making great thunder and emitting ash so we were scared, it has calmed down and we are calm.  
13) The ‘vital force’ exists in all people and this energy is transmitted to the other living beings (creatures). For example, I am happy when I share with others, when I am alone I become sad.  
14) Yes, I believe in my own energy. My energy has an effect on the rest. Yes, my energy has a positive effect on the rest, only positive.  
15) Answer given was not relevant to the question.                                                                                                                                                                                                                   |
| 3.3 It is understood that bodily substances (eg, fat, blood, sweat, etc.) have special properties or are symbols of life?                                                                  | 12) Yes I believe so, for example, when we have a severe headache and are about to faint and want to vomit, according to my mother's teaching is that we have to smell the sweat of our armpits and chew the tip of a hair so that the desire to vomit passes and we don’t faint, which I have done and I have recovered. My mother's teaching is true, therefore, bodily substances have healing properties. Also drinking the blood of freshly killed                                                                                                                                 |

17 This question ‘morphed’ in the interviews and therefore doesn’t really reflect the original which was: “Is the human body seen to mirror the wider cosmos, or any particular feature (e.g. a mountain)?”
animals is good for our health because the animals, for example sheep, live only on plants. Likewise, I have heard that when a person has the beginnings of epilepsy, he has to take warm blood from a small (young) dog and until he has to eat meat of a guinea pig [and] to drink blood, this process helps him to heal from attacks of epilepsy.

13) I have heard that you should drink the blood of another person not to die, and so that they don’t do witchcraft against you. But I have never done this.

14) I never practised it, in spite of having heard this. For example, it’s said that you should take water boiled with hair [in it] with the end of preventing and healing heart pain. In the same way [also] water from the heart of a stone.

15) I have heard this, but I’ve never done it. Personally yes I believe it, because the natural substances have spirit which can help and heal or [also] power to the one who practices it.

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<tr>
<th>3.4 Are the mind and body separate, or are they part of a larger ‘whole’?</th>
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<tr>
<td>12) The unity of the body in a whole is realized when some part of the body hurts, for example, if our leg hurts strongly that pain is also felt in the head. Or there are times when only pain is felt in only one part of the body, such as knee pain [taken as meaning art of a larger whole].</td>
</tr>
<tr>
<td>13) Not asked.</td>
</tr>
<tr>
<td>14) It’s all one thing.</td>
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<tr>
<td>15) I feel that the body, the mind and the rest of the body is one. What I do not understand is why when there is some pain in my body it is not felt in the whole body but it is felt only in a specific part of the body. I even ask the question to myself, if the body is one, why when there is some discomfort it is felt only in one or two parts of the body? I cannot answer.</td>
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<thead>
<tr>
<th>3.5 What are the functions of the body (e.g. breathing, eating, circulation, mind and feelings?)</th>
</tr>
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<tbody>
<tr>
<td>12) Not asked/answered</td>
</tr>
<tr>
<td>13) Each of the body parts are complimentary. Feet serve to walk, eyes to see, ears to hear, hands to work.</td>
</tr>
<tr>
<td>14) The mind serves to think. For the rest, all parts of the body are interrelated. Without these body parts we wouldn’t have life.</td>
</tr>
<tr>
<td>15) Not asked/answered</td>
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<tr>
<th>3.6 Do you believe that people have:</th>
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<tbody>
<tr>
<td>i. mente - mind</td>
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<tr>
<td>ii. cuerpo - body</td>
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<tr>
<td>iii. alma - soul</td>
</tr>
<tr>
<td>iv. espíritu - spirit</td>
</tr>
<tr>
<td>v. sombra - shadow</td>
</tr>
<tr>
<td>vi. otro - other</td>
</tr>
<tr>
<td>12) Yes. People have two shadows, one you can see from far away [or looks away] and the other is close to us. The shadows are or represent our parents that is why when we go out somewhere we always tell our shadow to accompany us and take care of bad things. And you realise that we are accompanied by our parents when we are alone in the house and suddenly you hear someone calling from outside, you go out to see and you cannot see anyone, or it also happens when you are between the two, you hear voices very close, but you don’t see anyone, that’s when you realise that the spirits of our parents are with us.</td>
</tr>
<tr>
<td>13) The shadow serves to see the time according to the position of the sun. For example, when the sun is located in the centre of the sky just in the direction of the crown (of the head), it’s 12 midday. [This understanding of shadow is literal].</td>
</tr>
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</table>
| The answers are to v) and vi) | 14) Yes, when I see myself in the shadow I feel complete. I feel that the shadow protects [you].
vi. Yes, I believe that we have other things too.
15) Yes, I feel that the shadow is my reflection
vi. Yes, to other people we feel it or consider it as our own brother [is she still referring to the shadow here?] |
Section 4. Concepts of Health and Illness

<table>
<thead>
<tr>
<th>Question</th>
<th>Salasaka</th>
<th>Zuleta</th>
<th>Ugsha</th>
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</thead>
<tbody>
<tr>
<td>4.4 When do you lose your health?</td>
<td>When you don't take care of yourself (life). When you die, get sick/ill or have an accident**. When you get some physical pain. The cold; poor diet/malnutrition*. It just happens. When you are in a state of 'hucha' – sin. When we misalign with the environment e.g. disrespecting nature and not eating well.</td>
<td>When you get ill, unwell*. Lose balance, harmony. With an illness or accident, ie physical, not spiritual. Get sad. Malnutrition. Bad culture, like modern life**. Stress*. Disempowered, low morale. Get run down*. Die*. Body doesn't work anymore. Overwork*. Poor diet**. Organs degenerate. Passing of time, age.</td>
<td>When you die. Go to God. Only God knows. Poor diet. When we are ill.</td>
</tr>
<tr>
<td>4.7 When do you know that someone is ill?</td>
<td>Seeming ‘run down’**. Loss of appetite*, pale, weak and without the energy/strength/enthusiasm to</td>
<td>Through symptoms. Physical manifestations. Run down**, wearing old clothes etc. Unhappy. With pain. Using</td>
<td>Physical appearance, symptoms. Run down**. Through talking with them. Only God knows. No enthusiasm to get out</td>
</tr>
</tbody>
</table>

18 Respondents occasionally repeated the same answer for different questions, as here and 4.5 which follows.
| 4.8 How do you see a sick person? That is to say, is illness related in any way to identity? | When they cry. When they have no enthusiasm for anything. Stressed. From drinking alcohol excessively. In Salasaka, there is a stereotype that indigenous Salasakas are drunks (excess alcohol users). Not related to identity. Someone is sick because of a problem with their children or family. | No relation to identity. If a person is always sick it’s because they have done bad things. An unhappy person. Yes, but uncertain in what way. Physically deteriorating. | Not able-bodied. Changes all your body. Loss of appetite, can’t work. Doesn’t know. Run down*. Fever. No enthusiasm for life. No enthusiasm for work. No enthusiasm to walk. Physical appearance. Pale. |
| 4.9 Is illness a condition that can be changed? | Yes**. By looking after the body. With faith* in the mountains, medicinal plants* and yachaks. Following a doctor’s or specialist treatment*. With changes to healthy living. Sometimes yes, sometimes no. With medicinal plants/herbal teas*. With faith, but with advanced illness they are hard to cure completely. Through living regular lives; preparing healing drinks. | Yes. Can be changed. Especially with your attitude. Praying or offering to Gods/spirits to protect you (in the past). Go to the doctor for a cure*. Sometimes yes, sometimes no. Yes, with care and treatment*. With medication. With treatment, if the illness isn’t far advanced. | Yes*. With appropriate treatment*. No. Through praying to God. Doesn’t know. Yes, the mind can dominate the body. |

* frequent; ** very frequent
<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
</thead>
</table>
| **4.1 Is there a word that means ‘health’?** | 1) To live healthily  
2) For me health is to have a healthy life.  
3) Life.  
4) To be well and healthy.  
5) To live healthily.  
6) For me, health is to live without illness.  
7) I summarise this as to live healthily.  
8) To live healthily.  
9) To live well.  
10) To live well.  
11) Health is life. |
| **4.2 How do you explain that someone is healthy?** | 1) When you’re close to someone you know if they’re ill or in good health. When you don’t know them you can’t say.  
2) It’s not possible to affirm the health of someone from the outside. Nowadays, everyone has some sort of illness.  
3) When a person doesn’t have any illness; when we know someone we can say when they are healthy, but when you don’t know them you can’t. Not even the doctor can say in a simple way that we are ill.  
4) Through a medical check-up or when you see them looking strong.  
5) I can’t identify someone’s state of health.  
6) Honestly, I cannot put together a value judgment saying if someone is healthy.  
7) Someone who doesn’t have an illness.  
8) Energetic, happy.  
9) You can only know through a doctor’s check-up.  
10) Looking carefully at their eyes and seeing [if] they are run down.  
11) I see they are healthy through their positive and happy attitude. |
| 4.3 What is health? (as a concept)? | 1) To be or to live healthily.  
2) I maintain the same as before, to have a healthy life.  
3) To live healthily.  
4) What I said before, to be well and healthy.  
5) As I said before, to live healthily.  
6) As I said at the beginning, health is to live without any illness.  
7) I maintain [again] the concept of health to live healthily.  
8) To live without illness.  
9) To live well.  
10) To live without illness.  
11) As I already said, health for me is to live well. |
|---|---|
| 4.4 When do you lose your health? | 1) When you get ill.  
2) You lose your health when you get ill.  
3) We are all destined to lose our health by getting ill or dying.  
4) Getting old gives you many illnesses.  
5) Many times you do not know when we have already lost or lose our health, suddenly we are already sick, that’s when we no longer have health.  
6) We lose our health when we don’t treat ourselves.  
7) When I get ill.  
8) When you contract disease through contagion.  
9) We lose our health when we die.  
10) When you don’t eat well and when you die.  
11) When someone doesn’t go to the doctor for a diagnosis. |
| 4.5 What is the origin/the causes of illness? | 1) There are several causes, for example, by contagion, some diseases are hereditary and others appear through age.  
2) The wind, and infections between people or from animals.  
3) From contaminated air and environment.  
4) When we feed ourselves inadequately and when we do not take care in the sun or the cold.  
5) Consuming food grown with too many chemicals; also poor diet.  
6) Through water and food with too much fertiliser.  
7) Bad diet and through not eating enough.  
8) We contract diseases through the bacteria that circulate in the air, also by the cold, and by contact with sick people. |
### 4.6 What are the most common illnesses in your family or community?

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<tbody>
<tr>
<td>1</td>
<td>Coughs and allergies.</td>
</tr>
<tr>
<td>2</td>
<td>Cough and headache.</td>
</tr>
<tr>
<td>3</td>
<td>Coughs and witchcraft.</td>
</tr>
<tr>
<td>4</td>
<td>Cancer, gastritis, painful bones and also blindness.</td>
</tr>
<tr>
<td>5</td>
<td>Flu and colds.</td>
</tr>
<tr>
<td>6</td>
<td>Cough and appendicitis.</td>
</tr>
<tr>
<td>7</td>
<td>Flu and cough.</td>
</tr>
<tr>
<td>8</td>
<td>Coughs, flu and cancer.</td>
</tr>
<tr>
<td>9</td>
<td>Coughs, flu and cancer.</td>
</tr>
<tr>
<td>10</td>
<td>Appendicitis, cancer, AIDS, flu, fever, gastritis.</td>
</tr>
<tr>
<td>11</td>
<td>We get a lot of flu in my family.</td>
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### 4.7 When do you know that someone is ill?

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<tbody>
<tr>
<td>1</td>
<td>When you see that they are in pain, covered or protected with something (mask or glasses), or also when you see them hospitalized.</td>
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<tr>
<td>2</td>
<td>When you talk with them, or when you see them looking run down.</td>
</tr>
<tr>
<td>3</td>
<td>Looking carefully at their eyes; when you see them looking rundown or even walking in a dizzy way.</td>
</tr>
<tr>
<td>4</td>
<td>When you see them looking run down.</td>
</tr>
<tr>
<td>5</td>
<td>As before, I can’t tell the state of a person’s health.</td>
</tr>
<tr>
<td>6</td>
<td>When they cough or are covered up/seem run down.</td>
</tr>
<tr>
<td>7</td>
<td>When you see them thin, with yellow skin and weak.</td>
</tr>
<tr>
<td>8</td>
<td>When you see them [looking] run down.</td>
</tr>
<tr>
<td>9</td>
<td>When you see them in hospital.</td>
</tr>
<tr>
<td>10</td>
<td>Through seeing through their eyes [that they look] run down, but you don’t know to what depth.</td>
</tr>
<tr>
<td>11</td>
<td>When they lack motivation, are run down or lacking enthusiasm.</td>
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</tbody>
</table>

### 4.8 How do you see a sick person? That is to say, is illness related in any way to identity?

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<tbody>
<tr>
<td>1</td>
<td>I believe that if there is a relationship. For example, mestizos have healthier teeth. On the other hand, the Salasakas (indigenous) have damaged teeth.</td>
</tr>
<tr>
<td>2</td>
<td>I believe that indigenous Salasaka people are healthier than mestizos.</td>
</tr>
<tr>
<td>3</td>
<td>Illness is directly related to cultural identity; in this way we indigenous people are stronger and less sick than mestizos who are delicate and ill.</td>
</tr>
</tbody>
</table>
4) Whether mestizos or indigenous, we are all the same. In spite of that, I could say that the indigenous Salasakas are healthier.
5) Illness doesn’t distinguish the cultural origin of people or family; we all get sick of the same type of disease with the same or different degree of intensity.
6) No-one is safe from illness, whether we are indigenous or mestizos. But I must admit that we indigenous people are healthier. The Salasakas we get sick of more ‘venerable’ [veneras] diseases and the mestizos more acute diseases.
7) Disease does have a lot to do with identity. It is common to see mestizos who become ill with cancer and diabetes. On the other hand, the Salasakas indigenous people only got sick with flu and cough.
8) Disease has nothing to do with or has no relation to cultural identity.
9) We can all catch diseases, for example, you can get a cough or a headache going out without a hat on a sunny day, being either a Salasaka or a mestizo.
10) Indigenous Salasakas are healthier than the mestizos.
11) For me there is no relationship between disease and indigenous cultural identity. Diseases affect all people to the same degree.

<table>
<thead>
<tr>
<th>4.9 Is illness a condition that can be changed?</th>
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<tbody>
<tr>
<td>1) If we can change, taking care of hygiene and food has to be healthier. And all this has to come from the parents.</td>
</tr>
<tr>
<td>2) Yes we can always get better by going to the doctor</td>
</tr>
<tr>
<td>3) Yes, by getting medicinal plants.</td>
</tr>
<tr>
<td>4) Yes, we can get better with treatment.</td>
</tr>
<tr>
<td>5) Yes, following a doctor’s treatment.</td>
</tr>
<tr>
<td>7) Yes, following treatment with the doctor.</td>
</tr>
<tr>
<td>8) Yes, with [good] hygiene.</td>
</tr>
<tr>
<td>9) It’s difficult but yes, through medical treatment.</td>
</tr>
<tr>
<td>10) Yes, we can change it through following treatment with the doctor, but not all.</td>
</tr>
<tr>
<td>11) Yes. Always by looking after ourselves and by following medical treatment.</td>
</tr>
<tr>
<td>Question</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>4.1 Is there a word that means ‘health’?</td>
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<tr>
<td>4.2 ¿How do you explain that someone is healthy?</td>
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<tr>
<td>4.3 What is health? (as a concept)?</td>
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<tr>
<td>4.4 When do you lose your health?</td>
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<tr>
<td>4.5 What is the origin/the causes of illness?</td>
</tr>
<tr>
<td>4.6 What are the most common illnesses in your family or community?</td>
</tr>
</tbody>
</table>
| 4.7 When do you know that someone is ill | 12) When they talk [as if they are] *decaído*, sad or in pain, or annoyed, you ask the person directly why they are like that and they share their trouble with us.  
13) They walk ‘decaídos’, not able to talk.  
14) Physically one could see it, when one sees a healthy person suddenly [becoming] pale, skinny. But internally we could not know.  
15) When we see them walking sadly, when we see them sad in a conversation, we generally assume that the person is sick or suffering some pain or has some discomfort. |
| --- | --- |
| 4.8 How do you see a sick person? That is to say, is illness related in any way to identity? | 12) When you see someone close up who’s ill you try to help asking how they are or preparing some form of curative drink or also suggesting some recipes that can clean them. But when nobody helps us we are alone, enduring the pain. It may be that in some places there is a kind of disease and not here. For example, in the area of mestizos there may not be any kind of disease [that is] here in Salasaka itself, because we do not live very cleanly.  
13) To those who drink alcohol to excess, we say they get ill because they drink alcohol. In Salasaka, there is a stereotype that indigenous Salasakas are drunks.  
14) As soon as a sick person is seen, they are directed to the ordinary health center. Almost no-one goes to a yachak anymore. Also, in the village of Salasaka there are no trained healers.  
15) We assume that person is sick because of a problem with their children or their family. [ie not properly answered]. |
| 4.9 Is illness a condition that can be changed? | 12) We can prevent diseases by living cleanly. Or, as soon as we have some pain, preparing a healing drink straight away.  
13) Through following a doctor’s treatment.  
14) Yes, through educating us, by investigating the healing functions of plants and then applying them.  
15) If the person wants to be healed s/he has to have faith. We can help you by making clean what is malaire or mal de ojo [evil eye]. But already well-advanced evil is difficult to heal in its entirety. |
### Section 5. Traditional versus Modern Therapies

#### THREE COMMUNITIES GENERAL

<table>
<thead>
<tr>
<th>Question</th>
<th>Salasaka</th>
<th>Zuleta</th>
<th>Ugsha</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 When do you go to a traditional healer/yachak?</td>
<td>Never goes. When you don't know the cause of an illness, to get a diagnosis, usually with a cuy At the start of an illness or when the illness isn't serious* For feeling decaida(^{19}). For things like foot pain. To take a family member who is ill, like a child (this can often be for ‘susto’) Only to a midwife With loss of appetite and bad dreams, or with emotional problems like insecurity with a marriage. Doesn’t really trust them.</td>
<td>For traditional Andean illnesses like malaire/espanto** At the beginning or with symptoms of an illness.* When you feel bad, with a pain. Never been.** Doesn’t trust them. With an energy imbalance or bad dreams. When feeling decaido, or when the doctor can’t cure you. For certain problems, like back pain. More often to the yachak.</td>
<td>When ill.* First to a traditional healer, if they don’t cure you, then to a doctor; or vice versa. Never*, doesn’t go; hasn’t been; doesn’t go now a Christian. When suffering from something like espanto.* Only to doctors.* Never gets ill so doesn’t need to go to a doctor.</td>
</tr>
<tr>
<td>5.2 When do you go to a doctor or a modern clinic?</td>
<td>For a specific illness. When the illness is known/more advanced/the yachak can’t treat it.** A bad accident, like fractures.* Never.* Doesn’t need to. Feet hurt. When it can be afforded.</td>
<td>When the problem is physical, not spiritual. When the illness is more advanced or serious.* For things like a fracture or appendicitis. When the shaman can’t cure you* For any illness. Depends on symptoms, for bad health. If you feel bad, for</td>
<td>When you’re ill**. When your body hurts. For a more serious illness*; for a hernia; When the illness is more advanced.**</td>
</tr>
</tbody>
</table>

\(^{19}\) ‘Decaida’ literally translates as being ‘decayed’, but can also mean ‘down’ in relation to someone being unwell. Here the term ‘run down’ is employed as an equivalent western term.
To doctors sometimes, they use local remedies for more serious illness, or for a cough. For ‘modern’ illnesses like cancer or gastritis. Modern doctors don’t help.

<table>
<thead>
<tr>
<th>5.3 Does the cost of treatment influence your decision to go to either a doctor/modern clinic or a traditional healer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money always a concern**. Yes*. Cost not an influence. The Sub-Centro de Salud is always free anyway.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5.4 Which do you believe is more reliable to treat illness?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The yachak/traditional medicine &amp; plants** Doesn’t know*. The clinic/doctor.** Both.* Clinics for treating fractures.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>5.5 Do you think that doctors/clinics are more effective for treating some illnesses and traditional healers others? Please describe.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know*. More confidence in medicinal plants. Yes*. Yes, hospitals are effective for surgery. Sometimes one, sometimes the other, you try both.* Yachaks for good luck in marriage etc.</td>
</tr>
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</table>

* frequently said  ** very frequently said
<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
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</table>
| **5.1 When do you go to a traditional healer/yachak?** | 1) I went once when my daughter had *malaria*.  
2) I went once to find out who had stolen my bicycle.  
3) I go to the curandero when I am ill and when the doctor can’t cure me.  
4) I go to the yachak to know my state of health, if I am healthy or with some illness.  
5) I have never been.  
6) Yes, I have gone with the desire to get better from an illness but they never cured me, and that’s why I do not believe in shamans.  
7) I have never been, but my grandfather was a yachak.  
8) I went to a yachak out of curiosity and I go to the doctor when I’m ill.  
9) I’ve never been to a shaman; if I feel bad I go to the doctor.  
10) I have never been to a curandero/a and I’ll never believe in them.  
11) I go, most of all when I [but might have meant people in general] feel run down. |
| **5.2 When do you go to a doctor or a modern clinic?** | 1) When I am ill.  
2) When I am ill.  
3) Not asked/answered, although 5.1 suggests goes first to a doctor, then a curandero for the treatment of an illness.  
4) When I am physically hurt or in pain; I also go to the doctor when my bones hurt.  
5) For a medical check-up.  
6) When I have some flu symptoms, when I’m weak and I feel dizzy, I go to the doctor.  
7) When I have a symptom of some illness, I always go to the doctor.  
8) To get cured and to follow a treatment.  
9) I go when I get ill. |
| 10) | I always go for a check up. |
| 11) | Generally when I suffer from some pain. |

<table>
<thead>
<tr>
<th>5.3 Does the cost of treatment influence your decision to go to either a doctor/modern clinic or a traditional healer?</th>
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<td>10)</td>
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<td>11)</td>
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<table>
<thead>
<tr>
<th>5.4 Which do you believe is more reliable to treat illness?</th>
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<td>10)</td>
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<td>11)</td>
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<tr>
<td>5.5 Do you think that doctors/clinics are more effective for treating some illnesses and traditional healers (curandero/as) others? Please describe.</td>
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<tr>
<td>1) Yes, I believe in this. In reality, the doctors do not know to deep the evil that overwhelms the life of a person, for example, malaire and espanto can only be treated by the Yachak.</td>
</tr>
<tr>
<td>2) Evil eye or malaire can only be treated by the Yachak, but more difficult cases, for example a prostate infection, can only be done by a doctor.</td>
</tr>
<tr>
<td>3) Doctors cannot cure or treat cases of sorcery or witchcraft; only yachak can treat these cases. Doctors are experts in surgery issues.</td>
</tr>
<tr>
<td>4) Doctors are effective at treating cancer, but only the yachak can treat malaire.</td>
</tr>
<tr>
<td>5) Yes I believe that the Yachak can cure and / or heal what the doctors can’t treat. And there are cases that neither can, neither the Yachak nor the doctor. For example, there are diseases that can not be detected by doctors and that healers can’t see or advise you about either.</td>
</tr>
<tr>
<td>6) The yachaks can not cure to the same level as a doctor. Maybe yachaks can cure diseases like malaire and susto, but nothing more.</td>
</tr>
<tr>
<td>7) Since I was able to reason, I always dealt with the doctors, so I don’t know anything about yachaks. Honestly, if a healer heals me of any illness, I can believe or trust him.</td>
</tr>
<tr>
<td>8) I have heard that only the Yachak can heal certain diseases, for which one must have a lot of faith. Despite this, I do not believe [it]; for me, everything is a doctor. The doctor can cure all diseases.</td>
</tr>
<tr>
<td>9) Only doctors can treat a fever; only healers can treat malaire.</td>
</tr>
<tr>
<td>10) Both are effective. The yachak / healer can cure what the doctor can not heal / treat. For example, a good yachak can cure a tumor that doctors often can not.</td>
</tr>
<tr>
<td>11) Both the doctor and the traditional healer are effective in the treatment of illness, depending on the disease or its severity.</td>
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20 Note that sometimes answers are very contradictory. This is from someone who categorically states that he wouldn't trust a curandero.
<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
</thead>
</table>
| 5.1 When do you go to a yachak or a traditional healer?                 | 12) I think I went some two months ago. I started to go to the healer when they advised me. For example, I went when your father left me to work and I thought I was going to be left alone with the children and he was with another woman, also other people told me that I should get a cleansing with a healer to come back to you and love you. 21
13) I have been to a yachak to cleanse me with a cuy because I used to get uncontrollably drunk.
14) I went once when I had lost my necklace of beads, only on this occasion. I don’t really have much faith in them.
15) When I have no appetite and when I get bad dreams I go to a yachak. |
| 5.2 When do you go to a doctor or to the modern clinic?                 | 12) I go to the doctor when I have more serious illnesses or when I have strong pains, also you go to the doctor when you want to cure children [of illness].
13) I do not usually go but lately if I’ve gone since my ability to see has reduced.
14) I almost always go to the doctor for whatever disease.
15) I’ve never been to a doctor because I have always treated myself with medicinal plants. Once I went to a doctor when I had a headache and a hemorrhage, but they didn’t want to attend me and neither did they heal me even though inspite of having taken out pints of blood. I cured myself with medicinal plants. |
| 5.3 Does the cost of the treatment affect you if you decide to go to the doctor/modern clinic or a traditional healer? | 12) You always have to have money should you go to the doctor or the healer. For example, they say that when you go to the healer after the cleansing you have to pay to make it [the treatment] effective, if you don’t pay there’s no benefit (ie beneficial effect).
13) You always have to see if you have the money. If I don’t have it it’s very hard to go.
14) The money isn’t important to me.
15) Yes, money influences you in making these decisions, as much as for going to the doctor as the yachak. |
<p>| 5.4 Which do you believe is more reliable to treat illness?              | 12) I have faith in both of them, the doctor and the yachak.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |</p>
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</table>
| 13) | Depending upon the illness, I have believed that those who clean with cuys as well as the doctor are both reliable.  
14) | The yachak is more trustworthy [though this contradicts 5.1].  
15) | Because I am a practitioner of ancestral medicine I believe more in the *apus* (mountain spirits) because they have given me the wisdom and the medicinal plants.  
5.5 Are doctors/clinics more efficacious for some illnesses and traditional healers for others. Please describe if so.  
12) | Both have the capacity to heal you or to treat illnesses well, obviously according to the type or class of illness.  
13) | Doctors treat deafness and blindness. However, yachaks treat malaria and evil eye. I think that neither one nor the other can see or treat a major illness.  
14) | Both doctor and yachak can heal the same kind of illness I commented that there are currently no good yachaks. For example, in her time, my mother was one of the best healers so we did not need to go to a medical center if we had any ailments. On the other hand, doctors scare people with large machines and injections.  
15) | Leaving us a little there, the only one who can cure all evils is the Jawamunda Jatun Taita [God of Heaven]. |
SECTIONS 6, 7 & 8

Questions for Healers, Yachaks and Parteras – Salasaka

<table>
<thead>
<tr>
<th>About being a healer</th>
<th>Responses</th>
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</thead>
</table>
| 6.1. What kinds of healers do you know about? | 1) Those who cleanse mal aires; those who cleanse evils; those who treat or cleanse witchcraft. I have heard about these, but because they’ve never treated me I don’t believe in them.  
2) there are several kinds, they are not all the same.  
3) NA  
4) They are not all the same, they can be quite different. |
| 6.2. Why did you become a healer? | 1) I became a midwife because I gave birth to my children alone.  
2) Through a ‘spirit’ appearing to him in a dream and telling him to work for her (of the wak’a Taita Punta Rumi)  
3) The influence of a contact in Santo Domingo de los Colorados.  
4) from a dream he had when he was a boy of 11/12 years sleeping on the hillside, he saw two white sheep passing by him [this is another ‘classic’ the while sheep would have been wak’as in pre-Colombian beliefs] |
| 6.3. How did you become a healer? | 1) Actually, nobody taught me, knowledge came by necessity. When I was young I listened to my ancestors who used to cut the placenta only with the sharp leaf of the sigsi (a type of plant). This is how I came up with the idea of cutting the placenta by about 35 centimeters.  
2) NA  
3) NA  
4) After the dream, he was self-taught by his own spirit. |
6.4. What is the origin of your powers?
1) My wisdom was born from the ancestral knowledge.
2) From apus/mountains such as Chimborazo or Kinlli Urku.
3) Faith in God
4) From God

6.5. Do you see other healers as if they were in competition with you?
1) I know the yachak[s] and midwives of Salasaka, they are very independent and almost none of them shares their knowledge. I also know the midwives and yachak[s] of Otavalo, on the other hand, they support and teach with advice to try or acquire more knowledge.
2) No, not really.
3) Some of them.
4) No.

**Comprehension/understanding of the causes of illness (diagnosis)**

<table>
<thead>
<tr>
<th>7.1. How do you undertake a diagnosis?</th>
<th>1) When someone comes looking for me I go and help them in their house. I have only helped my own children give birth in my house. In order to help the process of giving birth I usually keep (I have no knowledge) and begin to apply soaping waters of medicinal plants [She hasn’t answered the question, but see 7.3 below]</th>
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<tbody>
<tr>
<td>2) By using candles.</td>
<td>3) With cuys.</td>
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<tr>
<td>4) With cuys</td>
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</table>

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<tr>
<th>7.2. ¿ How do you 'see' the disease? (for example, the ability to see the nature of afflictions, as clearly as the mirror, or as if the body were open to the eye?)</th>
<th>1) I always analyze the family situation of the pregnant woman. My conclusions about the illness come from of stress, worry and family and social problems of the person. [See 7.3 below].</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Sees in his mind the nature of the illness through the candles burning.</td>
<td>3)NA</td>
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<tr>
<td>4) NA</td>
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<thead>
<tr>
<th>7.3. Are there means employed, for example, such as candles, guinea pigs, egg yolks, special equipment such as stones or the use of plants that allow them to &quot;see&quot; a disease in a patient and its causes of illness?</th>
<th>1) In order to see the seriousness of the problem / illness in the person I usually use egg yolks, candles and always accompanied by medicinal plants are prepared in infusion and naturally.</th>
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<tr>
<td>2) repeats 7.2</td>
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<thead>
<tr>
<th>7.4. Are these intermediaries experienced or understood as spirits? (for example, as with the spirits of plants).</th>
<th>1) I also always invoke the spirits of nature to give me wisdom in the healing process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) The mountain spirits (apus) gave him the power.</td>
<td>3) NA</td>
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<tr>
<td>4) NA</td>
<td></td>
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</tbody>
</table>
| 7.5. Can you direct and control good and bad forces? | 1) Yes. Yes I can control my power and my wisdom when I am doing the process of cleansing and healing, be in front of good and evil spirits. I can say that having control is that I am still alive, but a while ago I would have been in other worlds. [Puedo decir que teniendo control es que aún mantengo viva sino hace rato ya hubiese estado en otros mundos – rather ‘enigmatic’ statement?]  
2) Yes, it is possible.  
3) NA  
4) NA |
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<tbody>
<tr>
<td><strong>Healing</strong></td>
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</table>
| 8.1. What forms of healing and / or rituals do you use for diseases? (for example, magic herbs, tips / cigar, etc.) | 1) I can treat malaria, espantos, frights, evils of any kind. I use herbs (medicinal and magical plants), eggs, candles, stones, puro (aguardiente) etc.  
2) Puntas, plants and stones with the power of the mountains. Also journeys with the whip to beat off bad spirits. Journeys at night in dreams, bad spirits, also good spirits that give you a good feeling; he feels called to journey, no other reason than this.  
3) Herbs, holy water and puntas.  
4) Herbs |
| 8.2. Are your rituals / therapies carried out by an assistant / spiritual guide? | 1) The cleansing process is one and the ritual process is another. The first is the use of medicinal plants with other elements (egg, puntas, candle, etc.). The ritual uses the invocation of the four elements (earth, air, water and fire) and incense, flowers, fruits, candles, grains, etc. are used instead [ie different from the cleansing process]. It’s important to indicate that despite the criticism, I invoke the spirits of nature to help me with the wisdom for healing.  
2) He does it alone.  
3) Taita Inti (ie the sun, but he has also asserted elsewhere that only God has powers.)  
4) NA Likely to have been ‘God’ or his own spirit |
| 8.3. Do you have an altar or a ‘mesa’? | 1) I have a small ‘mesa’.  
2) Yes, it consists mainly of a collection of rounded stones and he also uses masks and a whip.  
3) He has a mesa with their ‘atmas’ ie weapons/tools likely meaning ritual objects.  
4) Not a mesa, only the artifacts [stones and an axe] |
| 8.4. What special artifacts or equipment do you use for your healing rituals? | 1) Medicinal plants, egg; I have two ancestral stones, candle, putas, etc. And I do not use any modern equipment.  
2) Stones from the mountains, liquor, plants.  
3) Only with plants.  
4) Stones and an axe [from parents and grandparents] |
8.5. Do you use story telling for any part of this therapy?

1) During the process I do use ancestral narratives with the intention of giving advice or as an example and/or comparison.
2) Yes, sometimes. Only related to the therapy required.
3) He tells stories about the hills and sacred places, or with reference to them.
4) NA

Respondents

(#) refers to the questionnaire number of the respondent

1. (#31) Female. She is both a partera and a yachak
2. (#21) Male yachak
3. (#9) Male yachak
4. (#23) Male yachak. Comes from a line of yachaks, his grandfather and father before him. He was auto initiated via a ‘classic’ dream, after which he felt he had a calling to be a healer. He only went to school for 6 months aged 5/6, but seems to read and write. He is self-taught via his spirit, which he does not experience in any exogenous manner, but experiences it as being a part of himself. His own inquiry and insight taught him how to be a healer. He has no formal faith of any kind, does not believe in the power of saints or images, not does he believe in witchcraft, ill wishing etc. He does not believe in evil spirits, but seems to have some belief in spirits (see answers). He seems to have some belief in wa’ka-like spirits as with his belief in the power of springs; also his mountain. He believes that all comes from one God, of which we are all a part.
5. (#13) Female partera (midwife). Not included in the table as she answered very few of the questions in a way that could be interpreted. She became a midwife as her mother was a midwife. She uses physical diagnosis and management/manipulation of the fetus and the mother. She employs the faja – a textile belt applied loosely to the lower abdomen before delivery and more tightly afterwards, which keeps the uterus in places and prevents prolapse. It was clear that she had little understanding of any of the ‘spiritual’ concepts underpinning traditional healing, although she offers a ritual to Cruz Pamba (geographical feature behind the cemetery) before assisting in a delivery. She prays, she doesn’t give an offering.
Questions for Yachaks, Curanderos and Parteras - Zuleta

<table>
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<tr>
<th>About being a healer</th>
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<tr>
<td><strong>About being a healer</strong></td>
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</tbody>
</table>
| **6.1. What kinds of healers do you know about?** | 6) Yes, they have different ways of diagnosing and treating.  
7) Yes, there are different sorts; according to the equipment and treatments/diagnosis they use.  
8) NA |
| **6.2. Why did you become a healer?** | 6) Via a dream/vision – see below  
7) From 18-20 years; by observation of other curanderos and this gave him the desire or the feeling that he could also cure.  
8) Her grandmother was also a curandera/partera but lived a long way away. She wanted to be a midwife as she perceived a need for this in the community. |
| **6.3. How did you become a healer?** | 6) As 6.2, through his dream.  
7) 35 years old; he was ill with the pain of his leg [and] with espanto [trauma or fright] he called his shadow [sombra]; he prayed to his soul and got better.  
8) She learned from a married couple who were midwives. 28-35 years old. She was encouraged to go a do a formal course to learn, but as she can barely read or write, she was too nervous to follow through. |
| **6.4. What is the origin of your powers?** | 6) The Virgin of Quinche. She guides him and teaches him through his heart.  
7) From the Christian God.  
8) NA |
| **6.5. Do you see other healers as if they were in competition with you?** | 6) NA  
7) No.  
8) NA |

<table>
<thead>
<tr>
<th>Comprehension/understanding of the causes of illness (diagnosis)</th>
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7) With cuyes, sometimes with candles.  
8) Cuyes and sometimes the pulse. |
7.2. ¿ How do you ‘see’ the disease? (for example, the ability to see the nature of afflictions, as clearly as the mirror, or as if the body were open to the eye?)

6) Looking at the egg or body of the cuy.
7) He ‘reads’ the nature of the illness through interpreting the pattern of the internal injuries in the cuy’s body.
8) From the marks on/in the cuy’s body.

7.3. Are there means employed, for example, such as candles, guinea pigs, egg yolks, special equipment such as stones or the use of plants that allow them to "see" a disease in a patient and its causes of illness?

6) As 7.2. Also he is guided by his spirit.
7) He sometimes uses candles, but doesn’t explain how.
8) Only the cuy.

7.4. Are these intermediaries experienced or understood as spirits? (for example, as with the spirits of plants).

6) His spirit is the Virgin of Quinche.
7) He really only sees the body as a map, he doesn’t work via spirits.
8) NA

7.5. Can you direct and control good and bad forces?

6) Yes.
7) You need to be careful if there are bad forces or results, but he doesn’t want to say if he can control them for an end purpose.
8) NA

### Healing

8.1. What forms of healing and / or rituals do you use for diseases? (for example, magic herbs, tips / cigar, etc.)

6) Depends upon the illness. Through herbs or puntas.
7) With country herbs, chilca, nettles, with flowers other than Brugmansisa.
8) With plants; the guinea pigs need to use this several times to check progress of cure. Sometimes you have a tea, other times a cleansing. She sometimes uses agua bendita (holy water) and she blows it over the patient[ like yachaks do with puntas].

8.2. Are your rituals / therapies carried out by an assistant / spiritual guide?

6) Yes, via his spirit guide, Virgin of Quiche
7) Only God as his guide
8) No, but she is clearly a practising Christian believer.

8.3. Do you have an altar or a ‘mesa’?

6) Yes
7) No
8) Yes
8.4. What special artifacts or equipment do you use for your healing rituals?

6) Stones, together with his spiritual guide.
7) Only cuyes, flowers, herbs and eggs, he doesn’t use stones or other artifacts.
8) Images of both male and female saints, and also stones.

8.5. Do you use story telling for any part of this therapy?

6) Yes, he starts with a story of his own experience.
7) No.
8) NA

Respondents

6-1) (#55) Male yachak. He was auto-initiated via a vision (not a sleeping dream) when he was returning from Cocha to Zuleta after 11pm; he had a vision of being accompanied by a large black dog, which then disappeared when a strong white light appeared before him on the road, like a lantern, that contained an image of sorts. He interpreted this as a vision of the Virgin of Quinche. No suggestion of there being actual words spoken to him, but he felt that he was communicated to via his heart that he should become a healer. She has been his spiritual guide and teacher ever since. He is largely self-taught, through observation, through reading leaflets (first one on medicinal plants from Colombia) the observing other shamans, other books, contacts etc.

7-2) (#49) Male curandero.

8-3) (#58) Female curandera and partera. She now mainly works as a curandera as many women now give birth in hospitals. However, her expertise is employed in post-partum services, particularly in the process of binding the abdomen tightly (amarar), which helps the uterus to return to its proper place and enables the woman to be able to carry heavy loads afterwards without suffering a prolapse. This process was also used with the young female employee of Zuleta for excessive and irregular periods (and it worked). Also herbal teas given. She has a good reputation locally as a curandera and local taxi drivers recommend her.

9-4) (#53) Male curandero. Very little helpful information, so excluded from the more detailed tabulated information. He uses guinea pigs. God is his spiritual guide and a curandero advised him [ie I assume he means was responsible for him becoming a curandero]

10-5) (#72) Ugsha. Female partera. No more information available.