



Faculty
of Regional
Development
and International
Studies

Mendel
University
in Brno



THE HOUSE OF SONG

Rehabilitation of Drug Addicts
by the Traditional Indigenous Medicine
of the Peruvian Amazon

Miroslav Horák



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Mendel University in Brno
Faculty of Regional Development and International Studies

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of the Peruvian Amazon**

Miroslav Horák

Brno, 2023

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LIST OF ABBREVIATIONS

ANS	Autonomic Nervous System
d. r.	Diary Record
5-HT	Serotonin (5-hydroxytryptamine)
CAN	Child Abuse and Neglect Syndrome
CNS	Central Nervous System
DEVIDA	The National Commission for Development and Life without Drugs (<i>Comisión Nacional para el Desarrollo y Vida sin Drogas</i>)
DMT	N, N-dimethyltryptamine
Ibid.	Repeated citation
MAO	Monoamine oxidase
ONG	Nongovernmental, nonprofit organization (<i>Organización no gubernamental</i>)
p. ms.	Personal Message
PBC	Cocaine paste (<i>Pasta básica de cocaína</i>)
SSRI	Selective Serotonin Reuptake Inhibitor
THH	Tetrahydroharmine
TC	Therapeutic Community

The abbreviations of anonymous informants from staff and patients in Takiwasi center are listed at the beginning in Chapter 8 and 9.

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1. INTRODUCTION

"Every good science poses more questions than provides answers."

Jacques Mabit

In some areas of the world, plants are believed to be blessed with their own forms of consciousness, just as humans and animals are. Over thousands of years, this belief has led to the development of organized forms of traditional medicine. These systems are based on a combination of animism, Christian tenets and herbal medicine. In the Peruvian Amazon practitioners of traditional medicine learn their skills through experience and direct contact with indigenous plants and their innate botanic spirits and powers, and then use this knowledge for the benefit of the souls, bodies and spirits of humans.

In accordance with present-day practices in the Amazon we will call these experts traditional healers (*curanderos*). At the same time, we should bear in mind that the basis of their art is ancient and rooted in traditional medicine. Nevertheless, scientific suspicion has resulted in traditional medicine in general being set to one side in professional literature as well as fiction, and yet, the tradition of indigenous medicine, which is characterized by its faith in ghosts and diseases with supernatural origin, lives on.¹

Nowadays, naturally, much as in former times, we occasionally meet charlatans who only impersonate traditional healers. Crowds of tourists searching for exotic vacations in the heart of the tropical rain forest helped provide these con men with an idea for getting rich easily. They offer tourists the opportunity to take part in genuine rituals during which plant extracts with psychoactive effects, which traditional medicine views as therapeutic medications, are used. Unfortunately, widespread abuse of these substances causes them to be viewed as dangerous drugs that are no different from those available for purchase in black markets everywhere. Nevertheless, drug tourism will be briefly discussed in the following pages. The central focus of this book concerns an analysis of treatment of drug addictions using indigenous medicine as it is practiced in Takiwasi, the Center for the Rehabilitation of Drug Addicts, situated on the outskirts of Tarapoto City, the City of Palms. For more than twenty years, it has functioned based on a model combining psychotherapeutic approaches and traditional medical techniques, including the use of forest plants.

Apart from the wide variety of plants with the detoxification effects, there is in particular the extract of the ayahuasca [aja'waska] liana that is ritually ingested, causing an altered state of consciousness (*estados alterado de conciencia*).²

Among scientists ayahuasca has been considered a hallucinogenic drug for a long time. Moreover, some even consider it a psychedelic. But we are utterly convinced

¹ "Despite the research of historians, missionaries, ethnologists, anthropologists and other scientists, an endless space full of concepts, techniques and medical interventions, on which the whole indigenous medicine is based, has been left out. Yet, it remains in culture, tradition and the memories of indigenous inhabitants." (Zuluaga, G. R. 1997: 131)

² In Quechua language, Ayahuasca means liana as well as holy sacred beverage. *Aya* means "spirit, ancestor", *huasca* "liana, climbing plant". (Torres, W. 2007: 29)

that neither of these approaches is correct. Rather, we tend to avoid classifying it in this way as we consider it ethnocentric. Furthermore, in our opinion the classification has pejorative overtones.³

The goal of this book is to encourage the acceptance of the traditional knowledge of indigenous peoples of the Amazon, and elevate it to the level of a western science.

During a nine month field research, we have come to the conclusion that in the eyes of its users ayahuasca is a spiritually visionary plant, and that the extract made from it a medicine. But the question is, what makes this different from what is usually reported in the mass media? What leads our informers not to talk about hallucinations but visions? What is the difference between these two phenomena? Which visions are typical for patients and employees in Takiwasi and what make them therapeutic? Is it more important to vomit in order to purge one's body during ayahuasca rituals than to see things? What does this mean for patients, in addition to diets and participating with other members of a therapeutic group? Is it possible that spirituality plays a significant part during addiction therapy? On the following pages we will attempt to provide answers to these questions and others. But we certainly do not intend to claim that consuming psychoactive substances is by itself healthy. Nevertheless, with reference to classic authors, we strongly suspect that applying them in a ritualized context aimed at therapy will provide a means for recovery.⁴ And this is how Takiwasi began.



Figure 1: The main gate of Takiwasi center.

³ Kavenská, V. 2008: 36; Carrillo Aedo, F. N. 2009

⁴ De Rios, M. D. 1990: 186

2. PRIMARY PROJECT

Takiwasi center was established in September 8th, 1992. Originally, it was French government's central project based on the idea of using traditional indigenous medicine of the Peruvian Amazon within drug addictions therapy.⁵

Nowadays the center is a non-governmental and non-profitable organization (*organización no gubernamental*, ONG) which apart from the therapy and addictive drugs prevention also deals with the research of traditional medicine and medicaments production. From broader point of view, according to its regulations, it aspires to connect indigenous medicine with modern scientific approaches.

The therapeutic community is situated in the outskirts of the thousandth city of Tarapoto, the business center of San Martín department.⁶ A hostel for internal patients as well as laboratory together with much frequented botanic garden poses an internal part of its land (see Appendix I.I.).

The origin of the Takiwasi project stems from medicine-anthropological research in 1986 which was aimed at the study of the system of mental representations in regional therapeutic practices. Dr. Jacques Mabit, the initiator of the project, tropical pathologist and an expert in the area of biomedicine, writes about it as follows:

*"We met approximately 70 traditional healers, ayahuasca experts, from the region (on the river Mayo and Huallaga). Some of them also came from other parts of Peru (Pucallpa, Iquitos, and Puerto Maldonado) or from abroad (Brazil, Colombia, Venezuela, and Ecuador). In the city-related practices and concepts an influence of autochthonic groups is still prevailing. Lamistas influence, whose social organization was brilliantly described by Françoise Scazochio-Barbira, locally prevails. This ethnic minority comes from a village called Lamas, 30 km situated from Tarapoto. They can speak Quechua and live on the banks of the rivers Mayo and Huallaga. Another pole where this indigenous group lives is Chazuta. Lamas and Chazuta villages have the reputation of 'power' centers that provoke admiration on one hand and anxiety due to exercising therapeutic practices related to witchcraft."*⁷

Mabit himself was captivated by emic approach and decided to try it personally due to insufficient scientific explanations of traditional indigenous medicine. It is that local inhabitants all deny that experience with the application of medicinal plants is orally transferable. According to the tradition, it is necessary to take part in the ritual with psychoactive ayahuasca which is able to transmit information to people providing their altered consciousness.

He was utterly surprised when he saw in one of his visions a mission to dedicate his life into drug addicts' therapy. At first as other Europeans he was full of doubts if there are not only hallucinations involved. Taking into account that the vision kept recurring, he made up his mind to make it come true.⁸

⁵ The name originates from Quechua language. *Taki* means "sing" and *wasi* is "house". Overall, it metaphorically means *"The House of Song"*. (Romero, F. C. 1993)

⁶ According to the statistics from 2007, Tarapoto has 117 184 inhabitants. (Ramírez Ramírez, R. et al. 2008: 30)

⁷ Mabit, J. 2002: 3

⁸ Cárdenas, M. M. Á. 2009

The site of Takiwasi has a very deep and symbolic importance. It is believed to be an expression of resistance against drug mafia in the region infamous for the production of cocaine paste (*Pasta básica de cocaína*, PBC).⁹

In reference to the epidemic expansion of cocaine and PBC, the Takiwasi center prestige grew rapidly. In fact, what immensely contributed to its popularity is the minimal number of professional rehabilitation facilities operating and that most of them are situated in the capital Lima.¹⁰

The original program regionally aimed expanded over time and nowadays within the program there are provided therapeutic services for applicants from the whole world. After twenty years of its existence, the Takiwasi center has become well-entrenched and it claims primacy in Peru in providing therapeutic services for problematic users of drugs that are based on the administration of the substances with psychoactive effects. In doing so, it utilizes the traditional knowledge and combines it with the current medical knowledge as well as social sciences.

The Takiwasi research department significantly contributes to the center's reputation as under its sponsorship the Natural products laboratory functions (*Laboratorio de productos naturales*). Biochemical research of plants-related materials takes place here as well as the production of natural medicaments that are then sold to the public.

Apart from patients suffering from drug addiction, numerous seminarists and worker students arrive here every year and they significantly share the running costs of the center. Takiwasi imposes requirements on the effectiveness, low-costing and application of therapeutic program on people regardless their social and economic origin (see Chapter 4.4.1).



Figure 2: Tradition in Takiwasi unites with modern. A view with botanic gardens and biochemical lab.

⁹ The cocaine paste is a material which is generated as a waste product within the first stage of preparing pure cocaine powder from coca leaves (*Erythroxylon coca*). Taking into account that it contains a residuum of diluents, it is extremely toxic, addictive and extremely destructive due to its effects. (Mabit, J. et Sieber, C. 2006: 24)

¹⁰ Ibid.: 27

3. TREATMENT

The system on which the Takiwasi center functions is radically different from conventional therapeutic approaches that are based on the principle of total abstinence and all the drugs a priori are considered harmful and socially dangerous.¹¹ But it is not about teaching patients to use drugs safely. Interventional strategies attempting to minimize harm caused by consuming psychoactive substances, on the one hand, decrease criminality and make an individual sociably adaptable, but on the other hand, it does not solve the possible problem of becoming addictive as well as prohibition does not lead to zero alcohol consumption.

The Takawasi model is not substitute. Substituting one drug for another as it is quite popular these days is like, according to a famous French comedian and incidentally a former addict Marc Rioufol, exchanging room on the Titanic.¹²

As it has been already stated before, the key treating aspect in Takiwasi is a ritualized ingestion of psychoactive substances and unlike in Euro-American society, their application takes place under therapeutic control. Addiction patterns of behaviour are disrupted by drinking ayahuasca as well as by complementary healing methods (see Chapter 6).

As it has been already stated before, psychoactive substances that are given to patients during rehabilitation cause altered states of consciousness. Nevertheless, Takiwasi provides reliable and safe environment for the integration of their content into everyday life. In addition to ritualized therapy and psycho-therapeutic supervision, the integration of patients (*convivencia*) plays an essential role as well.

3.1. Group Therapy

The therapeutic group is an organizational and referential structure on the basis of which a net of various relations is formed. It has a supportive function and enables to structure human's identity. Regarding the addicts, serious personality disorders are manifested through the relation with their environment for how they keep in touch with others.¹³ For this reason the group existence is essential.

The group structure enables a patient to step off from the state of empty consciousness in which there are very strong anxieties, leading to destructive behaviour. Moreover, he is taught something he lacked in real life: affectionate approach, respect and understanding.

At the same time the maximum number of interned persons is 15. Despite the astonishment this statement evokes within the public, this matter is rather com-

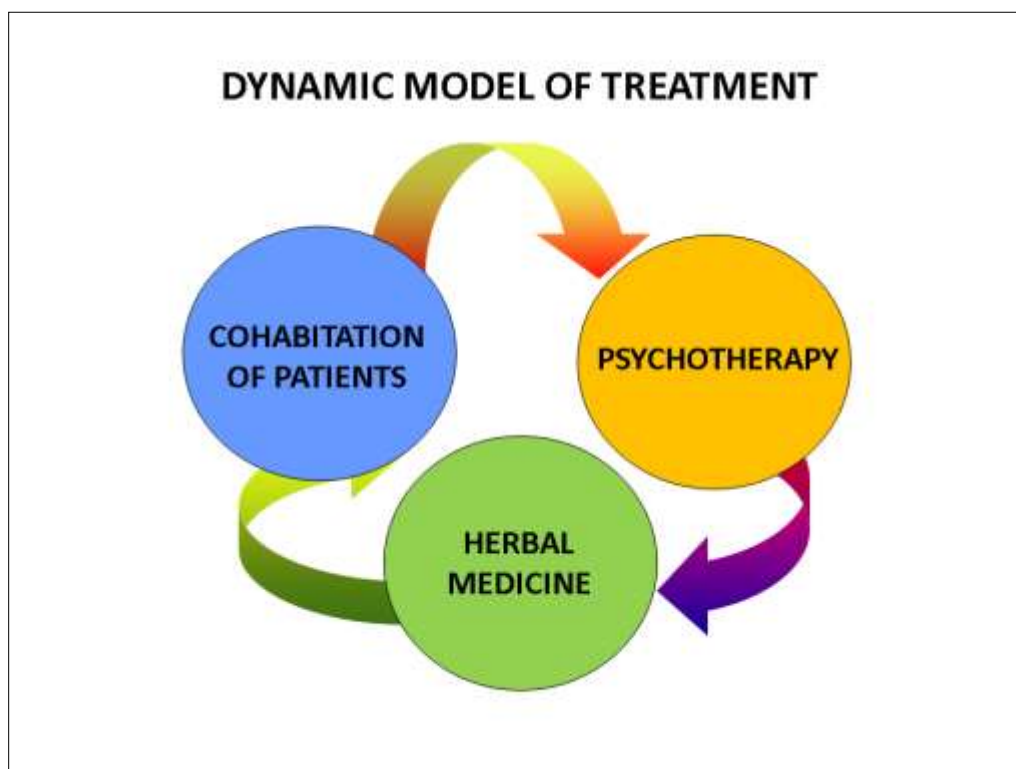
¹¹ "The idea that drugs have a stable and foreseeable effect on all people without differences is widespread, but in case of psychoactive drugs this can be an exception rather than rule. A drug effect and the way a man reacts to it is probably more of a social and cultural construction than its plain pharmacologic effect." (Radimecký, J. 2009: 32)

¹² "Taking into account the treatment of morphine addicts using heroin and the substitutive therapy of heroin addicts by methadone with an exception of various roles of individual narcotic and psychotropic substances-what is the big difference?" (Ibid.: 29)

¹³ Domenech, S. 1996: 19

mon for community programs. If the number limit of patients was exceeded, it would result in the fragmentation of the therapeutic group.¹⁴

The way such a custom forms is naturally the question which is deeply associated with the theme of *social cohesion*. From the subjective point of view, we consider the cohesion a perception function of every member's relation in the group.¹⁵ Therefore while observing in Takiwasi we focused not on emotional relations among its members, but on their relation to the group as a whole (e.g. including satisfaction, cooperation, group integration and instrumental values of the group).



Graph 1: The key therapy parts.

3.2. Treatment Settings

Takiwasi provides an internal type of treatment as well as ambulatory. The internal treatment that we primarily focus on in this book is designated for persons suffering from addiction. According to the statistics from December 2009, there were 341 patients treated internally and 39 in an ambulant way.

Concerning the comparison of the data with the situation in 1992-1999 when there were 329 patients in total, it is obvious that the number of internal patients has increased. Until then they made up 53 %. The ambulatory patients made up only 39 % out of which 8 % of the patients did not turn up for the treatment.¹⁶

¹⁴ Kooyman, M., De Leon, G. et Nevšimal, P. 2004

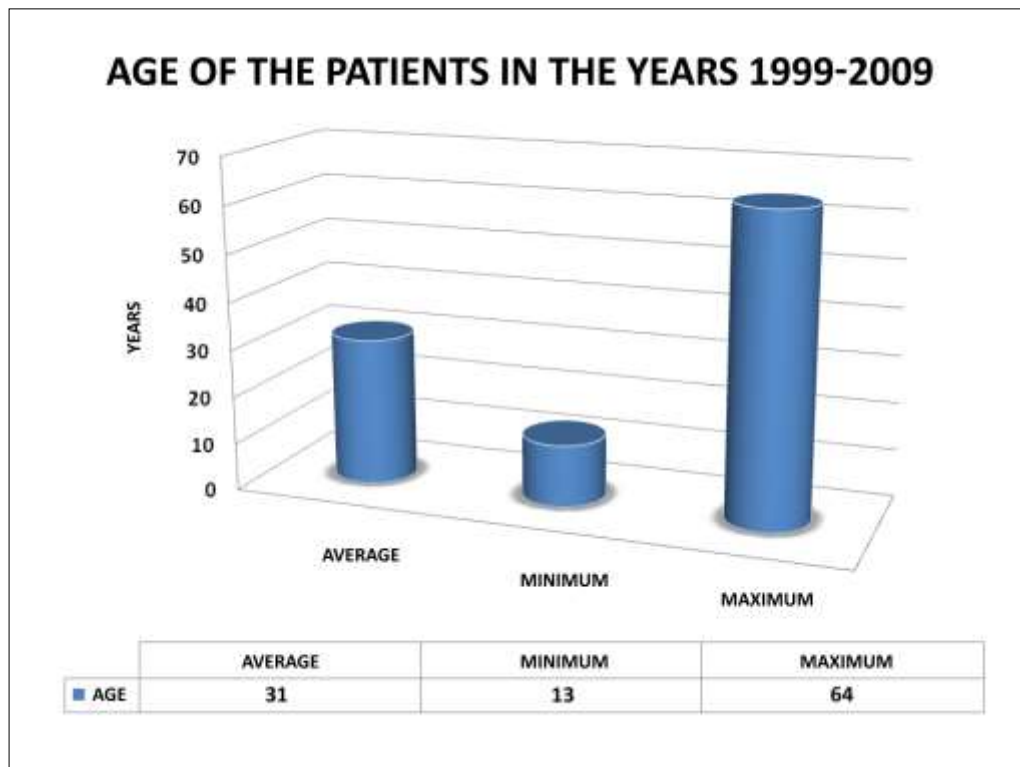
¹⁵ Šafr, J. et al. 2008: 255

¹⁶ Giove, R. 2002: 131

The public is allowed to take part in all the therapeutic procedures providing some medicaments without prescription can be purchased in the local shop. This throws new light upon the whole problem regarding the traditional indigenous medicine. Nevertheless, it is necessary to take into consideration the fact that however virtuous the interests of the center are, it is forced to bear up against market constraints. Hence, both treatment types are charged (in more detail, see Chapter 3.5).

3.3. Patients' Age

According to the following graph, an average patients' age who were treated in Takiwasi in the last decade was 31. Likewise in the Czech Republic, the minimal age criterion for the therapy initiation is 15.



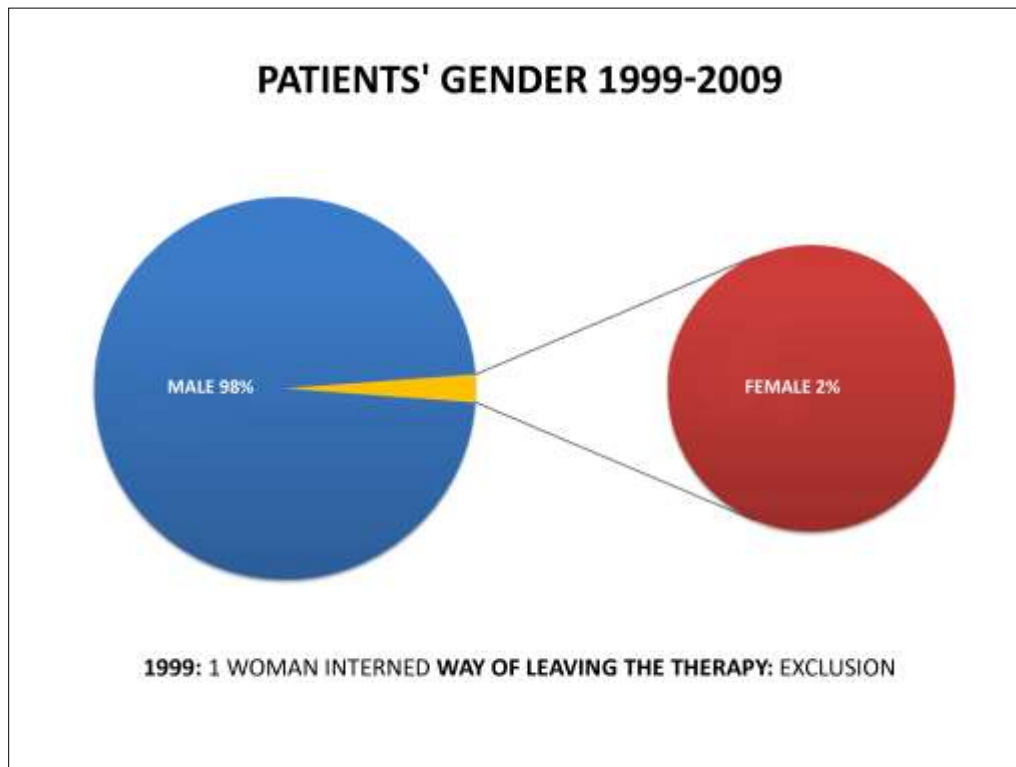
Graph 2: An age lower than 15 is definitely rarity among the patients (N=380).

An interesting analogy in comparison to the average patients' age can be seen in the parameter expressing the average period in the years in which before the therapy initiation the patients had been consuming drugs. Chapter 9.2. is dedicated to this topic.

3.4. Patients' Gender

The therapeutic team is entirely male, but there are some female employees as well. Perennial problem of Takiwasi is the lack of female therapists as their presence would contribute significantly to the balance of the medical institution.

In connection with this the functioning of the center can not be considered chauvinistic. On the contrary, the absence of women in the fellowship of patients has genuinely practical meaning. If they were present, the patients would have coitus as it is normal in mixed therapeutic communities. As a result, fundamental rules including any kinds of violence or sex abstinence would be contravened.¹⁷



Graph 3: There are taken into account internal patients as well as the external ones (N=380).

It is evident from the comparison with Czech TC Renarkon that such treatment model lowers the portion of conflicts caused by rivalry. The rivalry among homosexuals who are in no way discriminated occurs as well, but it is less frequent. The situation in which the partners have to look for a placement in another treatment center after having been caught during coitus is in our opinion not only stressful, but it significantly influences the effectiveness of therapeutic process.

In conclusion, the treatment of mixed sexes is prohibited by the Peru legislation.¹⁸ Therapeutic community genuinely oriented on women where the traditional indigenous medicine would be practised does not exist in Peru.

¹⁷ "Sexual activity can be hindered before the actual ritual consummation of hallucinogenic substances, with an effort to control the flow of sexual energy towards the state of inner contemplation. Every outcome of this type of energy can be seen as a reduction of the experience itself." (De Rios, M. D. 1990: 204)

¹⁸ Giove, R. 1996: 14

3.5. Patients' Nationality

There are high entrance requirements for the patients. Yet, the popularity of treatment in Takiwasi is immense, particularly among the local drug clientele. According to the Graph 4, apart from Peruvians the French make up 13 % and Argentinians 4 % of the patients.

Firstly, it is caused probably by the fact that the center uses its popularity in Western Europe despite the legislative case which started in France during 1990s.¹⁹

Secondly, an evident reason might be a long-term cooperation between Takiwasi and Runawasi center in Buenos Aires.²⁰ There is an active exchange of patients as well as employees.

Indeed, the patient has to be strongly motivated in order to undergo such a long journey. Regarding Europeans, the motive must be twice as strong. There are two essential conditions on which the patients are accepted for internment: the basic knowledge of Spanish as well as an ability to meet the expenses.

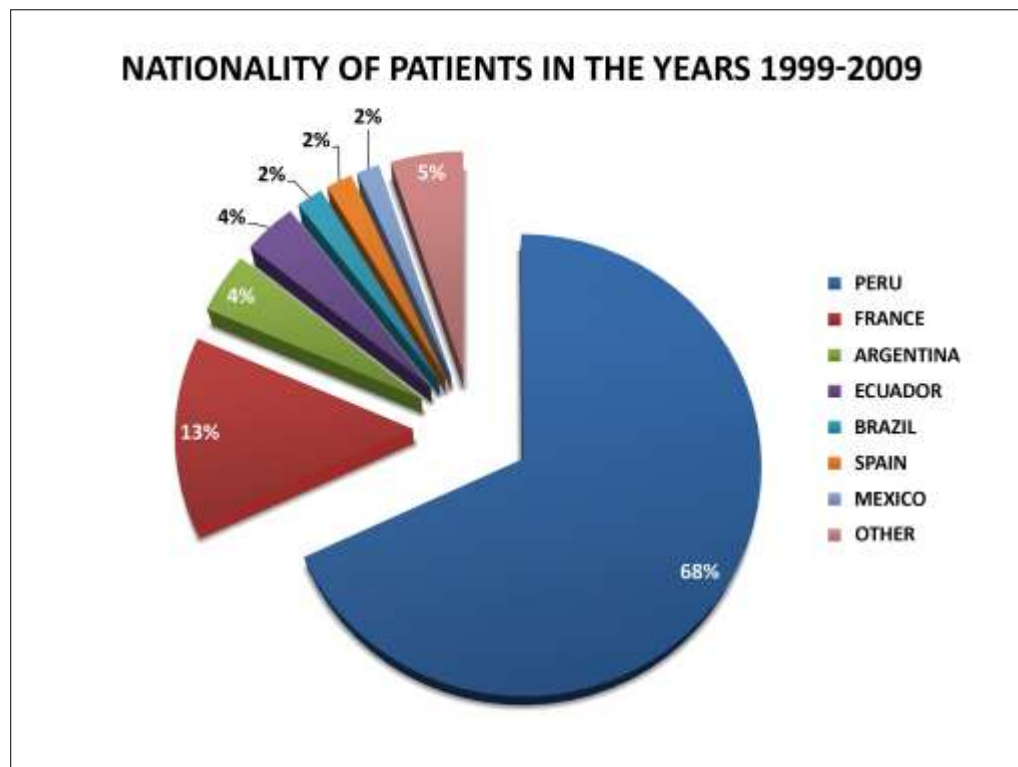
Comparing the situation in Takiwasi to Czech conditions where the state contributes to patients in financial crisis, it is possible to say that treatment fees can be considered a considerable motive factor. Moreover, if we take into account that everyone has a right to intern oneself only once in Takiwasi, then we realize how difficult it must be for the patients before starting the internment.²¹

Considering the fees are set on 1000 USD per month, it would be tempting to speculate about Takiwasi's elite character. The contrary is the case. The approach the center holds to addiction therapy is not client-related. Funds do not play the essential part regarding running the center.

¹⁹ After organizing seminars in France, there appeared problems with the law when drinking ayahuasca. The substance of legislative case, which occurred in Brazil concerning syncretic church Santo Daime, was the fact that ayahuasca contains dimethyltryptamine, which can be found in the list of controlled substances, and as such is considered illegal. (Tupper, K. W. 2008: 297-303)

²⁰ The center name stems from Quechua where *runa* means "man". Metaphorically, it could mean "Everyone's house" (regarding people), which is also referred to in the Spanish translation Casa de todos. (Romero, F. C. 1993)

²¹ The rule does not have to be followed by the patients who successfully finished the therapy. Normally, they are offered after-treatment. Regarding foreign patients, this is available in some external facilities, e.g. in Lyon center La Maison Qui Chante.



Graph 4: In the graph item “OTHER” were inserted Belgians, Colombians, the USA inhabitants, etc. Their distribution is not statistically significant ($\geq 1\%$ from total, where $N=380$).

The system set in the center regarding the amount of fees for the treatment is re-tributive. Patients with a difficult economic situation are provided with financial reliefs and financially disadvantaged patients are provided with contributions for their new start.

If financial problems occur during the treatment, they are usually dealt with through a legal representative. By this the relation between the therapist and the patient is not disturbed. To learn more about the ethic aspects, see Chapter 9.3.

3.6. Abused Drugs

Regarding drug consumption in 1999-2009, there were drunkards dominating among patients (65 %). More detailed information is illustrated in the Graph 5.

A significant percentage of patients were also treated from being addicted to cannabis (54 %). This is surprising compared to the Czech environment where we are being witnesses of permanent legalization process. It is generally thought in Takiwasi that being addicted to marihuana and cannabis is curable with difficulty because of its subtle symptoms.²²

Concerning the consumption of locally highly represented cocaine paste, it can be concluded that the situation has improved compared to 1992-1999 period as there

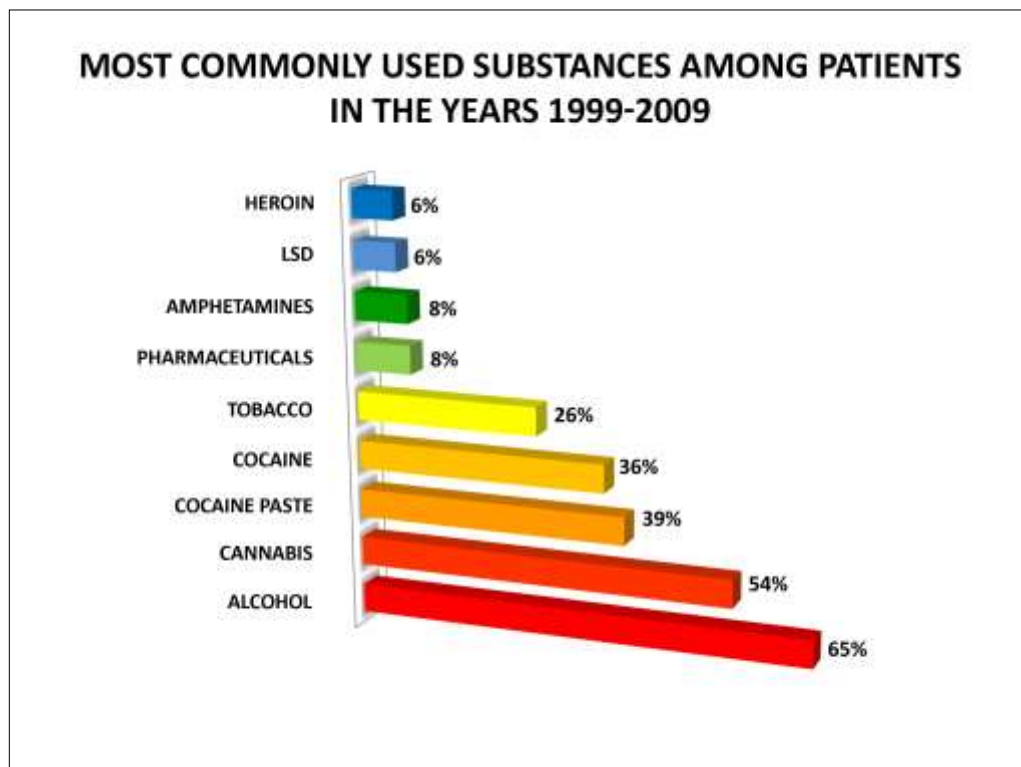
has been a decline from 52 to 39 %. On the other hand, there has been an increase in cocaine addicts from 9 to 36 %.²³

In comparison to other drugs, it is possible to consider statistically significant that the representation of tobacco smokers makes up 26 %. Such fact is associated with two important matters.

Firstly, it is absolutely common that tobacco smokers tend to mix various substances similarly to consumers of other drugs, which leads into *polytoxicomania*. Tobacco is usually used together with alcohol or PBC.²⁴

Secondly, it is necessary to take into account that tobacco smoking is prohibited for residential patients, and so is the consumption of other drugs (e.g. caffeine) on the condition of disqualification.

When compared to the situation in TC Renarkon, the case is totally different. The reason is utterly prosaic. Patients interned for at least nine months have to abide with special diet which is associated with the administration of ayahuasca and other plant-based substances that are periodically used for treatment purposes in the center.



Graph 5: Apart from the patients with a problem of substance addiction in Takiwasi, there are also patients with virtual drugs addiction. Their number is not significant (N=380).

²³ Giove, R. 2002: 69

²⁴ The so called *mixto*, which is a mixture of PBC and marihuana, is very popular among drug users in Tarapoto.

3.7. Addiction

Takiwasi rehabilitation program is based on the assumption of drug use related to looking for “holiness”. But the way a patient used to take them is considered pathological. Why? Because he did so idiosyncratically, i.e. he made decisions wilfully about dosage as well as the context in which he will take drugs.²⁵

Ritual drug use can not be excluded, though. An important aspect here is the fact that the ritual, which is primarily designed to integrate experience that is caused by the psychoactive substance, should run smoothly and should not be profaned.²⁶ According to one of the informants from Takiwasi staff, toxicomania only poses a symptom which hides real problems that are needed to be solved out. Therefore, frankness, openness and active participation in the therapy are expected from patients.²⁷

Despite biomedical approach considering addiction an organic brain dysfunction, we believe that it is caused by reversible multifactor disorder. A statement saying that it has to be a chronic disorder is, in our opinion, invalid.²⁸

The addiction is manifested by hankering after the drug (*craving*), tolerating its effects and withdrawal syndrome, that appears after its quitting. Regarding cocaine consumers we mainly focused on, the syndrome turns up especially at the mental level, by strong depressions, dysphoria, dyssomnia, and polyphagia. Heroin addicts coming to Takiwasi from Europe usually experience fear, anxiety, myospasms, diarrhea, trepidation and shake. Regarding drunkards who make up overwhelming majority of patients, in serious cases, they suffer from fuzziness and hallucinate.²⁹

When classifying drug addictions, we start from bio-psycho-social model. But it seems that it is necessary to complete it with spiritual dimension. In our opinion, a disease can be reflected on physical and mental condition as well as on social life and spiritual state development.³⁰

Regarding drug addicts their addiction affects all the aspects of their life. It can be imagined as if an imaginary Ariadne’s snapped thread that showed a man the way in the labyrinth of life, and consequently his personal development stopped. He is trapped within it without any life project and the only thing that matters is to satisfy the drug calling.³¹

Thanks to administrating ayahuasca under therapeutic control it is possible to reveal illusoriness of such existential situation. Nevertheless, the substance itself is

²⁵ Together with Jiří Presl we consider as drug every substance which has: 1. psychotropic effects, 2. addiction potential. (Zábranský, T. 2003: 14)

²⁶ McKenna, D. J. et al. 1986: 75

²⁷ “Drug addiction is a symptom of personal search for the sense of life.” (ZU 27-10-09, p. ms.)

²⁸ Okruhlica, L. 2009: 10-15

²⁹ Fišerová, M. 2003: 102

³⁰ “‘To be ill’ or ‘to be healthy’ is somewhat associated with individual life attitudes and lifestyle, which is characteristic for an individual as well as his approach to others. A word ill (enfermo) stems from a Latin term infirmus (weak, ill), which is used metaphorically to designate an instable man (no firme) without solid ground beneath his feet.” (Domenech, S. 1996: 19; Kudrle, S. 2003: 145-150)

³¹ “An addict resembles a whale stuck on a sand coast, passively waiting for death.” (Ibid.)

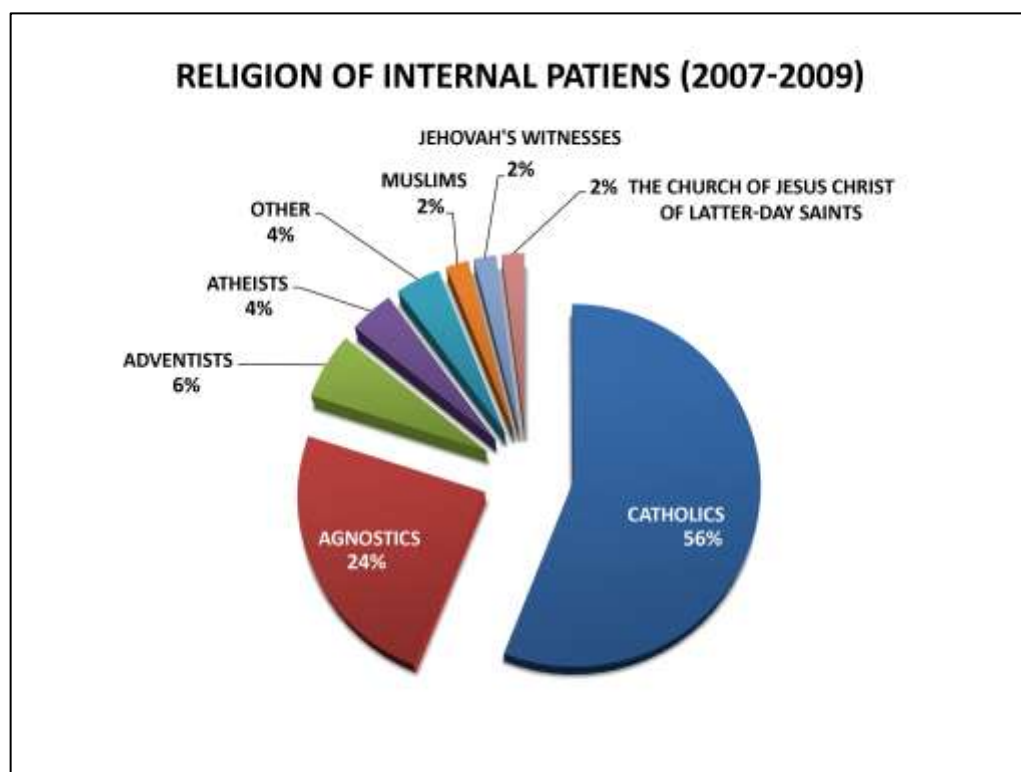
not so important. Special role here is played by the environment in which the psychoactive substance is administered. Drinking ayahuasca is rooted in solid spiritual basis.

3.8. Spirituality in Treatment

The treatment in Takiwasi does not inhibit one's faith. On the contrary, it develops it further. It enables him to realize his spiritual needs without an obligation to belong to particular church or religion.

It is no wonder that in orthodox Peru the overwhelming majority of patients are Catholic. Apart from catholic believers there are Seventh-Day Adventists and believers of other religions treated.³²

According to the statistic data from 2007 – 2009, at the beginning of the rehabilitation process agnostics and atheists are treated, too (see Graph 6). Especially, regarding the first group it would be interesting to find out to what extent their faith altered during the treatment since these people are convinced about God's unprovable origin.



Graph 6: Even among drug addicts in Peru predominate Catholics. As a graph item "OTHER" were inserted persons of Christian belief who do not belong to any of known denomination (N=52).

³² According to the population census in 2007, 81,3 % of Peruvian population older than 12 years consider themselves Catholic, 12,5 % evangelist, 3,3 % are of other belief and 2,9 % are atheists. (Ramírez Ramírez, R. et al. 2007: 138)

Even Takiwasi employees are of Catholic religion, which is naturally apparent in their approach. A significant but not compulsory part of the therapeutic program poses a celebration led by a monk, who constantly provides consolation and guidance for believers. He also participates in ayahuasca sessions as an assistant for healers.³³

Our informers told us that some patients were Christianized during the treatment. Yet, others were witnessed dealing with a permanent spiritual fight (*lucha espiritual*).

Takiwasi provides a framework in which a spiritual experience induced by psychoactive substances can be reached. The question is to what extent the experience can influence the treatment.³⁴

The aim of this book is not to deal with “holiness” in detail. It can be considered sufficient to arrive to the conclusion that spirituality plays an important role in the Takiwasi rehabilitation program. How much importance the informants associate with spiritual questions is explained in detail in Chapter 9.3.



Figure 3: Reception's view.

³³ “Can we consider ayahuasca a placebo? Can it be strong enough to cure? It seems we will have to exclude such possibility. Ayahuasca is not used to reach an insight based on verbalizing, nor does it trigger a long-term curing effect through operating on psychodynamic material. On the contrary, it is used to identify causes of magical disease.” (De Rios, M. D. 1990: 187)

³⁴ Grof, S. 1992: 76

4. THERAPY

As it has been mentioned before, minimal internment period in Takiwasi is set to nine months. Such time setting has its deep meaning. From the symbolical point of view, the therapeutic process is seen as a period of “rebirth” when a patient after his time in the heart of the community is born as a new person. The therapeutic program itself can be divided into several stages as follows:

1. **preliminary stage:** getting acquainted with a new applicant for the treatment and evaluation of his motivation (ending up in acceptance and internment);
2. **physical rehabilitation:** staying in a solitary confinement unit for two months;
3. **personality restructuration:** from the first till the third diet;
4. **existential, social and family restructuration:** from the fourth diet;
5. **reinsertion:** reintegrating a patient into the society (from the seventh month);
6. **subsequent care:** five years after the treatment.³⁵

Shifting treatment stages is always distinguished by a certain ritual. For more detailed analysis of ritual acts, see Chapter 7.

4.1. Patients' Evaluation and Intake

Before internment itself the so-called preliminary stage of treatment takes place, which lasts for ten days. During this period a phone connection with an applicant is established and basic information is obtained. Regarding foreigners, language knowledge is checked.

The basic requirement to start the treatment is the patient's interest. Taking full responsibility for the addiction problem is the basic condition. Practically, it represents an acceptance of one's addiction and a will to start the treatment. Confirming such decision happens in the first stage (see below).

If they are able to do so, patient's family supports him morally and financially. As a rule, people who tend to be interned only to run away from their family and external circumstances are not accepted.

Within a week the patient takes part in the afternoon interviews in order to get informed about the running of the rehabilitation process and norms. At the same time, his motivation is checked and an evaluation of his social-economic situation is done.

In addition, some of laxatives are prescribed for the patient (e.g. *Leche de magnesio*). Provided there are no contraindications, it is possible to take part in the first detoxication session (see Chapter 6.2). During the session an extract from liana yawar panga (*Aristolochia dydima*) is administered. According to the locals it is

³⁵

Giove, R. 2002: 134

said to be the strongest out of all emetic plant preparations that are called *purgas* (see below).³⁶ There are firm restrictions on its use.

Being accepted for the treatment is conditioned by abstinence. Before the internment starts, medical inspection is carried out, which is repeated at the end of the first month and after half a year period. As soon as possible an anti-parasite and dental investigation is carried out in the neighboring center (*Centro médico "Sagrada Familia"*), which is run by Rosa Giove, the doctor.

4.2. Physical Withdrawal

The first stage of the rehabilitation process is started by a stay in the solitary confinement unit (*aislamiento*). The fact that the patient is isolated from the outside world is not meant to be a punishment. On the contrary, it serves to help get rid of withdrawal syndrome and get prepared for joining the community.

Detoxication has a very specific procedure. It does not take place in the environment of a mental home as it is common in the Czech Republic, and moreover, it lasts only for eight days. Its basis consists of plant preparations that are administered by the staff in an order enabling their gradual escalation.



Figure 4: A view on the solitary confinement unit equipped with its own social facility.

From the very beginning an olive oil cure (*cura de aceite*), which is followed by a clyster the next day, is involved.³⁷ Afterwards, another yawar panga follows and

³⁶ Yawar means "blood" in Quechua; *panga* means "leaf" – metaphorically "a bleeding leaf". The origin stems from the red colored lymph which falls from a liana after breaking it.

³⁷ "An olive oil is not only a medicament curing diseases, but it also symbolizes light and purity. (...) It serves for driving out demons. It prevents death and encourages life." (Grün, A. 2005: 8-9)

in spite of the fact that it is administered only in the amount of 8 ml, it is necessary to drink up at least 6 litres of cold water while fasting. In order to soften the tension caused by discontinuing drugs, the patient is administered with relaxing mediums, e.g. valeriana. He uses an aromatic sauna once up to twice a day and a herbal bath is also prepared for him.

A period spent in the solitary confinement unit provides the patient with sufficient time to confront his own motivation and to reassess his reason for participating in the rehabilitation program. In this process, the therapist's role plays a supportive part as he visits the patient regularly.

The initial stage is known to be the runaway stage (*fuga*). We witnessed such attempt regarding one local patient, a PBC consumer, who decided to be interned in the last week of our field research. The cause of his escape was as he explained later an insuperable resistance towards emesis. Unfortunately, it is an essential part of detoxication and patients themselves approach it accordingly.³⁸



Figure 5: Portraied vision which had an LSD patient during his stay in isolation.

It occurred many times as we witnessed patients competing among one another in order to be the first to vomit most. As a slight exaggeration, detoxication could be considered a collective sport. The theory saying that an effect of purga results in the drug being perceived in the eyes of patients as disgusting is considered less probable.

The treatment is immediately terminated if the patient flees. If it be to the contrary, a transient ritual takes place (*ritual de paso*) after which he is accepted among residents and becomes an integral part of the community.³⁹

Physical detoxication is not finished in the solitary confinement unit. For the following two months, which is at the same time a period of the first stage, the patient is being administered a purgative (e.g. saúco, rosa sisa), which cleanses him overall.⁴⁰

Apart from this the patient uses herbal medicaments with supportive and tonic effects (*plantas de contención*). This stage revolves around the so called camalonga (*Strychnos* sp.), that is used during the eight-day diet, which excludes the consummation of sugar.⁴¹

In a two-month period, after having adapted to the everyday rhythm in the center, the patient starts taking part in ayahuasca sessions that take place twice a week from 9:00 p.m. till 4:00 a.m. Their content represents a cornerstone of the therapeutic work (for more detail, see Chapter 6.5).

The first stage of the treatment is established for the restoration of physical health as well as for the patient to set right his past and make himself clear regarding his attitude towards drugs.⁴² Hence it is strictly prohibited for the patient to leave the facility premises and receive visitors or calls from his family members. Nevertheless, the stay in internment is absolutely optional. "*Nobody is forced to stay within the treatment against their will.*"⁴³

Provided that the patient once decided to undergo the treatment, he is required to provide a written agreement confirming his decision to participate until the therapy is declared complete by the psychologists (*alta terapéutica*). An agreement is confirmed during the so called ritual engagement (*ritual de compromiso*).

Relationships in the center are of horizontal character. There is no hierarchy among patients. Senior patients are encouraged to be an example for junior patients. Understandably, they are not always a good example as some of them resort to bringing in cigarettes or prohibited food, which is considered a misdemeanour (*transgresión*).

As it is in the Czech environment, also in Takiwasi a *guarantee* (called a godfather, *padrino*) is assigned to the patient at the beginning of the treatment who accompanies him along the treatment process. There is a slight difference as the godfather comes from the staff.

Apart from the godfather, he is assigned an individual therapist to whom he comes to have a personal interview (*entrevista*) every day. It usually takes place from 10:00 to 11:00 a.m.

³⁹ Van Gennep, A. 1997

⁴⁰ Etymology of the word *purga* goes back to Latin. Resemblance to purgatory (Lat. *purgatorium*) is not accidental in the first treatment stage.

⁴¹ It is obvious from the etymology of the indigenous term that the nomenclature of the plant is of metonymic origin and devises to its effects. *Cama* means in Spanish "bed". *Longa* "long" alias "a long bed". It is generally believed that camalonga deepens sleep and intensifies dreaming.

⁴² Giove, R. 2002: 165

⁴³ ZU 13-10-09, p. ms.

The end of the first stage aimed at physical restoration is determined by the first diet. The therapeutic procedure, whose goal is not to lose weight in order to look better (even though it includes a weight loss, indeed), has to be undergone by all the patients every two or three months (for more detail, see Chapter 7.7). The diet is characterized by an independent stay in the forest for eight days followed by a ritualized intake of some herbal extracts supervised by some of the healers as well as his assistants and psychotherapists.⁴⁴

Naturally, the question is to what extent are these conditions for the addiction treatment adequate. It has turned out from the participant observation that patients themselves attach significant importance to the diet.

Nevertheless, this poses a risk at the end of the first stage. Having returned from the forest, they are all feeling in a good shape. Thanks to the possibility to peacefully solve their problems, it seems like nothing can ever surprise them. At this moment, many of them are considering the possibility of abandoning the treatment (*abandono*). Yet, the second stage focused on personal dilemmas shows in detail where the core of their drug problems lied.

4.3. Psychological Structure

The second stage lasts for two months and its primary focus is to find an answer to the question of “who am I?” From now the patient is allowed to take part in group walks outside the center and with the permission from the therapeutic team he is allowed to receive his visiting family members.

Activities associated with this stage can be referred to as a routine. The patient gets up at 6:30 a.m. He makes the bed and does cleaning till 7:30 a.m. Those ready with their duties have time to meditate and do some exercise. Work fulfilment is supervised by an ergo-therapist.

Breakfast starts at 7:30 a.m. and from 8:00 a.m. the day program begins. Every Monday and Friday it is opened by a thirty-minute group meeting (*matutina*) in which always a different patient introduces the problem he is dealing with.

After the discussion, agenda and group dynamics everyone dedicates their time to the work assigned to them by ergo-therapists. Some have to tidy up; the others either cook and bake some bread or work in the garden. In fact, it can be said the community is entirely independent.

Despite the fact that the work is a superhuman task for some patients, its aim is not only to teach them independence. The idea of ergo-therapy consists in an acquiring an ability to set up particular and real goals and, at the same time, be aware of one's own ability limits.

As it has been already stated, Takiwasi members are mostly Christians. It means that even work is being perceived from the prism of the Christian philosophy. Ergo-therapy in this sense follows the credo: “*The Lord God took the man and put him in the garden of Eden to work it and keep it.*”⁴⁵

⁴⁴ “Every plant has certain effect, which is entirely independent on what knowledge the patient possesses about it.” (Giove, R. 2002: 168)

⁴⁵ Genesis 2:15 (Bible 2009)

Whether the patient seeks spiritual dimension, or he will consider it a medium for living, depends only on his personal choice. Officially, the community is churchless.



Figure 6: A view on a patch where the patients grow fruits and vegetables. There is an opened gym at the back.

Lunch starts at 1:00 p.m. with a collective prayer which is led by a different patient every week. If there is someone who does not believe in God, he does not have to pray. It is fairly satisfactory to express gratitude to those who cooked the meal.

A one-hour siesta follows after the meal. Patients usually sleep in the tropical heat, which dominates the lunchtime. The staff leaves for home as the center is controlled by a security guard and ergo-therapist that is on duty that day.

Activities prepared for the patients after the afternoon rest are posted a week ahead in a schedule actualized by the secretariat. Apart from therapeutic sessions, the schedule includes various workshops and sport activities till 6:00 p.m. (see Chapter 6.8).

An evening program is set for group therapy or yoga. After dinner at 8:00 p.m patients have two hours free. They usually listen to music, read or play collective games.

Patients consider the community life peaceful or boring, which is reflected in their current mood and motivation that is changeable and significantly differing during certain therapy stages.⁴⁶

Patients' satisfaction is influenced by many factors. Stating that the most important aspect of their life is food will not be far from the truth. That is probably one of the last remaining pleasures that has not been prohibited.

⁴⁶

Miller, W. R. et Rollnick, S. 1991: 14-29

The community running is managed by cardinal rules. Hence, infraction results in the exclusion from the therapy. It is obvious that there were established as many regulations as sanctions.

If the patient avoids one of his duties, he is punished. Especially, it revolves around afternoon workshops (*talleres*) when many patients have an urgent need to go to the toilets or stay in the bed under the pretence of a stomach ache. Communication in other than in Spanish language is unacceptable despite the fact that many employees are of foreign origin (see Chapter 3.5).

If a violation of rules occurs, there is a tendency for patients to choose their punishment themselves. Its severity is derived from the offence weight (*transgresión*), sanctions frequency and consensus among therapists. The biggest complaints are about prohibiting television, radio and newspapers. Mass media that provide patients with topical news from the world outside are probably the most precious article since patients have a limited access to them.

It is necessary to bear in mind that the resident does not enter into the contact with visitors (especially women), nor exchanges contacts, personal stuff for tobacco or chocolate, and he has to consult all essentials with present therapists.

In conclusion, it is necessary to point out that compared to other Peruvian health resorts physical punishments are entirely excluded in Takiwasi. According to our informants, bullying is fairly common in other facilities (see Chapter 9.3).

4.4. Comprehensive Social Work

The third stage of the rehabilitation process that lasts approximately for two months is aimed at finding one's own life mission and restoration of contacts with transcendence. Work at the physical level has been finished. Therefore, all the efforts are made in order to help the patient to prepare plans for the future and settle family problems. Hence, the primary focus here is on the economic independence on the patient's family.

The more realistic and pragmatic the patient's behaviour is, the more urgently meditations about metaphysical and existential questions affect his mind. These questions pose a topic for therapeutic sessions. A man that has definitely given up taking drugs and is aware of the dependency structure of his personality searches for pillars on which he could build up his life again.

In order to make his search less difficult, there are various ceremonies taking place out of which there are two celebrations: liberation celebration (*misa de liberación*) and reconciliation celebration (*misa de reconciliación*); and various rituals concerning four elements: earth, air, fire and water.



Figure 7: A view on an interior of a local chapel.

The purpose of these rituals is to create an adequate environment for change. If the patient reveals spiritual level in everyday life, it becomes a strong impulse to motivate him to remain abstinent (see Chapter 7).

Various facts advert to a mutual cohesion between spirituality and the phenomenon of addiction. Firstly, the facts can be considered the so called *interactive models* that during the interpretation of the causes of its formation and development put together connections of operation of the range of various factors (bio-psycho-social-spiritual). Secondly, there are numerous scientific researches that illustrate that spirituality and religion can have positive effects during addiction treatment.⁴⁷

4.5. Reinsertion

A two-month stage of reinsertion is a period in which the patient is preparing for leave. The fact that he attends school or work and lives in private does not mean he is excluded from the therapeutic activities. On the contrary, his presence in the group has a motivational purpose. But not always are senior patients a good example for the others. Many of them are still tempted to commit offences even though they are already in the last months of their treatment and so they should behave themselves.

Some patients experience concerns and distrust of themselves and their abilities in the last stage of the treatment. Fear is a natural defensive reaction and walks are designed to help patients cope with it.

⁴⁷

“According to some authors, one of the causes of addiction could be the desire for spiritual experiences (when spiritual needs are not satisfied) or the addiction can be a result of a so called spiritual crisis.” (Kavenská, V. 2009: 3)

Every week the patient visits a psychologist who helps him to cope with the situations caused by encountering the external society.

If one is in a hurry at the end of the treatment, it is a clear indicator of something being wrong. When the treatment is successfully finished there is a final evaluation after which a party and lunch follow.

The principle of reinsertion is the fact that the patient should get rid of all the structures that used to attract his attention to drugs and integrate himself into the society. Understandably, encountering his formal drug friends represents a stressful situation for every habitual because it becomes a test of to what extent he is able to control himself. Rush in this case is certainly not an option here.

As it is obvious from the definition stated before, drug addiction can become a lifetime problem. Hence, it would not be advisable to exhaust all the accumulated energy right after returning back from the therapy. All people leaving the center are recommended to find a job and accommodation somewhere else than where they used to take drugs.

4.6. Continuing Care

The treatment is not finished after the internment. Patients who successfully complete the rehabilitation or are allowed to leave ahead of schedule after consultation with therapists are offered a system of subsequent care by the center. It lasts for five years in Takiwasi and involves organized interview with a psychologist as well as family consultancy and participation in therapeutic sessions once a month. If needed, a short-term interment with supportive purpose is possible.

It is a great disadvantage for foreign patients and patients living in distant locations in Peru that Takiwasi does not possess any after-treatment facilities. As it has been already mentioned, the French and Argentineans can use an external cooperation with centers La Maison Qui Chant and Runawasi that have a similar therapeutic model. Nevertheless, most patients are left with self-help.

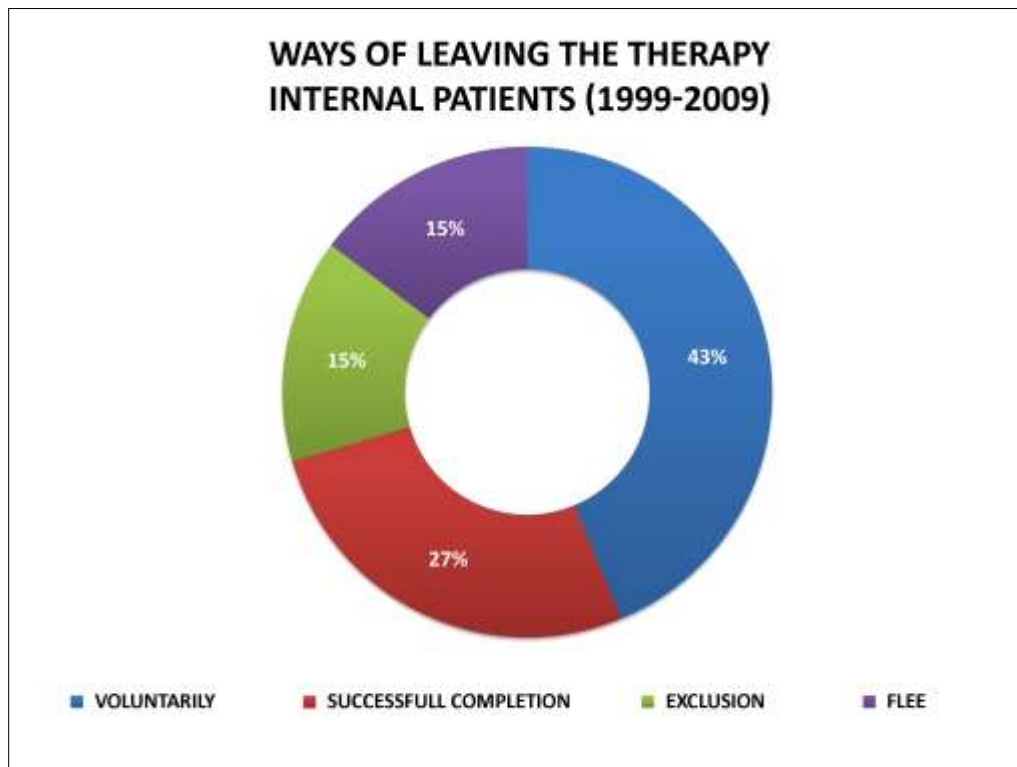
4.7. Success and Relapse

In our opinion, one of the essential factors that has an influence on whether the patient will suffer from a relapse (*recaída*) after finishing the treatment or not is the way he leaves the center. As has been already stated, there are four options by which the treatment in Takiwasi can be finished (see Graph 7):

1. voluntarily (*alta voluntaria*): by an agreement with therapists before an elapse of the nine-month period;
2. successful completion (*alta terapéutica*): definite or conditional end of the treatment;
3. exclusion (*expulsión*): when the violation of cardinal rules occurs;
4. flee (*fuga*).

According to the statistics that summarizes the first five years of the center's operation, it is apparent that with patients who attempt an escape the probability of relapse is the highest (35 %), compared to other ways of leaving. Almost identical

is the percentage of people whose information about their current state could not be gathered.⁴⁸



Graph 7: The biggest number of patients decides to finish the treatment based on their own decision before it would be advisable according to the therapists (N=341).

In comparison to the data from 1992-1999, the number of excluded patients has significantly risen from 3 to 15 %. The number of people who complete the treatment has practically not changed (before 23 %).⁴⁹

Taking into account the center's effectiveness, the way of leaving is a key indicator, yet insufficient. Therefore we asked patients during semi-structured interviews about what aspects of the therapy they appreciate most (see Chapter 9.3).

⁴⁸ Giove, R. 2002: 153

⁴⁹ Ibid.: 175

5. TRADITIONAL AMAZONIAN MEDICINE

Taking into account all the various practices that belong to “the concept of traditional indigenous medicine”, in the following chapter we will exclusively focus on the study of what we were dealing with in Takiwasi center in Tarapoto.

In other places we witnessed the reality of how has the traditional medicine become a part of local folklore, or it was integrated into the corpus of practices of Christian syncretic churches. But we will not be dealing with it in detail. The context in which the traditional medicine is used, in our opinion, is incomparable with Takiwasi. Among the local forms of traditional medicine there do exist similarities. Takiwasi healers, as well as mestizos or Native Americans of the Shipibo tribe in the outskirts of Pucallpa, drink ayahuasca with patients, cense them with tobacco, wrap them with aromatic essences and sing. The purpose of their work differs significantly.⁵⁰

The center is unique in using all the herbal medicaments that form the basis for the traditional indigenous Amazon medicine exclusively for therapeutic purposes. Other forms of their use are resolutely refused. It is believed that the content of the experience caused by using the herbal medicaments therapeutically is not of hallucinatory, but visionary character.

Such belief is, among other things, strengthened by the fact that applicants wishing to take part in ayahuasca sessions come to Takiwasi with a different intention, level of preparation and attitude. All the factors mentioned have a strong influence on the form of their experience as well as on the impact that the experience with psychoactive substances will leave behind.

Claiming that one form of use of the traditional medicine is more frequent than the other one would be naturally presumptuous. Despite the fact Takiwasi is not dependant on the patronage of the French government for long, Peruvian healing has been definitely incorporated. Only future will show to what extent this tradition is able to live.

5.1. Spirituality and Healing

As it has been suggested in the introduction, one of the root from which the traditional medicine grows is the so called animism – according to this perception of the world, the nature is considered having a spirit. In the form of healing this book deals with, the intellectual basis is extended by Christianity, or Roman Catholic Church ideology.⁵¹

The causes of this phenomenon are evident. Firstly, the founder of the center and his assistants studied healing mostly from mestizo teachers (*maestros*). Secondly,

⁵⁰ “Ayahuasca grows in a large territory corresponding with hydrographic systems of the Orinoco and the Amazon. It involves areas in current territory of Venezuela, Colombia, Ecuador, Bolivia, Peru and Brazil.” (Naranjo, P. 1986: 118; Naranjo, C. 1967: 385)

⁵¹ De Rios, M. D. 1972: 51

the mestizo tradition is characterized by religious syncretism that rules the Amazon from the conquistador times.⁵²

If we free ourselves from speculations regarding to what extent is the mixture of indigenous superstitions with Christianity an adaptable strategy with which the locals managed to preserve their philosophy of life (*cosmovisión*), we will see that the whole matter has a significantly practical proportion.

A healer evokes spirits of the nature in the way a shaman has been accustomed to, though. But their pantheon is subordinated to the power of the Father, the Son, and the Holy Spirit.⁵³

Incidentally, it would be rather naive to suppose that the “spirit world” (*mundo de los espíritus*) or “the other world” (*otro mundo*) is inhabited only by entities with good intentions. Such opinion is rather typical for new religions that belong to New Age.⁵⁴

Our informants definitely agreed upon the contrary. The healer himself who refers to the spiritual dimension in order to draw on power and inspiration constantly faces up to various obstacles. As informants directly confirmed in their statements, the spiritual world swarms with malicious demons that feed on human weaknesses and often are a cause of a disease (see Chapter 8.1).

5.2. The Healer

By performing some specific activities the healer identifies with certain social roles. Primarily, he is a priest, which is reflected in the form of some therapeutic acts (see Chapter 5.11).

The healer is not ordained, though. Therefore it can be only referred to as the so called “sacerdocio” (*sacerdocio*). By this he is meant to be a middleman through whom a healing power of Jesus Christ, Virgin Mary, or any other locally worshiped saints. But he is not summoned to worship a service.⁵⁵

In the context of Takiwasi it is as clear as daylight to identify a healer, or a shaman, with a psychoanalytic, as Claude Lévi-Strauss did. The healer’s interpretation of sacramentality of visions and dreams that patients were exposed to during their therapy represents the healer’s domain. Despite his considerable charisma and rich experience that he obtained through his practice and long-time training, his word is accepted critically. Since the center is full of erudite psychologists, psychotherapists and other specialists, patients have always someone to discuss their problems with.⁵⁶

Undoubtedly, the fact that a healer is a sociologist at the same time strengthens the cohesion of multicultural community. According to Yasar Abu Gosh, ethnologist

⁵² Prescott, W. H. 1980; De Rios, M. D. et Rumrill, R. 2008: 7

⁵³ It is necessary to say that in this sense we do not talk about “subordination” in the sense of serfdom, but rather assimilation that has a simple reason – the spiritual patronage of the whole therapeutic process and protection of its participants.

⁵⁴ Hill, M. D. 2001

⁵⁵ From the local saints that are enormously important in Takiwasi, Señor de los Milagros is worth mentioning. In his honor there are numerous celebrations all over Peru every year in October 18 – 19th.

⁵⁶ Narby, J. et Huxley, F. 2001: 108-111

and social anthropologist, healers work resembles a total social participant's work.⁵⁷

5.3. Traditional Therapy at Takiwasi

As it has been already mentioned, the Takiwasi healing system can be considered multinational. From the staff point of view, this can be misleading. Apart from mestizos there are also French, Germans, Argentineans, Chileans, etc.

As a result of participant observation, regarding Native Americans traditions, the foundation of the Takiwasi healing system was most influenced by the Aguaruna tribe.⁵⁸ But there were others, e.g. the Ashaninka tribe from distant Peruvian parts, whose current popularity is due to Juan Flores, a healer who founded a wellknown center Mayantuyacu not far from Pucallpa. Probably the only exception is Shipibos, who left only decorative ceramics and artistic articles. Shipibos are renowned for their frequent quarrels and, as we witnessed, they are suspected of witchcraft due to their rivalry (*brujería*). Hence, the center intentionally avoids any cooperation with them.⁵⁹



Figure 8: Syncretism is omnipresent in Takiwasi.

If we leave aside the personal level of the Takiwasi's healing system development, we will find out that the tradition of all mentioned ethnics has a common denominator. As has been listed in the introduction, it is the application of psychoactive substances. Substances are used in many ways. Finally, in the diagnosis and thera-

⁵⁷ Abu Gosh, Y. 24-02-10, p. ms.

⁵⁸ The peculiarity here can be seen in the fact that today Aguarunas themselves come to Takiwasi in order to restore their healing tradition as they have lost contact with it.

⁵⁹ de Polavieja, L. G. 2000: 196-201

py, as it has become a custom today in Takiwasi during the rehabilitation of drug addicts (see Chapter 5.6). Before we can study the type of work in detail, it is first necessary to explain what criteria must be fulfilled by an ordinary man in order to become a healer in the Amazon. In addition, it is essential to clarify how indigenous inhabitants perceive plants and how they classify them. The following chapter deals with this.

5.4. Initiation and Dreams

"Practice is the most advanced form of theory."
Jeremy Narby

Indigenous medicine is not theory, but pure practice. In many places we came across how an apprentice of shamanism spoke about a long process of becoming one, comparing it to the studies of medicine in western societies. Even though we took his words with a pinch of salt, it seemed obvious to us that one can not become a shaman overnight.⁶⁰

Therefore, we decided to learn what steps are required for the initiation and how long such a process lasts. During the pre-research phase we encountered a critical obstacle. We find out that knowledge is not handed on orally, nor transgenerationally in the Amazon healing. Knowledge can be obtained only directly. How? An apprentice has to consume ayahuasca, psychoactive substance causing vomiting, diarrhea, and visions.

At the same time, he has to start a diet, follow a special meal regime, which is an essential condition in order to let healing abilities sufficiently develop (for detail, see Chapter 6.7).

It is generally believed that what is important regarding traditional healing is whether one vomited after ingesting the extract or not (hence, ayahuasca is called *purga*). Yet, we dedicated special attention to visions and dreams. The apprentice of the indigenous medicine learns about his medicinal abilities. From whom? From the spirits of plants.⁶¹

In dreams and visions spirits appear to a man, explaining ways of healing himself first (*autocuración*) before he starts helping others. Eventually, he is taught in healing features of plants, discovering techniques of their use, etc. (see Chapter 8.6.).

5.5. Mother of Plants and Plant Teachers

In the context of traditional indigenous medicine of the Peruvian Amazon, we come across a belief that plants, animals, places and last but not least stones have their

⁶⁰ "In order to acquire the power to heal and learn to use herbal medicaments, it is necessary to understand what the basis of disease is – through one's own experience. Pain and distress are entities whose principle can be understood only through experience." (Zuluaga, G. 1997: 131)

⁶¹ Cárdenas, M. M. Á. 2009

spirit. It tends to be called either their mother (*madre*) or master (*dueño*), moreover, it is believed that one can communicate with him in certain circumstances.⁶²

Not always healers agree upon their philosophy of life. Among our informants dominated an opinion that spirits are not classified chaotically, but pose a hierarchy.

Regarding botanical species, they can be generally divided into two categories. First, ordinary plants (*plantas comunes*) that heal exclusively. Second, the so called plant teachers (*plantas maestras*), botanical species that are blessed with spirit that has an ability to heal as well as teach. One is taught about the nature and its patterns as well as about how to manipulate with these powerful plants (*plantas de poder*).⁶³

Herbal empire is ruled by mothers of plants (*madres de las plantas*) among which traditionally are not only ayahuasca (*Amazonía*) in the Peruvian territory, but also coca (*Sierra*), San Pedro (*Costa*), etc. They are still highly worshipped especially among rural inhabitants.⁶⁴

In this book we will aim at dealing with plant teachers, especially ayahuasca. The question is whether tobacco (*Nicotiana tabacum*, *Nicotiana rustica*) will not beat ayahuasca due to its frequency of use. According to some informants, tobacco is considered more important therefore it is familiarly called grandfather of plants (*abuelito*).⁶⁵

5.6. Traditional Uses of Ayahuasca

Marlene Dobkin de Rios, medical anthropologist and family therapist, who is one of the leading experts in the field of psychoactive substances use in psychotherapy, provides probably the most complete listing of ways of ayahuasca use in indigenous societies,⁶⁶ as follows:

1. to discover enemy's location and plans;
2. before a war, during a hunt or other expeditions;

⁶² "The spirits of elements, stones and metals are very strong since they have fire within. It is said that they were created at the beginning and are made of the same material as the sun or stars. *Los pedernales* (drystals and flints) are said to be the strongest. That is why they were used by Native Americans for striking. There is a very strange group of stones that can resemble various things such as shoes or snakes. It is said that if one sacrifices tobacco percolated in water and complies with eight-day diet, then one can learn a lot from the spirits in dreams." (Kavalírová, J. 2006: 13)

⁶³ "There are many plant teachers and effects of each manifest differently on physical, mental and spiritual level. Based on the comparison of some concepts of the Amazon shamanism and eastern concepts, the plants can be divided according to their effects into *yin* and *yang*. Choosing the right plant depends on what the patient/apprentice has out of measure, or lacks of; on his need to restore the connection to his emotions, to restore peace or strength (if a disturbed structure is supported, negative aspects are strengthened as well)." (Giove, R. 1997: 12-13)

⁶⁴ Mabit, J. et Sieber, C. 2006: 23

⁶⁵ "In order to understand the healing of this region, we have to think of plants as if they were living creatures related to a man rather than medicinal products or commodities." (Sieber, C. L. 2003: 38)

⁶⁶ De Rios, M. D. 1990: 175-176

3. as an instrument to gain special defensive spirits;
4. in connection with tribal religious systems;
5. in order to deliver an answer to a messenger from other tribes;
6. to find out if an enemy is incoming;
7. to discover wife's infidelity;
8. for precision of the future;
9. to reach pleasant or aphrodisiac effects;
10. for diagnosing illnesses and their curing.

By omitting some curiosity or sporadic forms of administration (7, 9), we will discover that the main reason for consuming ayahuasca is the preservation of the continuity of tribal organization of society (1, 2, 4). Thus, drinking ayahuasca contributes to social cohesion which had been referred to in Chapter 3.1.

The visionary potential of psychoactive substances can be used in prophecy (8), which is considered heresy in Takiwasi. Last but not least drinking ayahuasca is instrumental to acquisition of special defence (*arkana*).⁶⁷

The list of ayahuasca use could be replenished by reaching the vision in the way we have witnessed regarding Native Americans of Aguaruna, who are also renown thanks to their ritual use of datura (called baikua).

As it has been already suggested earlier, in Takiwasi ayahuasca is exclusively used only for diagnostic and therapeutic purposes (10). In a time when this substance is becoming a touristic item and an object of attention of drug industry, this seems rather astonishing.⁶⁸

Only in Peru ayahuasca is used in many ways, which does not always have to be a risk. Admittedly, a massive misuse of the substance has been prevailing and expanding all over the world.⁶⁹

Logically, in such case it is extremely dangerous if you participate in a session with someone who lacks sufficient experience with such work. Hence, as in the case of other psychoactive plants, manipulation with ayahuasca has to comply with the ritual. Otherwise, its ingestion could end up in fatal consequences. Provided that the ritual is performed thoroughly and users are monitored by a therapeutic supervision, ayahuasca can be made an affective healing medium (see Chapter 11).

5.7. Body and Soul

In traditional indigenous Amazon medicine healing acts are aimed at the effects at the body level. But the issue of health is approached holistically. In this context, there are no differences between problems concerning body, soul, and spirit.⁷⁰

⁶⁷ "It can be referred to as an animal spirit, invisible vesture, or harness." (Luna, L. E. 1984: 18)

⁶⁸ De Rios, M. D. et Rumrill, R. 2008: 69-87

⁶⁹ An exception among current forms of ayahuasca use poses Brazil syncretic churches (Santo Daime, União do Vegetal, Barquinha), that are of non-profit character. (Mercante, M. S. 2006: 21)

⁷⁰ "Western categories that separate healing from faith are false." (De Rios, M. D. 1990: 176)



Figure 9: Ayahuasca can grow up to 30 m.

Body is perceived as a material substrate of spirit that in all its manifestations represents one's attitude towards the world. Schizophrenic dissociation amid body and soul, which is typical for Euro-American culture, does not exist here.⁷¹

In comparison with spiritual movements that base their concept on ascetical rejection of sensuality, in traditional indigenous medicine body is a priori viewed as an instrument for the man to gain an access to transcendence and, by that, learning about the principal of his existence and meaning of his experience.⁷²

The aim of traditional medicine is to maintain human body in harmony with the world. Within the frame of the medicine, a man is perceived as an entity that tends to individualize itself on the outside; nevertheless, by its essence, energy, and versatile memory it is connected to the network of life.

Being healthy is an initial presumption for a man to cure others. For this, it is necessary to cleanse oneself regularly (*purgarse*). Limited expenditure of sexual energy, herbal baths, saunas, fasting, diet, drinking laxative extracts from purgas with emetic effects enables not only to cleanse senses, but restore energy, too.⁷³

In conclusion, referring to vomiting within the cleanup, it comes naturally as a part of a defensive mechanism against intoxication.

⁷¹ "Losing our spirit through separating human spirit from the mind resulted in the pathological phenomena that currently afflict our western civilization: mental diseases, addictions and degenerative diseases are caused by the fact we lost contact with our inner healer (*maestro interior*) and the nature, disunited with our physical body, denied our energetic body, and we are incapable of getting rid of tension and blocks." (Giove, R. 1996: 12; Tousignant, M. 1979: 12)

⁷² "Scarifying the body and physical impressions at the shrine of spirit causes artificial overvaluation of the meaning of thinking and intellect." (Giove, R. 1996: 11)

⁷³ "A healer uses mainly his body and energy for healing." (Giove, R. 1993: 9)

5.8. Cleanup

Optional cleanup ritual (*limpieza*) helps to dispossess harmful substances as well as to remove physical and mental blocks and cleanse energy. It corrects the ways in which one sees himself by enlightening the picture which he continuously creates about himself. As a result, it helps him get rid of everything that afflicts him.⁷⁴ Ayahuasca as well as other purgas heal by helping a man get rid of everything that is alien to the body, all that causes harm to it. That involves an opportunity to return everything that has been gained exorbitantly or by mistake as well as get rid of what does not belong to it.



Figure 10: *Maloca*, a building in which ayahuasca sessions take place.

As our informants add in their statements, due to psychoactive effects of herbal substances during the cleanup, it is fairly usual to experience an impression of vomiting instead of others as well as to feel that others vomit for you. Perceptions usually coincide with each other. Influences incoming from the surroundings can understandably affect an individual's state of mind. Hence, the process of cleanup does not always have to be appealing (see Chapter 9.6).

The cleanup of organism does not involve only physical level, but mental and spiritual as well. According to patients' testimony, it can help get rid of complexes whose origin can go back to prenatal period, transgeneration family shocks, etc.⁷⁵

⁷⁴ "For example, many malignant diseases such as tumors which are materialized energetic blocks built up on emotional basis." (Giove, R. 1996: 13)

⁷⁵ "As emotions are released during cry, laughter and anger, similarly, vomiting eliminates everything that could be harmful at the physical, emotional, and spiritual level." (Giove, R. 1996: 15)

In the end, it is advisable to mention that the cleanup process in the concept of traditional indigenous medicine is endless. Hence, pursuing purity within the preparation for performing healing acts can be viewed as a metaphor for an ideal character of humanity.⁷⁶

5.9. Traditional Theories of Disease

If we compare etymology of a disease in terms of the traditional indigenous Amazon medicine to how biomedicine views it, we will find out a totally different character. In the context of traditional medicine, the development of a disease process is based on certain type of an energetic defect that precedes its birth and keeps it in on the run. Remarkably, thanks to their methods healers are capable of identifying a disease in its initial phase – right before it physically manifests.

Considering this their work has a distinctively preventive dimension and it significantly differs from the approach of allopathic medicine that deals with subsequent diseases.⁷⁷

To be cured in the traditional medicine means to know. Terms such as “curing” (*curación*) and “knowing” (*conocimiento*) melt into one. There is tension created between the words in a very interesting way. Exploring it in more detail, we discover that the disease principle is viewed as a certain entity of an energetic character that has been inserted in the patient’s body. Not only is the healer capable of expelling it, but he is also able to remove it from the body.⁷⁸

Diagnosing the disease the healer thanks to the altered state of consciousness caused by ayahuasca enters into the connection with another reality of spiritual character and detects the cause of the disease that is of magical origin, regarding the traditional point of view. The disease is usually caused by an evil spirit, e.g. an unknown grudging person.⁷⁹

The healer is able to deal with all types of diseases, such as somatic, mental or psychosomatic, which is to a certain extent caused by the demand because treatment is prohibitively expensive for the overwhelming majority of ordinary population.⁸⁰ In case of somatic diseases, in the area of rainforests they are most frequently made up of infections and parasitism, whereas of mental diseases are mostly of neurotic origin. Diseases such as shock (*susto*), grief (*pena*), harm (*daño*), etc., belong to the category of psychosomatic diseases, which is extremely interesting since on its basis biomedicine differs from the traditional one.

⁷⁶ “In order to cleanse oneself enough to be able to cure others without artificial preparation requires discipline, commitment, trust, and craving to live.” (Ibid.)

⁷⁷ “The healer has to clarify the cause of patient’s disease, without relying on a simple set of external symptoms.” (De Rios, M. D. 1990: 185)

⁷⁸ Almendro, M. 2008: 51

⁷⁹ “The concept of a disease or death caused by physical or organic causes does not exist among indigenous inhabitants. Both are viewed as a consequence of interventions from the spiritual world.” (Hofmann, A. et Schultes, R. E. 2000:14; De Rios, M. D. 1990: 175)

⁸⁰ McKenna, D. J. et al. 1986: 75

5.10. Psychological Shock

Shock that has some magical connotations belongs among common diseases and is included in healer's competence. It is considered a strong mental trauma caused by the feeling of fear, which includes serious metabolism and nerve system disorders. Its typical symptoms show an absence of appetite and insufficiency of energy.⁸¹ Shock can arise during ayahuasca drinking. One informant described to us a situation from the session when the healer let a latecomer join despite the ritual having started. The man drank ayahuasca for the first time and suffered during it a lot. *"Energy body circumfuses closely round our physical body. If a shock occurs, a part of the energy body jumps out into the space like a lump. A disease enters the body through this weak point. There are various ways to fix it. A herbal bath is a good option. Tobacco censing helps as well. The best option is to drink ayahuasca the other day again although it can be difficult. That is how to heal up the energy body."*⁸²

Nancy Scheper-Hughes, renowned medical anthropologist from UC Berkeley, who realized a research in Alto do Cruzeiro in the state of Pernambuco (Brazil), discovered that a similar form of nerve shock being known as *nervos* occurs among local farm wage laborers. She considers it a disease of expansive and polysemic character.⁸³

5.10.1. Grief

Grief, known as a heart disease in Quechua (*Sonko-Nanay*), has its origin in fear, unrest and sorrow caused by the loss of a beloved person. Difficulties with sleep or concentration are general symptoms of the state characterized especially by epileptic or hysteria-forming origin.

Grief is manifested by nervousness, hyperactivity, and loosely flowing anxiety. It also stands behind painful feeling of pulsating mass in stomach (*pulsario*) that prevents normal digestion.⁸⁴

5.10.2. Harm of Others

Considering our body being capable of self healing, or one is able to cure another person, then, logically, one can be the cause of somebody else's disease. Regarding his preparation, a healer can either help or hurt the patient. If the healer is not prepared well, he can cause harm to the patient.⁸⁵

⁸¹ "Researchers with clinical practice experience did not manage to agree upon whether it is related to a specific syndrome, characteristic state of anxiety or depression that exists only in Latin America; or relatively neutral state in which various symptoms starting with a headache and ending with itching." (Tousignant, M. 1979: 2)

⁸² ZA 25-09-09, p. ms.

⁸³ Scheper-Hughes, N. 1994: 236-237

⁸⁴ "It is not an opinion, but the so called cultural syndrome (*síndrome cultural*) that usually women suffer from." (ZG 28-07-09, p. ms.)

⁸⁵ In some places we even come across the fact that such manipulation can be done deliberately. Thus it is not surprising that the body is considered a basic curing weapon in traditional indigenous Amazon medicine (*principal arma curativa*). (Giove, R. 1997: 11)

The harm here is the matter of long-term anthropological, psychological, medical and religious debate. The debate is endless despite being led in many languages and fields simultaneously. Scientists continuously leave out the energy aspect of sensuality.⁸⁶

According to confirmations by some experts, energy can be somatised in various ways:

- a) a little animal that a healer bears in his body and uses it for his work (*yachay*);
- b) a phlegm (*mariri*) that contains knowledge transferable by its swallowing;
- c) a healing melody or song (*ikaro*) that can be learned and incorporated in the body (see Chapter 5.10);⁸⁷
- d) an arrow that strikes a man if some wishes to cause him harm (*hacer daño*).⁸⁸

Harm is usually caused by envy or, most frequently, by revengefulness (*despecho*). It is associated with a wide range of symptoms, such as bleeding, muscle pain, loss of consciousness, suffocation, tumours, or permanent bad luck (*saladera*) mainly during a hunt. In the context of therapy it is most frequently of moral character.⁸⁹



Figure 11: healer's working tools and talismans: (1) a bottle of ayahuasca, (2) perfume *Agua de Florida*, (3) a palm rattle (*shacapa*), (4) tobacco cigarettes (*mapacho*), (5) an Ashaninka hat. (6) a whisk from feathers, (8) an axe.

⁸⁶ "Therefore the interaction between mass and energy is crucial for understanding pathological processes and cure." (Giove, R. 1996: 12-13)

⁸⁷ "If an icaro settles down badly or it has not been accepted well, it can cause multiple back aching." (Giove, R. 1996: 13)

⁸⁸ Sieber, C. L. 2003: 16; Luna, L. E. 1984: 143

⁸⁹ De Rios, M. D. 1972: 85; De Rios, M. D. 1990: 184

5.11. Healing

*“Open your heart, let the feelings walk through,
open your mind, leave the sense aside,
and let sun hidden in your heart shine.”*⁹⁰

If one searches for the ways of healing in the Peruvian jungle, they will come across the fact that singing is largely used during rituals. As one of our informants adds: *“Mother or spirit of plant can be summoned by singing or whistling an appropriate icaro, a therapeutic song or melody, that has appeared to the healer through his visions and dreams.”*⁹¹

Putting aside the literal meaning of the term icaro in Spanish or Quechua language, we will find out that it has many meanings:

- 1) an instrument through which healers heal;
- 2) it embodies healer's knowledge;
- 3) it is a medium for the transfer of healer's personal energy;
- 4) it symbolizes his powers.⁹²

Healer's reputation and abilities are determined by the power and number of icaros, whose efficiency is largely derived from the level of healer's preparation, amount of purgas used, diet duration, lifestyle and knowledge.

Icaro is not only a healer's fundamental tool, but it also includes all his knowledge (*sabiduría*). Considering this it could be taken into account as an instrument (*vehículo*) for the transfer of healer's knowledge that can be subsequently passed on a student.

Nevertheless, the teacher does not teach the student the technique how to master the knowledge, nor does he provide him with any formal instruction how to proceed. He only accompanies the student on his predestined journey.⁹³

The student has to figure out himself how to handle an icaro. Providing he does not manage to pick up the songs right from plants, but from the master, their use requires master's permission. As well as other knowledge, healer's songs represent his private property (see Chapter 8.6).

⁹⁰ Giove, R. 1997:10

⁹¹ ZU 24-09-09, p. ms.

⁹² Giove, R. 1993: 7

⁹³ Giove, R. 1993: 8



Figure 12: An overview of icaros – the keys used in Takiwasi during rituals. The letters represent basal sounds of songs with which the individual energetic centers are activated. The names of icaros are listed on the right. Ascending order represents the hierarchy of chakras which are gradually unblocked.

Typical features of icaros are their easy lyrics and diversity of natural symbology. Thanks to Christian syncretism, there are many allusions regarding biblical topics. Most songs in Takiwasi are sung by healers in Spanish, Quecha or in other indigenous languages (Aguaruna, Ashaninka, etc.).⁹⁴

5.12. Healing Treatments

The principle of healer's work lies within charging another object with energy (*cargar energéticamente*) by singing an adequate song. It strengthens the effect that he intends to create within the patient after the application.

Most frequently it constitutes mapacho, a tobacco cigarette (*Nicotiana tabacum*), or a perfume (Agua de Florida) by which one is sprayed with (*soplar*) at energy points (head, back, chest and hands), which has a relaxing effect. The healer usually puts patient's hands on his vertex (*imposición de manos*), which has a defensive meaning.⁹⁵

⁹⁴ "Resemblance and the sound of lyrics are intentional since an ancient intention is hidden within them. It refers to keys that open unknown doors by causing them to oscillate in an adequate manner. Sounds have a very specific influence at the energy level. Exorbitant rationality prevented us from being able to understand their effect. Despite this our body is still able to catch them." (Giove, R. 1997: 8)

⁹⁵ "Laying hands on him, the patient experiences a prayer. He receives warmth from the hands and may imagine Jesus Christ himself as he places his loving hands and invokes the Holy Spirit. (...) Laying on of hands may create a condensed atmosphere in which something from tender godly love is being transferred. It is a protective gesture. It opens the space in which the patient has the feeling of safety where God will redeem him. In such protective atmosphere he can face up to his own reality. In addition, he knows God is with him, protecting him with his merciful hand and accompanies him." (Grün, A. 2005: 25)

In urgent cases the healer switches to a sucking technique (*chupada*), when he presses his open mouth to affected parts of the patient's body so that he drags into himself the problem and subsequently he eliminates it by burping or expectorating.⁹⁶

5.13. Method of Action

There is not an easy answer to the question of how the healing methods work. In case of icaros it highly likely works the same way as in Eastern traditions regarding mantras that affect particular energy centers of human body and (the so called chakra in Hinduism and other trends with similar ideal basis) through sound vibration modulates organism functioning.⁹⁷

Singing of icaros plays a significant part during ayahuasca sessions. Current scientific researches confirm that the ingestion of ayahuasca results in synesthesia. Concerning this, the healing potential of songs derives from the fusion of acoustic, optical and olfactory perceptions.⁹⁸

In such case the effectiveness of icaros is related to the visual information that the singing evokes. Images that one can perceive in an altered state of consciousness will produce a wide spectrum of emotions and impressions that, subsequently, can be therapeutically worked with.⁹⁹

Current selection of icaros is based on healer's intuition and the needs of the patients. The sequence of songs sung during ayahuasca sessions is changeable. An essential component of healer's work constitutes improvisation. Nevertheless, this does not mean that the therapeutic ritual would not have a steady order. On the contrary, its structure is rather fixated to particular songs. Concerning tobacco censing, recent research confirms that passive smoking can be used during rituals to set up a response in dopamine receptors. Familiarly, the level of dopamine influences the feeling of happiness.¹⁰⁰

Concerning the technique of laying on of hands it is plain enough to start considering a suggestion that enables an individual to transcend reality, maintain cohesion with social group and overcome the negative.¹⁰¹

⁹⁶ Ochoa Abaurre, J. C. 2002: 241

⁹⁷ "In an altered state of consciousness icaro helps metabolise visions, moves various subjective content at various levels, leads us to self-realization, and simultaneously, it keeps us in touch with current reality." (Giove, R. 1993: 10)

⁹⁸ Shannon, B. 2003: 72

⁹⁹ Bustos, S. 2008: 88-91

¹⁰⁰ De Rios, M. D. et Rumrill, R. 2008: 103-104

¹⁰¹ This is related to the psychological concept of bounded rationality that is usually defined as a human tendency to learn from others or to accept society influence. (Ibid.: 16)

6. THERAPEUTIC PROCEDURES

In the following chapter we will deal with therapeutic procedures that are used in Takiwasi during the rehabilitation of drug addicts. Their application is based on natural medicaments that contain psychoactive substances that could cause serious health problems when used inadequately.¹⁰²

They are handled safely in the centre. It is achieved by following not only the traditional steps of their preparation and application, but psychotherapeutic supervision as well. By participant observation it has been confirmed that there can not occur any health threatening conditions as long as all healer's instructions are respected.

6.1. Classification of Herbs

According to their effects, medicaments used in Takiwasi can be divided into six groups:

1. **laxatives** (*preparados laxativos*): natural or semisynthetic laxatives (e.g. *Leche de magnesio*);
2. **purgas with emetic effects** (*purgas vomitivas*): herbal extracts intended to detoxify organism (e.g. yawar panga);
3. **plants used during baths** (e.g. rosa sisa);
4. **plants used during saunas** (e.g. eucalyptus);
5. **plants used for diet** (*plantas de dieta*): herbal extracts used ritually during an isolated stay in the jungle (e.g. ajo sachá).
6. **adjuvants** (*plantas de contención*): herbal substances with supportive and strengthening effects (e.g. camalonga).

For overall compendium of herbal types from which medicaments are prepared, see Appendix I.II.

6.2. Detoxication

A week before taking part in the first detoxication session patients in Takiwasi are recommended to use some of the laxatives in home environment. In this case it is fairly normal to use c. 2 dl of olive oil before going to sleep applying an enema in the morning, or drinking of salt water. One of the most frequently used laxatives is magnesium milk (*Leche de magnesio*) mixed up with cooking soda, which is usually drunk down with a glass of coconut milk.¹⁰³

It is necessary to change an eating regime minimally a day before the detoxication session and exclude from your diet not only all drugs, but alcohol, pork meat and savoury spice. An ideal option is fasting, or on the day of the session eating por-

¹⁰² In this context a ritual based on the DIY technique is considered inadequate. (De Rios, M. D. et Rumrill, R. 2008: 138)

¹⁰³ Local inhabitants also use the magnesium milk as a cheap deodorant since it neutralizes smell.

ridge for breakfast and vegetable broth for lunch. Increased physical activity and stay in the sun should be excluded as well.

Sessions take place every Monday and Thursday from 15:30 to 17:00. Internal patients who progressed to the second stage of treatment take part on their own request they announce at the morning group meeting (*matutina*). The rest of the participants finds out from the schedule in advance. It is fairly normal that ambulatory, patients among whom there are women as well, also take part.



Figure 13: A view on the small maloca (*maloca chica*) before the detoxication session.

Before detoxication patients take their seats in the circle on wooden chairs. On their right side, there is a plastic jar for water and on their left a bucket. When the healer comes, spraying perfume Agua de Florida using his mouth around the room, he cleans himself properly with tobacco smoke. After that, participants take turns in approaching him and taking from his hands half-full dish with an herbal extract that is censed as well, which, according to informants, increases its effect.

There is a set of purgas to choose from that differ from each other by their effect. The most used are as follows:

1. **azucena** (*Lilium japonicum*/*Lilium* sp.): sexual cleanse, reduction of en-sion;¹⁰⁴
2. **saúco** (*Sambucus peruviana*): cleanup of respiratory system;
3. **rosa sisa** (*Tagetes erecta*) in the combination with tobacco (*Nicotiana tabacum*): cleanup of nerve and respiratory system;
4. **tobacco** (*Nicotiana tabacum*): the extract from fresh or boiled leaves is used especially in case of tobacco addiction;¹⁰⁵

¹⁰⁴

Azucena, which is usually marked as one of more moderate and less effective of all pur-gas, is drunk in the morning by the river (see Chapter 9.3).

5. **yawar panga** (*Aristolochia dydima*): complete cleanup;
6. **ayahuasca** (*Banisteriopsis caapi* + *Psychotria viridis*): see Chapter 6.5;
7. **purgahuasca** (*Banisteriopsis caapi*): see Chapter 6.6.

Apart from the cases (1), (4), (6) a (7), the ingestion of purgas is followed by drinking 4 to 6 litres of water. In the cases (2), (3) tepid water is drunk, in the case (5) cold water. This is approached in approximately 10 minutes when the healer begins the session after a short lecture.

An essential aspect regarding drinking purgas is the fact that one should continue drinking water in the prescribed amount despite feeling full. It is not recommended to help artificial vomiting by putting fingers into the mouth. The healing treatment process should flow spontaneously.

In stalemates is naturally possible to call for the healer who constantly monitors the situation with his assistant and performs all healing methods described in Chapter 5.10.

If someone is unable to vomit (*bloqueado*), the healer switches to censing with tobacco and a massage. In extreme cases, he puts a grass-blade into patient's mouth. Excessive amount of water in patient's stomach could lead in coma. Besides, the healer permanently controls how much has been vomited and nobody is allowed to leave the session without his permission.¹⁰⁶

In an ideal case, one leaves with an empty stomach otherwise the qualm continues till late night hours. It is forbidden to eat anything for the rest of the day. It is an obligation to take a shower without soap. In order to cool down the stomach one can prepare herbal tea from camomile, anise, etc.

In case a headache occurs after an ingestion of purgas as it happens, for instance, after the application of rosa sisa, a few healing methods can be used. First, it is *chukaki*, a traditional technique when the healer grabs a spring of patient's hair, twists it and pulls it vehemently. By this the headache is pulled out, or at least the patient has the reason for the headache.

Furthermore, it is possible to carry out a neck and head massage, apply camphor water or freshly squeezed lime juice on the vertex. Cold shower brings relief, too. In critical situations it is possible to ask the healer to get censed with tobacco smoke. In any case it is not recommended to inhibit the effect by administering medicaments, which could result in undesirable effects.

¹⁰⁵ From the indigenous point of view, it is fairly common to distinguish between tabaco negro and tabaco rubio. The name corresponds to the form of processing not to a specific botanical type. An agreement between scientific and indigenous nomenclature does not exist. The black tobacco from which purga as well as mapacho is prepared can be made from *N. rustica* as well as *N. tabacum*.

¹⁰⁶ Describing all the mental requirements of the healer's work would likely result in a brand new text. Nevertheless, for the meaning of the cleanup, see Chapter 5.8.

6.3. Bathing

An integral part of rehabilitation contains baths that are carried out in the premises of botanical garden or by the river (see Appendix I.I). Technically, they are of two types. Primarily, it consists of the so called plant bath (*baño de plantas*) that is used for the preparation of ayahuasca sessions and other therapeutic rituals (see Chapter 7). Aromatic plants and sedatives have calming effects.

Table 1: A herbal bath structure.

Leaves	albahaca, mucura, shapiyoja, ajo sachá, ayahuasca, piñón colorado, bubinzana, coca
Blossoms	rosa sisa, chiric sanango, toé
Other additives	Tobacco from ten mapachos, cananga

The second variation poses the so called flower bath (*baño de florecimiento*) which is largely made up from perfumes.

Table 2: A flower bath structure.

Additives	camphor (alcanfor), Tabu, Agua de Florida, Thimolina, Cananga, tobacco from ten mapachos
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6.4. Sauna and Massage

The rehabilitation program of Takiwasi center consists of saunas as well as regularly organized relaxing and reflexology massages. When preparing an aromatic sauna which can be enjoyed by patients every day mainly freshly collected leaves of eucaliptus are used, as well as sweet basal (albahaca), lemon grass (hierba luisa) or lemon tree.

6.5. Ayahuasca Sessions

The essential part of the rehabilitation program are ayahuasca sessions that are held regularly twice a week in the big maloca (see Appendix I.I). They usually take place on Tuesday or Friday, which are days traditionally intended for combat (*días del combate*) in the Amazon.¹⁰⁷

¹⁰⁷

ZA 26-10-09, p. ms.

There are more kinds of ayahuasca sessions held in the center that differ based on the kind of participants. They are as follows:

1. **sessions for patients:** every Tuesday;
2. **sessions for guests** (worker students, trainees, etc.): exclusively on Friday;
3. **sessions for therapists:** rarely with the participation of internal patients;
4. **sessions only for healers;**
5. **sessions for seminarists.**

The way in which ayahuasca sessions are organized differs qualitatively depending on how healers run them. There is a strong emphasis on patients being sufficiently prepared before the therapy which is in principal the same as during drinking any other purgative. Taking into account the chemical constitution of ayahuasca it is necessary to follow some special policies.

6.5.1. Biochemistry

The constitution of ayahuasca is based on two essential components: a hammer-milled bark of the *Banisteriopsis caapi* liana (ayahuasca) and the leaves of the *Psychotria viridis* bush (chacruna). The liana contains β -Carboline Alkaloids: Harmine, Harmaline a Tetrahydroharmine (THH), also known as Leptaflorine.¹⁰⁸

The leaves contain N, N-Dimethyltryptamine (DMT), the substance endogenously present in human urine and cerebrospinal fluid.¹⁰⁹

Pharmacological efficiency of ayahuasca is determined by the synergy between both types of substances. β -Carboline Alkaloids inhibit Monoamine oxidase (MAO) enzymes in the digestive tract and prevent oxidative deamination of DMT. Otherwise its effects can be elicited after an oral ingestion. The effect is elicited when the substance reaches through the blood circulation to brain.¹¹⁰

Concerning possible therapeutic use of ayahuasca it is interesting that THH blocks serotonin reuptake (5-Hydroxytryptamine, abbrev. 5-HT). Thanks to this the level of Dopamine, Noradrenaline and serotonin mediators increases in the central nervous system (CNS).¹¹¹

¹⁰⁸ "Harmaline has been in the limelight since 1970s because of its striking resemblance to the substances produced by the pineal gland of mammals. Especially the 10-methoxy-harmaline, that can be gained in vitro from serotonin incubated in the tissue of pineal gland, is not only similar to it, but even more efficient. Hence, the harmaline's activity (differing from 10-methoxy-harmaline only by the position of methoxy group) is probably associated with the metabolite imitation commonly involved in the control of the states of consciousness." (Naranjo, C. 1973: 125)

¹⁰⁹ Strassman, R. 2001: 63

¹¹⁰ It is hard to say how indigenous inhabitants of the Amazon discovered among thousands of plants the right liana that enables the orally inefficient DMT to get through to the brain and induce an altered state of consciousness. (McKenna, D. J. et al. 1986: 78)

¹¹¹ DMT affects the proteins transporting 5-HT. It is known as an agonist of 5-HT₁ and antagonist of 5-HT₂ receptors. Concerning long-term ayahuasca users it has been found out an increased number of synaptic connections for serotonin transmission. (Beltrán Gallego, O. 2007: 15, Callaway, J. C. 1994: 61)

Such connection is remarkable since the insufficiency of serotonin results in the decrease of transmission of nervous excitement, which causes the changes in mood, depression, eventually sleep and food intake disorders, irritation, aggression and sexual dysfunctions.¹¹²

Nevertheless, it is necessary to prevent ayahuasca getting combined with pharmaceuticals that serve to restore the level of serotonin in the body. That could lead into fatal consequences! This is especially related to the SSRI group of medications, the so called Selective Serotonin Reuptake Inhibitors (e.g. Prozac, Fluoxetine, Fluvoxamine).¹¹³

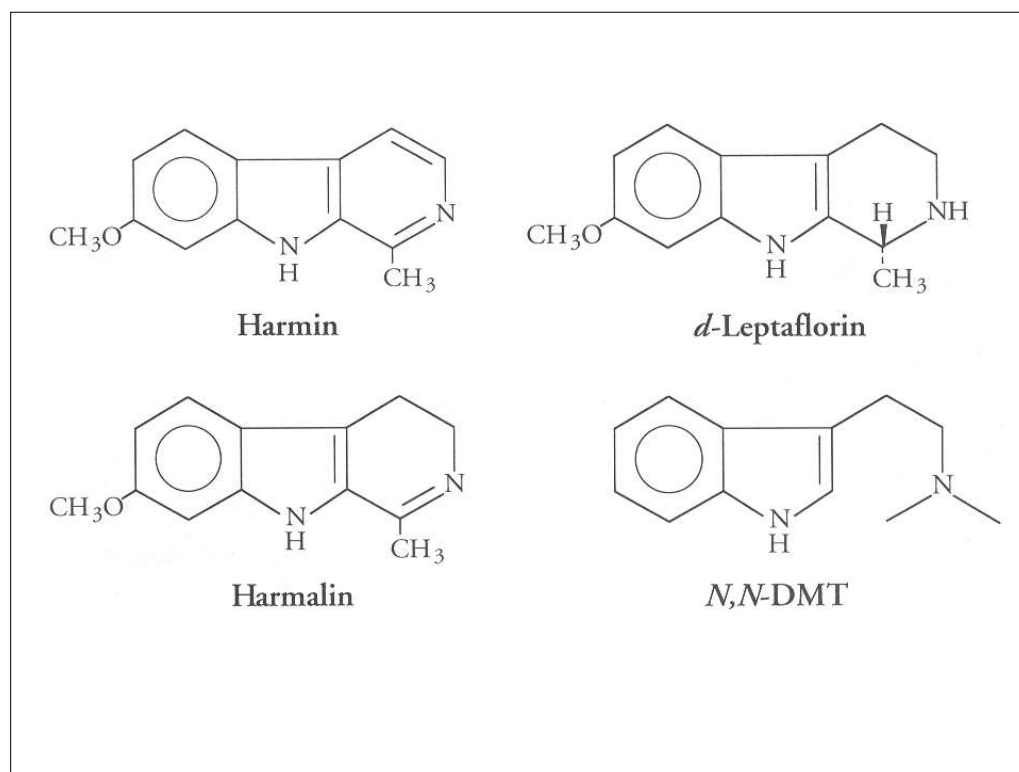


Figure 14: A chemical structure of the main ayahuasca alkaloids.¹¹⁴

6.5.2. Drug Preparation

Naturally, the preparation of ayahuasca is the topic that draws enormous attention. Before dealing with it, it is advisable to point out that the information introduced in this chapter is not of an instructive character at all. The person responsible for the extraction of the substance has to be sufficiently initiated into such work.

The whole procedure has a ritual character and due to safety precautions it follows clear and constant rules. One of them is to prevent everybody who would like to take part in its preparation from doing so. By this not only the recipe is protected, but especially the amount of external factors that could have negative effects on the final product is eliminated.

¹¹² Höschl, C. 1999: 607-611

¹¹³ Callaway, J. C. 1994: 62; Höschl, C. 2005: 225

¹¹⁴ Ott, J. 1994: 43

As well as other plants used in traditional medicine, ayahuasca is thought among informants to be a jealous plant (*celosa*), too. Because of this, possible negative effects are taken into consideration. An assistant who prepares the extract is required by the healer to follow the rules of the diet (see Chapter 6.7.1).

It is generally thought that if ayahuasca gets into contact with an impure person, at best it will have no effect. At worst it could cause significant health complications varying from severe diarrhea to psychosis.¹¹⁵

Hence, still the same person has been preparing ayahuasca for last decade; a married thirty-five-year-old man who replaced in his function the healer Don Winston, who now has his own center in near Chazuta.

The preparation of four litres of ayahuasca takes two days. The principle of the beverage constitutes the *Banisteriopsis caapi* liana despite the fact that in the Amazon, there are other varieties of this botanical type that can be used during the preparation, too.¹¹⁶

The fresh leaves of the *Psychotria viridis* bush are added to the crushed bark by which means the substance's effect is potentiated.¹¹⁷

The process is overseen by the healer, who comes after several decanting the other day at noon in order to conduct all necessary ritual acts, ensuring substance's efficiency and preventing negative effects.

At first he sings long *icaro* called *Señor de los Milagros*, invoking many Christian saints (e.g. Santa Rosa de Quives, San Martín de Porres). Subsequently, he censens his assistant and ayahuasca with tobacco. In this way he cleanses them from negative influences and increases mixture's effectiveness. Then, he pours in exorcized water (*agua exorcizada*) prepared by a priest and commences prayers, endeavouring ayahuasca to be liberated from evil spirits.¹¹⁸

Finally, the mixture is poured together, freed from leaves and boiled till the evening until the final product is ready. This amount should according to the informants cover the consumption for the following one or two months, depending on the number of participants in the sessions.

6.5.3. Treatment

Every Tuesday ayahuasca session is dedicated to one of the internal patients (*sesión dedicada*) to whom the exclusive attention will be focused on during it. He is in charge of all the preparation activities and fasting since the morning.¹¹⁹

During morning hours he tidies the room in which the session will take place, covers it with straw mats and prepares a pillow and bucket for everybody. Then, he

¹¹⁵ Bowe, G. 1988: 2-3

¹¹⁶ Schultes, R. E. 1986: 39-40

¹¹⁷ Dennis J. McKenna talks about 50 types of dopes whose samples were collected in 1970s and 80s. It involves e.g. the types of *Tabernaemontana*, *Tabebuia*, *Moutan*, *Alchornea*, *Ocimum*, *Eruthrina*, *Ficus* a *Uncaria*. To what extent the mixture's effect changes after adding the dopes has been uncertain so far. (McKenna, D. J. et al. 1986: 78-79)

¹¹⁸ "Unlike exorcism which is only in the competence of a priest, the act called *liberación* in Spanish can be performed by any baptized person." (ZA 09-09-09, p. ms.)

¹¹⁹ The probable reason may be an effort to increase effects of the substance after its application. (De Rios, M. D. 1990: 205)

gathers ingredients for the herbal bath and if needed he makes a rustling instrument from the leaves of healing plants.



Figure 15: In order to prepare 4 litres of ayahuasca approximately 240 litres of water are needed.

The opening of the session is preceded by sport and a group therapy. During the session yoga can be practised or patients meditate or some work is done through controlled imagination. The goal here is to prepare patients to be able to handle the following night at their best.

Considering the ayahuasca session usually lasts from 9:00 p.m. till 4:00 a.m., we would come to a conclusion that it must be really demanding. No wonder that ayahuasca treatment is being referred to as work (*trabajo*). Its therapeutic utilization is as close to an exotic recreation under the influence of psychoactive substances as smoking marihuana is to memory reinforcement.

The principle of the session is to remain in the upright position throughout the session. All remain in lotus sitting position that can not be altered unless someone either manages to control it, or does not find himself in an unmanageable situation. Nobody is recommended to lie down because it has a negative effect not only on one's overall state, but on healers' work as well since they move around the room with no light.

Before turning the lights off, a fire is lighted in the bowl in which the healer puts incense, palo santo, the wood from *Bursera graveolens*. The patient who is in charge of the session organization goes around maloca with a bowl, and then joins others inside and gets censed, too. It is meant to provide protection against evil spirits.¹²⁰

¹²⁰

Sieber, C. L. 2003: 58

In addition, the healer sprinkles the room with holy water and scatters the tobacco from mapacho and salt among the patients in order to separate them from each other symbolically. Then, he censes himself as well as his two assistants did with tobacco, smears himself with Agua de Florida perfume and starts with prayers to all the saints, to the Holy Spirit and the Catholic Church.

Subsequently, he sings icaros. Each patient is in turn asked to come forward and take a cup from his hands with a censed extract (c. 20 ml). As soon as everybody has had a drink, lights go off and the work begins (see Chapter 9.8).

The session is traditionally divided into two parts. Patients who do not feel any effects are offered another potion. It is fairly common that some patients have individual treatments. In general, these are patients to whom the session is dedicated, or persons who according to the diagnosis suffer from the most serious difficulties.

The patients are excused from work the following day and do not participate in the morning ergotherapy. At the time of rest they deal with filling in the protocols from the therapy and sketching out their visions. These materials will serve them as a starting point for their analysis during the so called post-ayahuasca session that is held with the psychologist present in the center every Friday. For the protocol analysis, see Chapter 10.

6.5.4. Protocols

- ❖ a herbal bath is required shortly before the session (to have a shower three times with no soap and towel);
- ❖ white attire is required before entering the session (its use has both practical and symbolic meaning. From practical point of view it helps the healers to orient in dark, symbolically white color is associated with cleanup, which is the primary focus of the treatment);
- ❖ if ayahuasca does not work, it is possible to ask the healer for another potion (it is not compulsory, but recommended);
- ❖ if a patient needs to go to the toilet, he may do so only with the healer's permission;
- ❖ when returning from the toilet, one can not enter the maloca without permission (one has to wait at the door unless censed with tobacco);
- ❖ it is not allowed to sing, dance, talk, make noise, light a lantern, touch others;
- ❖ if one does not feel well, he calls the healer for help as he is responsible for the run of the session;
- ❖ lying down is excluded!
- ❖ an individual treatment is on request;
- ❖ during the session in which the patients participate smoking is prohibited (on other occasions it is acceptable to smoke the tobacco from mapacho allowed by the healer);
- ❖ if one does not feel well and is not able to vomit, it is possible on request to get an extract that causes vomiting;
- ❖ the session is finished as soon as the lights go on;

- ❖ the following day in the morning it is necessary to eat an onion salad with salt and lime salad-dressing (at least salt), which stops all the ayahuasca effects definitely.



Figure 16: A view on the oval big maloca before ayahuasca session – approximately twenty people participate. At the head of maloca below the Saints' paintings sit a healer with his assistants and a Catholic priest.

6.6. Purgahuasca Session

In Takiwasi purgahuasca is nicknamed “a tea from ayahuasca”. It is a local speciality that was implemented into the rehabilitation program for drug addicts in 1997 when the psychologist Jaime Torres, the CEO of the center, was studying healing at Aguaruna tribe. Traditionally, these Native Americans used to use the substance during transition rituals.

Before starting the diet in the tambo, a wooden cabin at a distant place, teenagers between thirteen and fifteen were administered a decoction from ayahuasca (called *datem* in Aguaruna language) that did not contain *chacrana*.¹²¹

Then, the plant spirit was called that should help the teenagers to reach the vision and by that find their life mission. It was thought that if they did not reach the vision, they would not be able to realize such activities as establishing a family and looking after offspring.¹²²

¹²¹ Ayahuasca means “the vision of future in the Aguaruna language” (*datem umaja imutai waimaktasa*). (Torres, J. 2009)

¹²² “Current practice differs from the past. Purgahuasca is drunk by teenagers who behave badly towards their parents and do not fulfil their duties. In that case father prepares it for his son and takes him to tambo to drink it there. Nevertheless, the spirit of the plant can not be summoned.” (Ibid.)

Regarding the application of purgahuasca in Takiwasi, nowadays it has become more popular compared to recent years, with the frequency from two to three months. The amount of the substance that the patients use under the supervision of the healer and his two assistants has also changed significantly.¹²³

The process of purgahuasca preparation in many aspects resembles the preparation of ayahuasca. But it is boiled only for one day. The whole procedure lasts approximately twelve hours, starting before 6 a.m. and finishing at 5 p.m.

Purgahuasca is not censed, nor chanted. The whole preparation is one of the healer's assistant's responsibilities. He transports a sixty-litre pot with the extract to the big maloca at early-evening hours and lets it cool down to an acceptable temperature. The session begins as soon as the temperature is right.

At the mass at 6 p.m., which we were allowed to observe that day, there were only two patients and a therapist. Then, twelve participants took their seats on wooden chairs in the circle in the big maloca and at first they listened to a lecture about the tradition of purgahuasca use. The healer motivates them not to lose their confidence because of the constant close control over them. The patients are encouraged to make every endeavour to drink up the prescribed amount of the substance.¹²⁴

The circle is full of tension. Some patients are confident enough to handle the whole situation by themselves and drink some extra bowl for their health, on the other hand, others show fierce resistance and are unsure whether to stay or not because it is not allowed to leave the session once it has started.

Then, everybody in the circle is sprinkled with holy water and censed with tobacco. Subsequently, the cooled beverage is cleansed by mapacho smoke, taken in the healer's mouth and blown out to all the four cardinal directions.

Afterwards the patients are asked to turn up their right trouser-leg, take off their shoes, and one after another step forward to the healer, who leans on a high stick and there is a boulder in front of him. Everyone stands on it; the healer sets foot on their foot and censes it with purgahuasca.¹²⁵

Then they all take their bowls of warm extract and start drinking. The healer starts singing an opening icaro *Paparuy* and his assistants walk around the patients.

Using purgahuasca induces an unmoving trance characterized by a severe inebriety (*mareación*), physical tremble, perspiration, discomfort and vomiting. Icaros, either piped or sung in indigenous languages, followed by a rhythmical crackling made by shacapa, has the ability to harmonize such a state and poise it.¹²⁶

¹²³ "Unlike in the past, nowadays the ritual is characterized by drinking at least three litre bowls of the substance instead of five." (ZU 13-10-09, p. ms.)

¹²⁴ "Nobody is forced to drink against their will. Nevertheless, the therapy has its rhythm that has to be followed." (Ibid. 14-10-09, p. ms.)

¹²⁵ "This act serves the man to stay on the ground and his mind to be tightly grounded in his body. Regarding the symbology of the tools associated with the ritual, a stone represents ancient and inherited knowledge of the ancestors; a stick, or better said a sceptre, poses the healer's power and abilities." (Ibid. 14-10-09, p. ms.)

¹²⁶ "Although it may seem that purgahuasca is an ordinary purgative like any other, the contrary is the case. Not only does it cleanse the body, but it enables an integration of physical, mental, emotional and spiritual level of human existence and it also has the power to teach. It does not perform so through visions in an alert state, but based on dreams. Apart from this, it also provides awareness, insight and understanding." (ZU 15-10-09, p. ms.)

During an individual treatment, they listen to the song *Ayahuasca Curandera Shamoaycuna Cayari* and the spirits of all the plants from the adjacent botanical garden are euphemistically invoked.

*“Chacrunita pinturera...
Tabaquero y curandero...
Agua floridita y cuna...
Ushpawasha sananguito...
Bubinsana hay curandera...
Yaku sisa curandera...
Ajo sachá hay curandero....”*

The healer walks around the patients and stops at each of them. He fans their bodies and sings. In accordance with his intuition, he calls from an immense range of the spirits of plants the one that would be able to become an adequate ally for them at the particular moment and help them to cope up with their personal obstacles.

Approximately in two hours the patients start to go to sleep one by one. Nevertheless, not everyone manages to fall asleep. During the night many of them get up to fill up their buckets or grope their way to the toilet. In the end, everything quiets down. Sporadically, flashing lights of assistant's lantern fly through maloca, unwittingly letting everybody know his presence and by that securing the participants' sense of safety.

He turns the lights on at five o'clock in the morning and calls upon them to wash in the river. The session ends at a collective breakfast consisting of an onion salad with salt, a pinch of yellow chilli and lime (the so called *corte de dieta*) before a chicken broth. A substantial soup with rice and boiled bananas strengthens those who slept badly at night because the program of the following day is the same.

Table 3: The key differences between purgahuasca and ayahuasca

PURGAHUASCA	AYAHUASCA
Without DMT	With DMT
Drunk in high doses (2-3 l)	Drunk in low doses (10-20 ml)
Drunk stuff vomited	Causes irregular vomiting
Teaches in dreams	Teaches in awake state

6.7. Diet

Diet is a therapeutic procedure during which the patients stay in the rainforest for eight days on their own, following a prescribed eating regime and ingest substances from plants. The healer prescribes the type and amount depending on their individual needs. The administration is conducted via ritual due to safety precautions.

The diet provides an ideal opportunity for the patients to work hard on themselves. During the whole procedure they are constantly overseen so that they can focus on their problems and take their mind of everything else.

The goals of the diet are as follows:

1. **detoxication** of the organism and increasing one's sensibility;
2. **regeneration** of energy in contact with nature;
3. **stimulation** of the creation of dream through sensory deprivation and use of psychoactive plant substances;
4. **introspection** and remembering of past events.

The process of the diet always begins on Friday with ayahuasca session in the area that the center owns in the mountains in the jungle (*chacra*). The following day is fasting and it depends on everyone's will how long to remain in the state.

The patient is visited twice a day by the healer's assistant whose duty is to oversee his food and the expenditure of sexual energy. If he feels bothered, it is a matter of principle to have a bath and listen to icaros before visiting the patient.

After fasting the patient ingests a plant substance in the afternoon, on Tuesday it is replaced with an extract from tobacco. Then in the afternoon the assistant brings a dish, containing boiled rice and two bananas.¹²⁷

On Tuesday and Thursday a psychologist visits the patient to have a discussion. Neither the patient nor the psychologist stays long. The patient spends most time on his own.

Those who had an opportunity to stay in the rainforest for some time know how monotonous the environment can become. Considering the fact the only entertainment for the patient allowed constitutes reading, painting and carving, it will lead us to the conclusion that the sooner or later the patient has no other choice than to resort into inner self.

Regarding drinking herbal extracts, there are six basic preparations to choose from (ushpawasha sanango, ajo sachá, palos, chiric sanango, uchu sanango, bubinzana), that are if needed combined with some adjuvants (e.g. palos and mucura, ajo sachá and chuchuwasi). The detailed analysis of their effects would certainly result in a brand new study.¹²⁸

At the end of the diet the healer censes the patient with tobacco to which he sang icaros at energy points and then he offers him a salad from sliced onion with salt, chilli, garlic and lemon dressing. After the salad, he can have a chicken broth and return to the civilization. The process of diet is not finished, though.

¹²⁷ "Food during the diet represents a physical as well as energetic matter and as such it has its own regulations and strict rules. It is prepared in isolated environment and it can be served only once or twice a day. It consists of rice, oats, green bananas either roasted (*karantin*) or boiled (*inguri*) and during their preparation salt is not used, sweeteners or any other seasoning. Occasionally, freshwater fish is served (without teeth) or chicken meat." (Bowe, G. 1988:2-3)

¹²⁸ "In spite of the fact that in some cases physiological effects are weak and drinking plant preparations does not bring any extraordinary experience, from the long-term point of view it causes essential changes in the rhythm of life and interpersonal relations, increases one's flexibility and confidence, wakes up intuition, facilitates the expression of feelings, etc." (Giove, R. 1997: 13)

6.7.1. Dietary Restrictions

When returning to everyday life after spending thirty days in the rainforest, there are still certain restrictions to follow. The plant is still active in the organism. If the restrictions are violated, it can result in problems that can lead, in the extreme case, to having to undergo the whole diet from the beginning.

Due to the stay in jungle resulting in an increase of sensitivity, one becomes temporarily more vulnerable. Hence, it is necessary to pay enormous attention to the expenditure of energy.

Physical labor, rain and sun exposure, fire and strong odors, are excluded during the diet as well as after it. It is also necessary to avoid physical contact with people who could have hampering influence from the energy point of view: people who have had coitus recently, menstruating women, sick people, etc. It is essential to monitor the state of stool.

Takiwasi recommends during the so called post-diet period to follow principles introduced below. By this not only the process started in isolation can be strengthened, but the occurrence of psychic and somatic problems can be prevented.

A month after the diet an absolute sexual abstinence is necessary. Autoeroticism (masturbation) is excluded as well. For more detail, see Chapter 8.8.

During the first fourteen days it is necessary:

- ❖ to remain in peaceful environment, to avoid busy and smoky places (discos, supermarkets, swimming pools, bars, etc.);
- ❖ prohibition of any physiotherapeutic acts (especially for doctors);
- ❖ no sauna;
- ❖ no smoking of prefabricated tobacco including marihuana (mapacho, the black tobacco is allowed);
- ❖ to avoid using any types of deodorants or perfumes and prevent oneself from being in contact with people who used them;
- ❖ to use toothbrush with natural whiting or Sodium bicarbonate and natural soap;
- ❖ in case of sickness use only natural-based medicaments (homeopathy, herbal baths, etc.).

Regarding food, it is easy to say the product made of natural, non-prefabricated resources is always more beneficial for human organism. During the post-diet period it is necessary to pay attention to food preparation and eat only meals prepared in the following ways: raw, boiled, stewed or baked. Fried or canned food is excluded. It is also advisable not to eat out because one can not be sure about the way the food has been prepared.

Two weeks after the diet it is allowed to eat:

- ❖ cereals;
- ❖ pulses (beans, lentils, etc.);
- ❖ vegetables (rather boiled than raw, including tomatoes and carrots);
- ❖ soups;

- ❖ meat: poultry (except duck and turkey), fish (except sardine and tuna fish), rabbit and venison;
- ❖ plant oils without conservants;
- ❖ olives;
- ❖ eggs;
- ❖ whole bread;
- ❖ small amount of dehydrated fruits (nuts, almond, etc.)
- ❖ soy milk without sugar;
- ❖ water with low level of minerals (still water);
- ❖ herbal teas (camomile, anise, etc.).

It is not allowed to consume:

- ❖ alcohol;
- ❖ lemonade;
- ❖ either natural or artificial carbohydrates (glucose, laevulose): fruits including dehydrated (figs, apricots, strawberries, plums, bananas, etc.);
- ❖ piquant, strong spicy foods with mustard, chilli, pepper, tomato ketchup, mayonnaise, etc.;
- ❖ animal fat and fried meals;
- ❖ pork, beef, mutton or snail meat;
- ❖ seafood;
- ❖ coffee and tea with milk;
- ❖ fermented drinks and foods (cabbage, ripening cheese, *chicha*);
- ❖ cool drinks and food.

In limited supply it is possible to drink and eat:

- ❖ yogurt or fresh milk;
- ❖ coffee and tea;
- ❖ non-fermented cheese (the Swiss or fresh);
- ❖ lemon;
- ❖ garlic, oregano, coriander and other seedlings.

The diet is finished by gradual increasing of food amount to its usual level. Any excesses may lead into stomach aches and diarrhea.

6.7.2. Normal Diet

It is fairly understandable that some rules of the diet will sound unreasonable to a man unfamiliar with cultural context. Nevertheless, it is not recommended to underestimate them in any case. An example of horrible consequences in case of not respecting the rules is illustrated in the following diary:

"Today in the afternoon I have found myself in a unique occasion. Having entered the Takiwasi center there was a strange girl sitting on the bench. I darted a glance at her because she looked weird. It looked as if she was reciting or talking to herself. We were talking about her with my colleague, but neither of us had no idea who she was. When we took our chairs in the office, suddenly, there was a loud cry coming from inside.

'What's that?' I asked.

My colleague had no clue.

I came out in front of the door and joined a group of people sitting on the benches at the entrance to the administrative building.

'She broke the diet,' told me »JVP«, 'and now she has come begging for help. Here nobody wants to have anything to do with it. Maestro who is controlling her diet has to fix it up. It is his responsibility.'

We are sitting there and everyone looks terrified. We find out from the girl's guide and companion that she has drunk chiric sanango with Don Miguel in Chazuta.

'She didn't sleep for six days and when she was returning, she met a man with a strong perfume.'

Every moment the girl cries and with her outstretched arm she drives ghosts away. Her moves are frozen, staring somewhere far away.

»ZG« runs the workshop and he can not devote his time to her. According to her, the only way to get rid of the problem is to start the diet gain, but this time twice as long.

»ZA« is at home and »ZU« is supposed to return late in the afternoon.

»ZAC« turns up at the main gate out of the blue. Immediately, the staff calls his name and explains what happened.

The healer steps nearer to the girl and shortly speaks to her companion. Then he acts accordingly. He sends »ZM« to gather leaves from chiric sanango and triturates it together with tobacco and water. He prepares a herbal bath in order to rehabilitate girl's state back to normal. It seems as if she is suffering from psychosis.

A minute later the trio leaves for the small maloca.

'The young lady is Irish,' I am told by »ZC« who is also attracted by the cry.

The girl yells every now and then. When »ZAC« sing her, she lies calmly on the floor. Then, he censes her with tobacco and takes her to the bathroom where he has prepared a herbal bath for her.

Then, silence settles in the center. The girl has disappeared with her companion like the steam above the pot."¹²⁹

6.8. Workshops

A complementary part of the already mentioned therapeutic procedures comprises workshops which are compulsory for the patients every working day in the afternoon.

Though it could seem that workshops consist only of handcraft and skill work, contrary is the case. Working in the workshops includes a wide range of activities ranging from drawing, music and theatre to sports (football, volleyball, karate). The work is relatively variable and based on current demand from the staff and trainees who arrive in Takiwasi for an intership.

The primary goal is to provide patients with self-fulfilment, an integration of the experiences from therapeutic sessions, group work and relaxation. At least in this context we ran the course of Art therapy every week for the whole time of our stay in the center. But we learnt that other colleagues work with the patients in the same way.

¹²⁹

13-08-2009, d. r.

Extremely interesting and favourite in Takiwasi is the Experience workshop of masks and fairy tales (*Taller vivencial de máscaras y cuentos*) run for years by doctor Rosa Giove. Every patient makes two plaster masks, which represent good and bad sides of his personality, and then these are used during the final ritual that is held in the last stage of rehabilitation process. (see Chapter 7.6).

With great joy the patients accept a Dancing therapy (*Biodanza*) that they take part in either alone or with psychology trainees from the Universidad Nacional de San Martín. For the young men who do not practically get in closer contact with women during the therapy, this activity represents a welcome change. It does not take place after the diet because in this period there negative symptoms by having sex may occur (see Chapter 8.7, section f).

6.8.1. Art Therapy

The primary goal of the Art therapy course is to help the patients to get rid of their bashfulness and lead an individual artistic expression. Naturally, this was not always easy. Many of them were advanced in years and considered drawing childish. As soon as we explained to them that the aim of our work is not to master the technique, but to open individual and group psychological topics, the atmosphere eased.

Usually we accomplished to give rise to the patient's intense emotional experience, for instance during the work on one of the introductory topics called "A child within me" (*Mi niño interior*). With closed eyes and a pencil in their non-dominant hand, the patient's task was to scribble simple geometric figures, out of which a primitive human stature would then be assembled.

Next time we dealt with Jungian archetypes Animus/Anima and through a collage, we tried to create from the illustrations of colored magazines a picture of an ideal partner. By that we naturally got to the matters associated with sex and family whose clarification plays a significant role in the process of convalescence.

After an hour of manual labor, the group reflexion and theme analysis followed. It was always practised in the circle in order to secure trustworthy environment for solving problems and feedback. If the result turned out to be unsatisfactory for the patient, he had the possibility to carry on working on the theme with his individual psychologist.

The workshop itself paid off. It enabled us to get to know each other better and lose obstacles that would cause us problems when realizing semi-structured interviews.



Figure 17: “My ex-girlfriend was Asiatic” or elaboration of the Animus/Anima theme by one French patient.

7. THERAPEUTIC RITUALS

It is evident from the previous chapters that the rehabilitation program of the Takiwasi center has a ritualized character. But what is the ritual like? And how could it be used during the therapy of drug addicts? On the following pages we will try to provide answers to these and other questions. As an example could be used various rituals whose organization and performance we were allowed to stand by. The rituals are as follows:

1. a transitional ritual (*ritual de paso, rite of passage*);
2. a ritual of commitment (*ritual de compromiso*);
3. a ritual of sudatory shanty (*temazcal*);
4. a ritual for an unborn child (*ritual del niño no nacido*);
5. *ishangueada* and a ritual of earth (*ritual de la tierra*);
6. a ritual of masks (*ritual de las máscaras*).

7.1. Transitional Ritual

A transitional ritual is used to designate a change that the patient undergoes during the first eight to ten days in a solitary confinement unit. Such change is mostly of a qualitative character. Only patients who got rid of withdrawal syndrome and proved they are sufficiently motivated are allowed to enter the therapeutic group and assimilate with the residents (see Chapter 4.2).

On the designated day, he comes to the ritual fire, the symbol of cleanup and transformation, and in the circle of stones which surrounds him carries out assigned activities (see Figure 17).

First, he listens to the motivation speech of one of the therapists and then, stumbling over, walks counter clockwise in the circle. Simultaneously, he reads from the paper with prepared speech about who he used to be, what life he used to live and what relationships he had.

Then he conducts a symbolic sacrifice and burns a part of his clothes or a thing which he associates with drugs. By that he writes down an imaginary dot behind his past.

Subsequently, he marches forward, this time clockwise towards the future. He talks about his motivation, why he is in the center and to what he would like to change. Other patients stand by in silence. Only drums muffle echoes in the quiet darkness. Suddenly, applause resounds and the management of the center congratulates a new patient entering to the internment. All the participants hug him and congratulate him on surviving the stay at the solitary confinement unit.



Figure 17: In the view of all the therapeutic group members and Takiwasi center representatives, a new patient is undergoing the transitional ritual.

7.2. Commitment Ritual

Another ritual takes place not long after the first one in the rocky chapel with a huge boulder in which there is a shrine for *Virgen de la puerta* curved in (see Figure 18). During the ritual, the patients read an internal document by which they agree in writing with their decision to pass the rehabilitation program unabridged and covenant to follow the treatment rules. The following quote is its part: *"I admit I am a drug user and I am here not only to cleanse my body, but my mind and heart as well. I officially swear to definitely give up using drugs for the rest of my life, and, with the help of God, to pursue peace, health, and life of happiness for me and my family."*¹³⁰

The principle of this essential text consists of four cardinal rules:

1. avoid aggression (physical or verbal);
2. get interned at least for a nine-month period (without visits for the first three months);
3. work in the center in terms of retribution (ergotherapy);
4. not to leave the premises of the center on any conditions (everyone has the right to be interned only once).

¹³⁰

An entrance commitment (*Compromiso de ingreso*).

Then, everyone utters at least five underlying reasons for the internment and says the following prayer:

<i>Virgen de la puerta,</i>	Virgin of the gate,
<i>madre mía amantísima,</i>	my loving mother,
<i>tómame de la mano</i>	take my hand
<i>en el camino de la luz.</i>	on the path of light.
<i>Acompáñanos</i>	Accompany us
<i>en todos los instantes</i>	in all the moments
<i>de nuestra vida</i>	of our life
<i>y en los momentos difíciles</i>	and in hard times
<i>permítanos sentir</i>	let us know
<i>tu maternal consuelo.</i>	your motherly comfort.

Every patient is then assigned a “godfather”, a person with whom they can share the successes as well as troubles of rehabilitation. He lights up a candle and places it on the shrine. Subsequently, the patient, if he wishes, has a place for meditation. This ritual takes place as in the previous example in front of everyone’s eyes: all the internal patients, therapists and management. However, it does not always go smoothly. Some patients naturally hesitate if they are able to handle a nine-month period in the community.



Figure 18: The construction of a rock chapel is based on one patient’s vision.

7.3. Sudatory Shanty Ritual

Temazcal alias a ritual of sudatory shanty is prepared by two externs from Argentinean organization called Runawasi: a fifty-year-old healer »ZAC«, who in his field works with a psychoactive cactus wachuma (*Trichocereus pachanoi*), and his thir-

ty-five-year old assistant. Both of them possess more than five-year experience with this type of ritual.

The preparation of a sudatory shanty is considerably physically demanding, hence the work starts in advance. Firstly, the assistant digs a deep pit in the ground that serves as a disposal site for stones and then he pitches a tent from branches in a circle of five meters in diameter. In the end its roof is covered with clothes and airproof plastics (see Figure 19).

On the day of temazcal, we assembled in front of the tent at 4:30 p.m. There was nobody except organisers and two gardeners who ignited the fire and heated the boulders. Healer »ZAC«, hidden in the shadows of the trees, smoking a tobacco, talking and spitting out at times, was wearing a tiny wooden crucifix and a decorated pipe with a beautiful silver crucifix. He spread out around him his equipment: an original African musical instrument kalimba, perfume Agua de Florida, bottle of camphor soaked herbs, bag with shipibo patterns and camera.

We had a chat with him and then we walked to his assistant. We wanted to find out how the original Aztec ritual that a German anthropologist Paul Kirchhoff considered a characteristic feature of the culture area of Mesoamerica is performed in an Argentinean version.¹³¹

We have discovered that the process usually takes two hours and apart from primary organism cleanup through sweating it involves prayers and singing of healing songs with musical accompaniment.¹³²

The ritual comprises four phases each of which is symbolically aimed at one cardinal direction. It involves four elements: earth on which the participants sit within temazcal, water with which glowing stones are poured, air which is breathed, and fire.¹³³

Before entering the shanty, every man is censed with tobacco on his vertex and hands in a ritual way. Then, he goes round a circle-shaped pit inside the tent and takes his place. Women enter after men.

During the first phase which can be considered concentrating, the healer and his assistant sing icaros accompanied with rattles and other musical instruments. Simultaneously, they motivate the participant to focus on a particular problem needed to be solved.

At first, the temperature in temazcal rises sharply. Nevertheless, it is necessary to stay calm, inhale through one's nose and exhale through one's mouth. Nobody is allowed to leave the shanty during any of the phases as it embodies the heart of Mother Nature. If the situation gets critical, it is advisable to lean down to the ground where colder air flows, and inhale.

During a short break, more hot stones are added. The second phase is dedicated to women. Women hand over a rattle to each other and each has an opportunity to express herself (especially through singing or a prayer). After each speech is finished, the healer says amen and sprinkles the stones, which results in temperature increase.

¹³¹ Contreras Romero, A. T. 2001: 139

¹³² Apart from kalimba, Jew's harp (*harpa de boca*) is used as well.

¹³³ In camphor water used to pour on glowing stones ruda and romero herbs are macerated. In the fourth phase the healer adds the perfume Agua de Florida (see Appendix I.II).



Figure 19: Temazcal seats more than 15 people. There is a local chapel in the back.

After another break it is time for the men to speak. Women just as men before remain in silence and are listening to what is happening in the room. Most men say their prayers or express their thanks for the treatment.

During the last break they all drink a little and cool their bodies with some water and the final phase dedicated to sacrifice (*sacrificio*) begins. At this stage the participants make efforts to remain in the heat in order to relieve their relatives and other beloved people from their burdens.

The ritual closes in the same way as it started. The healer censes everyone with tobacco from mapacho, sprinkles them with cold water, and they all leave the circle one by one. Fresh lemonade is prepared outside and they have a bath in a cooling river. It does not pay off to wait too long to get cooled.

7.4. Ritual for an Unborn Child

Having sex means to take into consideration a presumption of the possibility of setting out a new life. Contraception is never a 100 % guarantee. An unplanned pregnancy may result in an insuperable obstacle that can only be solved with an interruption.

According to one of our key informants, the fact of unborn child does not mean that the child does not exist. *"The only think the child misses is its body. It is neither alive nor dead. Its soul lies somewhere in the interspace (intermedio) and waits till the ending of its lifecycle."*¹³⁴ The ritual of unborn child is used for this purpose with the following origin:

¹³⁴

ZA 31-08-09, p. ms.

“One day a French lady dying of ovarian cancer wrote to Jacques Mabit. She wanted to arrive in Peru and drink herbal substances. But Jacques rejected her because he considered the situation too serious. When travelling to homeland, he decided to visit her. She convinced him about the fact that she did not intend to convalesce, but to find out the origin of her disease. In the end he accepted her.

During her first ayahuasca session she saw swastika, a turned Egyptian symbol of life, that has become a symbol of death, and she realized that her problems originate from the interruption she conducted as a nurse. She found out through ayahuasca that she was dying due to death she used to cause to other people.

Apart from a lesson she was provided with, she discovered during the sessions how to remedy her guilt – through the ritual of an unborn child. By this she convalesced herself at the spiritual level.

Before leaving she had a dream in which she saw herself as a warrior riding a horse, repelling an onslaught of Nazi soldiers, which reassured her recovery.

She died after returning home. Yet, she managed to send Jacques a thank-you fax.”¹³⁵

Nevertheless, we never saw the letter personally, but it does not lower the impressiveness of this narrative.

What does the ritual of an unborn child looks like? In fact, its process consists of three phases.

Firstly, it involves accepting guilt. A major turning point here is the fact that one accepts on a conscious level that he decided about one’s life wrong.

Secondly, it is necessary to ask the child for forgiveness. It is done by making a figurine from soil and giving it a name as a sign of human uniqueness. Early in the morning, a complete figurine is brought to the river where everyone has enough privacy to express oneself. Then, it is buried.

At the end of the ritual, the situation has to be remedied, which is possible during an afternoon celebration when the child gets baptized. The baptism is performed through parents who are sprinkled with the holy water after they have uttered the child’s name. As a result, their guilt is once for all forgiven.

7.5. Ishangueada and a Ritual of Earth

Despite being two separate matters, we introduce *ishangueada* and a ritual of earth within one chapter. In the Takiwasi center it has become a custom to perform both activities together, taking place in two days.

The first day after a while of concentration, the patient is asked by the healer to take off his clothes and come to the river while keeping his underwear. Firstly, the healer sprinkles the holy water and from sides he blows the smoke of palo santo. Then, he puts two pieces of coca into the patient’s hands in order to send them down the river as a sacrifice.

Subsequently, standing face to face, the healer gestures to the patient what is about to happen.¹³⁶ Presently, he grabs a bunch of freshly gathered nettles and starts to

¹³⁵ 31-08-09, d. r.

¹³⁶ Ishanga means a nettle in the Quechua language (*Urtica urens*). (Giove, R. 2002: 23)

softly whip him all over his body – first from the front, then from the back (see Figure 20).

The tension in the air gradually increases till the point when the healer stops whipping by switching for tobacco censing. At that point the patient starts screaming as if a wild beast had woken up within him! He kneels to the mud and starts digging around with his hands. The fury distorts his face into a staring grimace.

As soon as he calms down, the healer with soft moves grabs the patient and immerses him into the river. With the cooling bath calming him down as well as the smell of perfume, finally, he censes him with tobacco.



Figure 20: Ishangueada is applied on aggressive or apathic patients.

The preparation for the ritual of earth starts the other day at early morning hours. At 6:30 a.m. the patients gather together at the designated area with a pickax and shovels and start digging their own grave (see Figure 21).

The pit has to be sufficiently deep, so the activity will take up a considerable portion of their time. But the soil is dry and loose and thus the work goes smoothly. Approximately in two hours they are done with the work, and so they can start preparing the herbal bath (see Chapter 6.3).

After the bath the patient meets the healer above the excavation. Firstly, the usual cleanup with the smoke comes. Then everyone is smeared with dark red juice from the fruits of saúco, which is meant to represent blood. The patient now lies down in the pit and the healer starts to bury him from his legs.

When he reaches the head, he puts a thin plastic pipe to his mouth and covers his face with a white cloth. Soon after there is nothing else left to be seen except its narrow issue.

The healer kneels at the side of the grave and blows on it the smoke from palo santo. Then, he takes in his hands shacapa, rattles with it and censes the place with

tobacco. Subsequently, he takes a round stone with his hand and rhythmically hits another one with it. By this, he keeps the patient's alertness and contact with earth. After a while that must seem to be eternity for one under the ground, the healer starts to gradually rake out the soil. The amount of soil is so heavy that the patient is unable to move it on his own. In the end, he manages to do so with a big smile on his face as he has returned among the living.



Figure 21: Respect for life is woken up within drug addicts during a ritual in which they dig their own grave.

The healer spreads him with some perfume and for a while he puts his hands on his vertex. Every move is calm and deliberate. It is obvious from the patient's pensive expression that the whole situation impressed him deeply. After the bath in the river, he sits down to process his experiences. There is some soil for modelling and he can draw as well. Next day he will be interviewed by a therapist.

7.6. Mask Ritual

The rehabilitation process in the Takiwasi center, for which the patient had prepared for a long time, is ended with a mask ritual. As it has been stated in Chapter 6.8, it is based on making two plaster masks that once colored serve as a representation of the patients' positive and negative characteristic features. On the appointed day, they come forward in front of all the participants and having explained what personal meanings the masks have, they burn them in the fire.



Figure 22: By throwing masks away, forming a new identity is symbolically accomplished.

8. STAFF INTERVIEWS

In this chapter, we present results of the content analysis of the semi-structured interviews with sixteen employees of the Takiwasi center who played a significant part in the management of the rehabilitation program for drug addicts in 2009.

Table 4: Characteristics of an examined sample. An average age of Takiwasi employees' is 40.

Average interview time: 30:04

Total time: 8:01:14

STAFF					
#	CODE	AGE	NATIONALITY	PROFESSION	DATE
1	ZA	55	French	Doctor	01-10-09
2	ZC	56	French	Psychotherapist	24-10-09
3	ZE	28	Chilean	Psychologist	01-08-09
4	ZG	58	Peruvian	Doctor	28-07-09
5	ZI	35	Peruvian	Psychologist	14-08-09
6	ZK	50	Peruvian	Priest	10-10-09
7	ZM	53	Peruvian	Ergotherapist	31-07-09
8	ZO	28	French	Volunteer	03-08-09
9	ZQ	26	Chilean	Psychologist	01-08-09
10	ZS	28	Peruvian	Psychologist	11-07-09
11	ZU	40	Peruvian	Psychologist	14-07-09
12	ZW	35	German	Psychologist	15-07-09
13	ZY	31	Guatemalan	Dramatherapist	01-08-09
14	ZAA	23	French	Ergotherapist	12-07-09
15	ZAC	50	Argentinean	Healer	02-09-09
16	ZAE	43	Argentinean	Biochemist	13-07-09

During the processing in MS Excel the transcribed interviews were divided into eleven categories that appear in the following text as chapters. Every category consists of several subcategories further developing their content.

Individual informant's statements introduced within single subcategories are coded in order to preserve anonymity. All the codes involve identification of a certain person (first two to three signs) as well as a number code on the basis of which a statement can be traced in an internal electronic database.

Explanatory note: ZA126, where Z marks the type of informant (Z=employee). A stands for his personal identifier that substitutes his name and 126 is the number of statement bounded by the length of one paragraph.

8.1. Spirits

a) Plants

The concept of traditional indigenous medicine in Takiwasi is based on the premise that *“plants have their spirit that acts according to one’s behaviour. (...) If you set off for the dark side, a plant will follow. If you set off for the light side, it will go with you there, too. Sins will lead you to the dark one.”* (ZI84-85)

It is thought that God is superior to the spiritual and energetic dimension of plants, in all his forms: the Father, the Son and the Holy Spirit. *“Concerning the concept of work and healing, this inspiring, creative and protective element or power is included. Natural elements such as plants, animals, water, rivers, and mountains are created by God. Their specific powers are invoked as well (...) with awareness of God’s superiority.”* (ZU47, ZU49, ZA143)

b) Master

It is common that the informants call the spirit of a plant its “master” (*dueño*). The expression “master” is at the same time an equivalent for “mother” (*madre*). What hides behind both words could be called energy. (ZC96, ZU67)

c) Hierarchy

It is usually said there is a hierarchy among plants. *“To understand it is easy. Drinking decoction from anise, camomile, cinnamon and coca, or just having a tea is not the same as drinking ayahuasca or tobacco. Hierarchy among plants does not exist based on its biochemical constitution – their effective substances – as well as their spiritual context. For instance toé or tobacco, plants with stronger energy, have more power.”* (ZU70)

Regarding the diversification of spirits, it is believed that *“man has an individual spirit whereas plants do not. The higher in hierarchy one is, the bigger the diversification is. The spirit of minerals is universal. All stones have the same spirit. Regarding ayahuasca, it is not true that every of its types would have its own spirit. It poses a certain type of a collective spirit. If we consider an animal level, the diversification will be bigger. At human level it will be absolute. The human spirit is individualistic and unique.”* (ZA145, ZC98)

In addition, we have found out that *“there is a world of pure spirits (el mundo de los espíritus puros) that are evidently not associated with places or creatures, but they perform certain functions. An angle of love can be found here as well as kindness or forgiveness, and there are demons of depravity, lies, etc. Hierarchy does exist here, either.”* (ZA141)

In conclusion, it is advisable to mention that according to the same informant *“there are dead spirits of dead people, too (espíritus de los muertos). There are also differences among them. Some people are believed to live as saints, others as demons.”* (ZA142)

d) Mothers of Plants

As it has already been stated in Chapter 5.5, mothers of plants dominate the flora. According to one of the key informants, these are, for instance, *“coca, camalonga, tobacco, toé. (...) All the psychoactive or hallucinogenic plants are at higher level thanks to their strong spirit. Ayahuasca is said to be the mother of all plants. I myself am not sure about it. But the truth is that it enables to visualize energy of almost every plant.”* (ZA181, ZA184)

We will find out later about what the traditional concept of flora might look like from the complete point of view. *“There are various plants: healing, purgative and plants called plant teachers (plantas maestras) that are also known as sacred (plantas sagradas). Among these ayahuasca is known as the mother but yet – as I was told directly by »ZA« and other healers – it is not the mother with the highest post. Tobacco occupies the top one. I do not know whether it could be called father (padre), but anyway it is the plant superior to the rest. In other places wachuma alias San Pedro is called grandfather (abuelo). Coca is of significant importance, too. But it is not used here very often. In the mountains the situation is different. Coca at the same time poses a key to certain worlds in the angel’s world. I do not know whether it is seen as mother or not since such concept is dependent on a local context. Over here I heard that tobacco plays a fundamental role.”* (ZS38)

e) Healer Invokes Spirits through Icaros

One of the informants told us that within some icaros the spirits of plants are invoked. *“If there is a patient feeling weakened, tired with no power to face life, then I start calling them, I call the spirits of plants that have the power and encourage him. When he is blocked, he does not feel or show emotions, no energy flows within him, I arrange icaros that talk about how the water flows.”* (ZU48)

We were also told by another one that it is fairly common to invoke the healers’ spirits with whom it is collaborated at the spiritual level. *“Always there are these three: Solón Tello, Aquilino Chujandama and Juan Flores. Most often during my work I am in contact with them. Sometimes with Humberto Piagua, too.”* (ZA10, ZA142)

f) Contact

In many places we have come across an opinion that plant teachers enable to enter the spiritual world, the world of spirits, and the world of transcendence. *“Not sure if you know that,”* told us one of the informants, sitting cosily in the hammock on the terrace of his flat, *“but the word ayahuasca means the rope of spirits (la cuerda de los espíritus), the rope of the dead (la cuerda de los muertos). The word itself prompts something about the spiritual world.”* (ZS28)

Generally, ayahuasca in Takiwasi is considered an instrument of communication with the spiritual world, like doors through which *“the spiritual world can work on and cure you. Sometimes you realize that, sometimes you don’t, but you feel the change. People don’t notice many things that happen during the session.”* (ZA52, ZG13)

It is essential for the contact with the spiritual world to be correctly initialized. *“The connection with the spiritual world has been incorrectly initialized once it was*

not performed, protected, maintained, etc., by anyone. It has been initialized with an unclear purpose. As a result, people are completely absorbed by contravening strong experience, experiences, and impressions, which results in an inability to integrate. In the end, they become their victims.” (ZA149)

g) Evil Spirits and Obsession

According to one of our key informants, *“at the spiritual level, there are parasite spirits as well as those whose origin comes from the mercy of God. The evil spirits benefit at your expense. Hence, drinking plants also involves getting rid of parasites.” (ZAC72)*

As it has been stated before, the term spirit is usually considered equivalent to the term energy. *“Practically, evil spirits are negative energies. Regarding good spirits, then it poses positive energy.” (ZK85)*

Informants from many places agree with the fact that *“if a certain person is obsessed or has very bad energies, one may smell rot or excrements.” (ZA134, ZK68)*

Others add that under the influence of ayahuasca *“at certain moments one can see the negative, repulsive energy. »ZA« calls it an infestation (infestación).” (ZI70)*

How to overcome such negative experiences?

“If we are going to enter the spiritual world through ayahuasca and take other people with us – it is an enormous responsibility. Hence, we inevitably have to use some protection. It is utterly unacceptable to let anybody leave infested with evil spirits (infestado). It is our duty to prevent this from happening. Protection in the spiritual world is not only important for us to keep things working as they should, but for every individual as well.” (ZA157)

8.2. Consciousness

a) Inducing Altered State of Consciousness outside Ritual is a Sin

An altered state of consciousness enables the contact with the spiritual world. With reference to what has been already stated, it is necessary to add that *“experiencing the altered state of consciousness without a clear purpose and not within a ritual may result in a step back. Moreover, it is a sin.” (ZA163)*

b) Altered States of Consciousness and Spirituality

During the discussion with other informants, we managed to find out more detailed information. *“Altered states of consciousness are deeply studied by various spiritual traditions and there are differing maps of the states of consciousness. The tradition of the perennial philosophy distinguishes three, or five fundamental states depending on the type of map that is used. It involves the state of dreaming, alertness, and self-awareness, or awakening. It is viewed like this in Sufism. Vedanta distinguishes five of them: dreaming, alertness, a spiritual state called a subtle state that has a precise characteristic and is studied; a state of transverse consciousness and nihility, which is a state of unity similar to satori. It is the same as to get to God, to see a matrix – said in our current mythological language. To see all the things connected, to perceive God in everything.” (ZE48)*

Regarding the question of whether anything like this exists in the Amazon, an informant answers: *"I myself have come with a similar map created through meditation. It consists of experiences with subtle basis, and it involves all the classical shamanic phenomena: the feeling of unity with an animal, nature, increase in the ability to reflect on one's own body, perceive religious figures. Generally speaking, it is possible to come across spiritual experiences with epiphany of the Jesus Christ, Virgin Mary, Buddha, and Holy Spirit. It is referred to as a subtle matter because of uncommon experiences spent within the state of intensified consciousness (conciencia intensificada). Generally, their content has divine or anthropomorphic form."* (ZE50)

8.3. Energy

a) Body

An existence of the so called energetic body is considered so obvious in the context of traditional indigenous medicine that it took us some time before we realized the very nature of the problem. Therefore, we decided to ask about the whole thing our informants.

One of them provided us with an explanation of what the energetic body is as follows: *"The energetic body is the subtle body (cuerpo sutil). It is like the spiritual body of the physical one, a subtle energy of the physical body."* (ZAC74)

Another said: *"I would say that the energetic body that constitutes a certain kind of cover of the physical body is a certain type of interphase (interfase) between a visible and invisible world (mundo visible, mundo invisible). It is not only a part of the physical body, but, simultaneously, it also exceeds it. Hence, it is more sensitive to everything happening in the spiritual world. Therefore, it is vital to have some protection. Let's consider it a certain kind of coat that protects us daily against numerous energies."* (ZA116)

As we have also discovered, *"the energetic body can be strengthened or damaged. Thanks to this it can be photographed or filmed. If it is not physically damaged, it is possible to prevent certain diseases. One can cure others' diseases at energetic level (nivel energético). Their disease does not get transformed from the psychical level to the physical one."* (ZA117, ZA130)

The question whether there is a connection between the energetic body and the immunity system is answered with one voice by the informants: *"Sure, because the immunity system embodies our biological identity. It physically embodies 'self'. If something alien intends to enter your physical body, the immunity system identifies it and rejects it. This is the physiological site of the problem. But there exists continuity."* (ZA136, ZAC76)

b) Living Entities

We asked three key informants whether only man possesses the energetic body. Their answers were as follows: *"Animals have it, too. Everything living. Plants..."* (ZAC78)

"Don't know, don't think so. The energetic body is something different than the soul (alma) and consciousness (conciencia). I'm convinced that trees and plants also emit energy, and not only here (in Peru, author's comment)." (ZC75)

"You mean if a woman has it as well? (laughter) No, the whole nature has it (...) everything has energy that can be more or less mobilized." (ZA124-129)

c) Energy and Spirit

Provided that energy is the same as the soul or consciousness, it could lead us to the conclusion that the meaning of the term in indigenous terminology is identical with the term spirit. According to one informant, the opposite is the case.

"The spirit is entirely intangible. But it may be said it gets materialized in the form of energy, especially from the subtlest to the densest. If we work with perfumes, we deal with energy that is very subtle. Mystics or people with similar types of experience have olfactory experiences. If it is believed that the saints were dying with the odour of holiness, it is thought that something must have been really smelled. The energy that came from their body was in fact so pure that it could be smelled as perfume." (ZA133)

Another informant is more realistic in her explanation: *"It might be different levels of the same thing. Having uchu and coca by your side, they transform positive energy on you or they protect you. To drink them, to ingest them is a totally different thing. In this way, they get into your physical body and can teach you through dreams. When charged (cargado), they are even stronger."* (ZC77)

The synthetic definition is told us at the end: *"Spirits are connected to subtle, energetic dimension. Spirituality is a part of energetic level (plano energético). But spirits operate at the spiritual level (plano espiritual)."* (ZAC70)

Thus, two mutually connected levels exist. It is accepted that *"at the spiritual level, which can be considered a physical law, there is neither good nor bad energy. Its character is dependent on how you use it."* (ZU70)

d) Energetic Body and Ayahuasca

"As soon as ayahuasca is drunk, the energetic cover becomes more porous, or transparent. This enables healing. Thanks to this, it is possible to pull out bad things from man, tune him, and restore his energy through songs and censing. Therefore, protection (protección) is used. If it wasn't used, you could catch negative things from other patients or people from the outside." (ZA121, ZU63)

But what is meant by the protection? Certainly, it is nothing else than a ritual that, if properly structured, prevents all negative external influences. *"The way the ritual is set it cannot be invaded by anything from the outside. Nevertheless, everything that gets in has got in before the session."* (ZA122)

8.4. Religion

a) Plant Effects and the Healer

During a private interview one informant told us *“the plant’s effects are also dependent on the state of the healer’s mercy. The healer is a person who leaves an orderly Christian life.”* (ZK77)

“If someone is a healer who doesn’t live an orderly life or makes improper use of plants to hurt others – better let a sorcerer (brujo) prevail over him. As soon as one is blessed with God’s mercy, there are no sorcerers or nobody alike. If it is Jesus Christ himself who gets involved, who can stand against him? Nobody.” (ZK79)

b) The Role of Faith in the Treatment

We have heard many times from informants that in Takiwasi, spirituality is considered a significant part of the treatment. Certainly, not all the patients automatically become believers. *“But there are those who lose all love for faith”* told us an informant who has worked as an psychologist and a member of the center management for seven years. (ZI111)

In his opinion, religion plays a double role in the rehabilitation of drug addicts. *“At first, it shows the patients a sense of life. Secondly, it enables to process the problems that they failed to solve through psychotherapy or plants. It involves forgiveness, reconciliation, and freedom. This constitutes an equally intense matter.”* (ZI112)

The principle of the whole consideration of the meaning of faith during the rehabilitation of addiction is based on such circumstances that cause chaos in human’s spiritual life. This involves *“murders, violence, sexual abuse, rape, drugs consumption in graveyards, blood pacts with bad intentions, etc. If they are not dealt with and ignored, it’s like a time bomb.”* (ZI113)

In such case religion can become support for an individual. The same informant’s statement confirms that: *“Some time ago I was dealing with the analysis of all my patient’s reports and I have found out that those are ok who were able to connect themselves with their spirituality in a realistic and healthy way. But there are also those who look for God in order to get protected from whatever evil things that they do. I have got a lot of patients who pray and pray, but they don’t live spiritually. Some approach it in a way that Catholicism is not the faith they follow.”* (ZI114)

An experienced ergotherapist who started in Takiwasi as a patient with drinking problems adds: *“From my point of view, it is necessary for the patient to be close to faith. Not the religion itself, but spirituality. Takiwasi tries to help patients to find their faith. But as you know, not everybody here is Catholic. There are Adventists, Mormons, Protestants, Buddhists, and many others. It is important to provide patients with an access to spirituality.”* (ZM80)

Regarding the topic, another key informant told us: *“The Takiwasi center was founded as a secular center with no religion. From the very beginning, the pivotal idea was not to force or oblige patients with any faith. But it’s necessary to take into account that in Tarapoto environment it’s evident that we are surrounded by Christianity.”* (ZG56)

An interesting aspect about the whole matter is that *“the patients who come to Takiwasi and neither believe, nor are interested in practicing any religion very often take up some faith after experiencing ayahuasca sessions. Of course, we have had atheists or agnostics here who successfully finished the treatment without adopting a new religious belief. The center doesn’t force anybody.”* (ZG57)

“There is a chapel in Takiwasi, though. But it was built without connection to any concrete religion. There used to be no paintings, no crucifix, nothing. We’ve got only a few pictures around and the place was used for meditations. The patients, who intended to be alone with their prayers, used to go there. But gradually as the time passed it has changed due to their impulses. For instance, one of them saw things which led him into painting a portrait of Señor de los Milagros, who appeared in his vision, so he hanged it here. The place was kept being adapted for its new purpose as it resulted in the need to find a new place for my meditation courses. Naturally, once the room is full of paintings with religious atmosphere, it cannot be used for other than religious purposes. In fact, whole Takiwasi has been modified by the patients.” (ZG58)

Another informant added: *“In my opinion it’s evident that humans always longed for God. The problem is the lack of information and orientation. I think that here comes the Devil with his lies and makes one believe that he is surrounded with darkness. The darkness locks him in his disappointments, grudge, doubts and chaos. If he accepts help, it will turn out that faith he was carrying in his heart lights up the darkness like daylight, and one realizes it was all just a lie – that he had been traumatized and brainwashed. If there is no help provided, it may result in death.”* (ZK104)

The belief that a spiritual development is closely connected to the trust of mutual collaboration between the patient and the therapist is supported by the following statement. *“I myself unambiguously see envy as a spiritual problem with physical and mental symptoms. I think that it is more than evident that only physical detoxication is not enough for a complete cure, leaving aside healing of wounds from personal life, childhood, or love life. It is advisable to deal with inheritable, transgenerational questions... with the heritage of mankind. With what it is to be human. What am I looking for here as a human being? What’s my destiny? Where’s my place? People can encounter such metaphysical questions. As soon as they perform an act of faith (acto de fe), they have an opportunity to experience the questions during sessions. Trust is being built gradually. The more they venture, the more they can gain. The more they open their body, mind, heart, the deeper the treatment gets.”* (ZA158)

c) Takiwasi Saints and Patrons

If one enters the huge oval maloca, in which ayahuasca sessions take place in Takiwasi every week, undoubtedly he will be captivated by three paintings hanged over the places where the healers usually sit. We asked one key informant about which saints are in the paintings and where their portraits come from:

“The paintings are hanged there for a certain reason, but their origin is fairly accidental. In one of them, there is Archangel Michael, a patron of the forces and spiritual struggle against evil. Next to him is Señor de los Milagros, whose painting was created by one of the patients and, in the end, we decided to hang it. I believe that he was

inspired by one of ayahuasca sessions. The last painting depicts Virgen de Guadalupe. A gift from one Mexican.” (ZU65)

d) Religious Practice

Gradually, the discussion shifted to what meaning the saints and patrons have in the informants’ everyday lives. From what we discovered, it is evident that the Takiwasi management disavows idolatry and esotericism. *“I come across healers on TV who introduce themselves with a statuette of Virgin Mary and say it protects them. In the context we rank ourselves in, it is not the same. (...) The fact I use the picture of Virgin Mary during ayahuasca sessions in order to protect myself and to be able to face evil, is no different from the way her presentation functions in my everyday life.” (ZU54-55)*

“It gets interesting regarding the patients. There are celebrations in Takiwasi during the week and on Sunday. But the patients do not participate on Sunday. When ayahuasca is drunk, there is a celebration held before it where everyone participates. They come because of fear that the session could not be held in peace. But the priest tells them: ‘The celebration is not an esoteric matter. You don’t take part in the celebration because of the ayahuasca session!’ You go there because it’s your habit, your faith and that’s it. Not because of the fear that you could feel bad during the session.” (ZU58)

e) New Religion Movements

As it has been already stated in Chapter 5.1, Takiwasi, due to its concept of traditional indigenous medicine, excludes itself from other religious beliefs that are based on a vision that *“in the spiritual world everything is beautiful with an absence of any kinds of danger.” (ZA154)*

One informant warned us directly against other healing methods that are based on the work with energy, which is proved by the following message:

“All the techniques being used today, such as Reiki or Chanelling, are extremely dangerous, because most people learn to use them within three weeks and then start to practice them. Unfortunately, they have no idea who they connect to. Reiki has good intentions, but does not know the cosmic energy. When you do something like that, you have to name it precisely. That’s extremely important. Secondly, you have to perform a cleanup. If you don’t feel yourself, energy doesn’t go through you. And if it does, negative things happen and you absorb noxious agents from the patients. That’s why many people who work with Reiki fall ill. They stress their energetic body so much that they fall ill. I know many such cases.” (ZA174)

One of foreign psychologists drank ayahuasca twice during his journeys around South America, so he provided us with his experience to compare with.

“Those two sessions were very little structured” he said. “One took place in Brazil. The ritual was nice. The locals tried to create something coherent, but much more in the style of New Age. I don’t think that what happened at that time was something bad. But it wasn’t about an intense experience oriented on therapy. Some therapeutic effects appeared, though. Some had very interesting experiences, but the whole struc-

ture, protection and, most of all, the tradition of local Amazon medicine were absent. From my point of view, it was pleasant, but casual.” (ZW7)

8.5. Amazonian Medicine

a) Ayahuasca and Legality

Gradually, ayahuasca is getting globalized. Nowadays, it can be drunk not only in tropical areas, but in the Czech Republic in concealed ceremonies with an origin in Brazil syncretic church Santo Daime. Regarding this, understandably, the question of its legal status arises. There are rubbernecks coming to Takiwasi who think that drinking ayahuasca is like ingesting LSD, or they are convinced that it is a magic matter...

“Yes, hence we were dealing with constituting legal documentation for protection of ayahuasca’s legal status. Nowadays there is a strong tendency to misinterpret it and misuse it, which caused it to be mistakenly considered a drug which, in fact, it is not. The same happened before with tobacco and coca” told us a specially invited informant who managed to enforce ayahuasca as a part of the Peruvian national cultural heritage. (ZG43)

In spite of the fact that from an anthropological point of view, it could only look like a ritual that needs to be protected against its extinction *“it’s not the case. It’s necessary to protect ayahuasca, the plant, the life. There would be no ritual without it. Naturally, this doesn’t give protection to the healers and their work”* she pointed out.

“Personally, I wanted to create the legal status for the protection of its knowledge. Establishing similar movement that exists in Colombia where there is an association of healers who do not only enjoy certain protection and respect, but more importantly, who can legally practice and supervise the ethic aspects of their work on their own. (...) These healers tried to abolish one law that determines criteria for their activity and distinguishes between the good and bad healer by the fact whether they get paid or not. Why shouldn’t a good healer get paid? Because his work has a lower value?” (ZG49-50)

b) Traditional and Modern Medicine

“I think that the traditional and western medicine mutually support each other. Anyway, it’s necessary to keep a great deal of respect,” mentioned the informant in a different place. (ZG11)

“After all, modern medicine isn’t modern. Well, it includes everything what the medieval, ancient, and Arabic doctors knew! I think that traditional and modern forms of knowledge have much in common and they don’t differ much. The only thing that makes the difference is the way of expressing. Therefore, I believe it is necessary to go back and look for even irrational explanations based on relations and connections. The fact that traditional medicine lacks rational basis doesn’t mean there is no scientific explanation. It’s a medical movement that is based on evidence. The evidence on which the traditional medicine is built up can be found. It only requires restoring communication and getting rid of backwardness and mutual ignorance.” (ZG16)

"I think that in this way it is possible to enrich western thinking by new forms of healing. If we leave out emotion and intuition, only distant, disembodied and inhuman medicine will remain. On the contrary, the way to make it more human lies within finding the golden middle way." (ZG18)

c) Ayahuasca and Grammatical Gender

From linguistic point of view it appears to be very interesting since in the Amazon ayahuasca is referred to in masculine as well as feminine gender. We asked one of our informants why it fluctuates. He explained:

"Generally speaking, ayahuasca is of a feminine gender. Why? Because it connects with earth. Earth is of feminine gender, it's something that nourishes us, 'that gives'. Ayahuasca returns us to the uterus, to the heart. It could be said that it enables a temporary return to the prenatal period and our former lives. But such a psychological regression is something that can only be performed within a ritual context. If it's not done like this, it is identical with incest. Through this way the states of fusion are experienced. It would be a huge sin." (ZA160)

A little further, he added: *"But one part of ayahuasca is masculine. It's itself strict and demanding. Like every human it has something from both the man and the woman. Some healers talk about a male side of ayahuasca. But its spirit is mostly female. It's a certain kind of mother, uterus that enables us to return to childhood. He goes there to get rebuilt, reformatted, daring say so, in order to rebirth in another dimension. During ayahuasca, numerous phenomena arise, involving childbirth and rebirth. It's a good sign that the treatment is working." (ZA182)*

Agreeing on a uniform use of one of the genders is almost impossible, yet in Takiwasi the feminine gender dominates. One of the younger psychologists confirms it: *"It's not easy to say it unambiguously. Before coming to Takiwasi I knew it is called the mother of plants, known as Mother Ayahuasca. Speaking about my personal point of view, I feel that as such it is more feminine. However, there were situations when I evidently felt the man side of ayahuasca's energy. If I were to summarize it somehow, I would class her as the mother to the feminine gender. It has a lot of to do with visions that arise during its drinking. People around here talk a lot about ayahuasca presenting itself as a spirit of an old woman that is very tender, beautiful and elegant. It is also known as a little girl or a snake (serpiente is also of a feminine gender, author's comment)." (ZS32)*

8.6. Studying Healing

a) Indication

Key aspects of an initiation to become a healer are in our opinion one of the most interesting topics that would deserve its own book. In many places informants were telling us about what brought them to their profession and what difficulties they had to face up to at the beginning. Due to the size and aim of this book, we decided to choose only the most cogent narratives. One of the regular employees described how she realized she should devote herself to healing:

"It happened during one of the sessions in the chacra where »ZA« told me: 'Accept me as your teacher.' It wasn't him who was talking, but one the parts of his unconsciousness. He had no idea about it.

It was a real emotional shock for me. Shock since I said no. When I was young, I was thinking about having a teacher one day. Obviously, it should be a Native American.

'And why?' I asked. 'I want to leave.'

'Plants!'

'No, I want to have my own private life.'

'Plants!'

The message was clear. I almost ran away. It was shocking to hear such strong calling. I said: 'No, no.' (whispering)

Approximately after ten months I told »ZA« about it. At that time he said we would see. I have suffered a deep crisis since.

Once during ayahuasca session I unwittingly sucked in the problems of other people in order to ease them – I did so without permission – and I fell severely ill. In two hours I had a fever.

I was ill for a month. It was hard. I was at home, taking pills and having nightmares in which I saw devils. It seemed to me like a spiritual test. I truly felt it that way.

After a couple of months »ZA« received indication allowing me to start. With what, I had no idea. It was at the beginning of a diet where I set off in order to help a man who takes care about patients. The other day one of them broke a tooth. It was a French guy. It started aching enormously after two days.

I called »ZA« and asked him: 'What shall we do?'

'Let him go down,' he replied.

'Sure, but somebody has to come here and cense him' (with tobacco, author's comment).

'Do it yourself,' he told me. Exactly two days ago he received permission (permiso). It involved a particular indication that I was allowed to do it. One cannot decide it for himself." (ZC29-45)

If we should point out one of the pivotal features of the narrative, we would especially highlight the unconscious aspect of the initiation, the narrator's crisis and authorization that she finally received from her teacher.

b) Healing and Reason

Our informants generally agree on the fact that initiation has largely a rational dimension. *"It is necessary to realize that healing has a therapeutic dimension and man can learn it on the basis of rational decision. He may say to himself: this is of my interest!"* told us one of key informants who regularly takes part in ayahuasca sessions as the haler's assistant. (ZU6)

c) Initiation Crisis

The reasons of initial crisis can be much more prosaic than we saw previously. As an evidence can be considered another informant's statement, a former general practitioner: *"I have always had lots of dreams and a strong intuition. At the beginning I couldn't overcome its disgusting taste and haven't touched it after first three attempts for two years. Meanwhile, it has occurred to me that drinking it had*

a therapeutic effect and helped me in getting rid of my fear and psychic blocks. It was a gradual process, I have realized it unexpectedly.” (ZG20)

d) Authorization

Regarding the healer’s work itself, all the informants uniformly believe that is necessary to possess an authorization for it. Especially, this involves icaros, the healing songs.

Many times we witnessed a healer singing somebody else’s songs. Thus, we started to be interested in whether this reflects in their effectiveness. One external Takiwasi employee told us:

“No. Authorization is an ethical question. You sing a song of the healer you know and trust, and whom you used to work with. The one who was your ‘teacher’. This authorizes you. If you are in a direct contact with him, it’s all about asking him for permission. (...) It’s like somebody gives you their instrument as a gift.” (ZAC53-55)

Another informant adds:

“Not only he has to be authorized, but, most importantly, he has to incorporate the song energy into his own body.” (ZA108)

But what does something like that look like in reality?

“If it’s a song related to a plant, for example chiric sanango, then it would be ideal to drink it. If you have done so and the healer has put inside you the song energy, which authorizes you to use it, the energy will start mobilizing in your body as soon as you start singing the song. (...) By this chiric sanango gets inside you. It’s much stronger than playing a tape.” (ZA110-112)

e) Healing and Diet

It is generally believed that in the traditional Amazon medicine, the healer’s work can be acquired only through diet. We asked an informant who undergoes a long-term training whether there are other ways.

“In the process of learning on one hand it’s the diet and on the other hand it’s the teacher who plays the crucial part. The teachers teaches you things that are very simple, concrete; not only regarding the patient’s everyday life, but how to use plants and other means, such as tobacco, perfume, and massages. Everything the healer can provide you with.” (ZU10)

Concerning this raises the question for how long it is necessary to undergo the diet in order to get a desired effect.

“Teachers undergo very long diets, for up to three years. In western context – the context we live in – naturally, it’s difficult to be on the diet for so long. One rather gathers experience. At the same time, he’s not only learning, but he’s also getting better at healing. There are always limits that can be broken. Nobody knows everything. It’s always a process. The process of learning is everlasting.” (ZU12)

But how long does the diet minimally have to be so that one can start with the healing itself? *“The healers say approximately for six months,”* one of the probably most experienced informants answered. *“Of course, it’s an estimate that may be changeable. For example, we require an eight-day diet here, but there are people*

with more days. There are such who passed it alone in the rainforest for a year or nine months with occasional drinking of plants.” (ZA24-26)

From today’s point of view, something like that seems entirely incredible. *“It was possible in the past,”* adds the informant. *“Practically, there was no difference between one’s life in the rainforest and an apprentice’s life. Their food was basically identical. Only bananas and rice were eaten, leaving out salt and pork. Compared to their normal life, for the western people and mestizos, staying in the rainforest with the specific food is a formidable challenge.” (ZA28)*

In conclusion, we would like to complete the diet discussion with a short narrative regarding what is necessary to take into account.

“One thing that I learned from one teacher is equally important. I am not a teacher, but all right then. The teacher called Taitan by others was a Colombian who led the session till 7:00 a.m. It means that it lasted till the other day!

When finished, I say to him: ‘Maestro, let’s have caldo de gallina, chicken broth.’ He said ok. We had a bath and set off.

As we sat down, I noticed chilli, onion... lying on the table – what!

Maestro grabs it and throws it into the soup.

I say to him: ‘Didn’t you drink ayahuasca yesterday! It’s been only five hours!’

‘When you are learning, a strict diet is important,’ he answers. ‘Once you become a teacher, you don’t have to follow it all the time.’” (ZU30-35)

f) The Healer

“Generally, in the traditional context, healers are people who discovered healing abilities when being ill – as patients. If they suffered from something (daño), they began with a diet, which inspired them to take up studying. Others are blessed with healing abilities from youth.” (ZU20)

g) Specialization

Not every healer is of the same specialization. There are various kinds of practices existing. *“There are ayahuasqueros, people who deal only with ayahuasca. Ayahuasca is a main plant for them. True ayahuasqueros have always been on a diet! Additionally, there are people who deal only with the diet. Those are called paleros, because they work with woody plants, with barks. One can be a palero and at the same time doesn’t have to use ayahuasca at all. Then, there are such who exclusively use camphor (alcanfor) or camalonga. These are called alcanforeros or camalongeros. Those working mainly with tobacco are tabaqueros. Perfumeros work with perfume. Toeros work with toé. But there may be those such as Ignacio, working with water. In general, healers’ work involves a lot of things, but there are some that prevail. It may be a use of plant or technique.” (ZA16)*

Understandably, we were very interested in which category our informants would see themselves in. The first one modestly answered the question regarding his specialization:

“Probably ayahuasquero. But it’s not about drinking ayahuasca only. It has to be accompanied with using palos. That’s why every week I drink tobacco, perfume, even extracts from barks and I have plant baths.” (ZA20)¹³⁷

Another informant, who is the previous one’s assistant, pointed out: *“I was tempted to do the censing (sopladas). But nothing else. What’s more, I refused it. It had never occurred to me that I could assist during ayahuasca sessions. Never. »ZA« told me: ‘If you want to cense others and be a healer, you have to drink tobacco. If you want to master it, you have to drink it.’” (ZC20)*

Another informant, we had the pleasure to watch during a participant observation in ayahuasca sessions for many times, explained:

“I don’t work as a healer. Once I wanted to become one, but I think that every one of us has their own way. I am a doctor in the western sense (médico occidental). I have wanted to become a doctor since I was six, seven. I also work as a midwife.” (ZG10)

An Argentinean informant, the last one, explained us how he got to healing: *“No, there weren’t any healers in my family. It happened in association with my spiritual search. I had a need to find my place, so I travelled around Latin America. Then, it happened that I met a healer who, once we got to know each other, took me into his confidence about the traditional medicine. It was the healer from the northern coast. (Costa norte), sanpedrero. I learned the technique of using San Pedro in the first place. In Argentina I work with a similar plant called wachuma. (...) After some time I started to be interested in ayahuasca. I went to the Amazon and spent roughly five years there learning and drinking plants. Then, I took up working with patients.” (ZAC6-7)*

h) Length of Studying Traditional Medicine

“Here in Takiwasi, based on our western mentality, we have come to a conclusion that concerning for instance technical studies to become an IT specialist requires at least three years and for the doctors of medicine from six to eight; then in case of traditional medicine it must be the same.” (ZU14)

8.7. Work

a) Ayahuasca Dosage

It has been already stated in Chapter 6.5.3 what the dosage of ayahuasca is like during the sessions in Takiwasi. From practical point of view it seems to be very important topic regarding whether the healers drink with their patients or not. In many places we came across an opinion that it is not necessarily required.

An assistant, who monitors the therapy process, adds: *“It makes a difference. When you don’t drink, you have no power; you aren’t in connection with what is happening. (no estás conectado).” (ZU45)*

A senior, hence more experienced, informant argues against his belief, but confirms our hypothesis that an amount of administered substance lowers with time: *“I can’t drink as much as I used to in the first place. It would be too strong for me now. I drink very little and it’s enough for me. The dosage is lowered. It’s true. I knew*

¹³⁷

For palos in more detail, see Chapter 8.11.

a healer who didn't drink in ayahuasca sessions. He only handed ayahuasca out and censed. Once he stopped censing, he was totally intoxicated." (ZA44)

But was not it only a placebo?

"No. It's all about when you cense somebody, you absorb his energy. He was entirely drunk. Once I had to catch him during a session otherwise he would have fallen to the ground. Anyway, he didn't drink at all! He was only censing. Some people become very sensitive after a long-term drinking of plants. Just sucking in the energy is enough." (laughter) (ZA46)

One key informant that in his diploma thesis dealt with the concept of mental health among the Amazon indigenous healers adds: *"Anyway, it would be beneficial to write a case study on the topic. It's remarkable that a long-term ingestion of ayahuasca is followed by lowering the dosage whereas speaking about other kinds of substances, it's the other way round. The same level of altered states of consciousness or effects can be obtained when drinking ayahuasca even with time elapsing. It's caused by the fact that the plant – energy – accumulates in the body. One is then more sensitive to its effects, more opened. He's cleaner at the physical, body level and in a positive sense he's more opened at the psychic and spiritual level, too. Naturally, by this isn't meant the openness to everything that could have an influence over him, but the ability to be open to the plants as such, and to work with them. It means to be more sensitive so that the plant could work and, hence, it was possible to lower the dose. Some healers lower the dose, but some don't drink ayahuasca at all, and still leads the session. I didn't see it personally here in Takiwasi as the healers always drink with the patients.*

Sometimes they drink less like »ZG«, who drinks very little; sometimes the same amount or more than do the patients who drink twice per night. But I was at the sessions where the healers drank very little or nothing at all. I met an ex-healer, a sobador in Pucallpa, whom I didn't drink with, but whom I interviewed. He told me he didn't use ayahuasca at the end of his career. The only thing he did was invoking her. He concentrated, uttered an invocation, requesting ayahuasca to enter his body without drinking her." (ZS34)¹³⁸

It is obvious that considering what has been stated before ayahuasca's effects are not derived from the amount of ingested substance. But what does its effect depend on, then? An informant provided us with an answer:

"I think it's dependent on personal predispositions. We all drink the same amount during the session. The healer does the same with everyone. He sprinkles everyone with the same perfume, censes with the same tobacco. (...) An individual state of mind is crucial. I myself experienced different sessions with the same dose and ritual. What's more, in my opinion, it has something to do with personal commitment, trust, and fear. With all of these." (ZQ40-42)

b) Ritual Structure

In the whole book we emphasized a solid structure of ritual, which secures the participant's safety. But it does not mean that the structure is static.

¹³⁸

The term *sobador* is an indigenous name for chiropractor.

Ayahuasca session is based on the ritual that *"is changeable. It develops,"* confirmed one informant. *"At first it was based on the heritage of healers I worked with. Then, I drank plants and was given indications about things I should do. It didn't always appeal to me as it involved some extra work."* (ZA69)

It has been stated in Chapter 6 that the ritual itself was not created by man. Taking this into account a question regarding its origin rises.

"In fact, the ritual is a creation originating from the spiritual world. I don't invent anything. It's not about doing what I want to, but what I have to. There's no other choice. If I do something wrong, such as making a mistake, there will be consequences."

If you make a big mistake repeatedly, you'll get hit, slapped. The ritual is not an optional matter. For me it's an obligation. But it's possible it will be changed tomorrow. The ritual we do here is mine, it's Takiwasi. But it doesn't mean it's the only one possible. Its form depends on the personality, context, energies, and cleanup." (ZA70-72)

In practice the ritual's structure is based on singing songs where some are sung in the same order. *"The rest can be changed. At the beginning we sing opening song, which connects us to the spiritual world. The songs for ayahuasca preparation follow. Then icaros are sung to her, which prepares her for drinking. Then, two introductory songs follow. One of them, Vuela, vuela Suy Suy, activates the intoxication so that the people could see something, connect and look around. Then comes a song about lupuna, the tallest tree in the rainforest (singing). It functions as protection. It's like an energy that is placed up and covers the whole session. The people can fly away, but the protection is still above to prevent them from getting crazy."*

Then, the censuring comes, followed by the songs aimed at the spiritual protection. By this the whole session is secured. It revolves around three songs and each plays an essential role. They are the healing songs."

El Señor de los Milagros, Irapara and Shiripiari, the song by Juan Flores. After these songs the session can proceed. The introductory part is followed by a change. Usually, we sing songs to increase the intoxication. Once it's been reached, which is publicly announced as the whole matter may vary; we start singing songs by which the intoxication can be structured. These songs have the power to clarify and stabilize people's mind. They have already reached the vision, so we'll add only order. There are also songs for getting rid of fear and momentary doubts when the intoxication is strong. All this takes place in the first part."

Then, I sing Canto de la Virgen. This is done when the first part is more or less in progress. Some have already vomited, others don't feel anything. I'm singing only because of the cleanup. All the negative things that got outside will get cleansed. Also the intoxication is reduced and calmed. Consequently, I clean everyone separately, followed by handing out another dose."

My system is as follows. In the first part I induce intoxication and after that, once all the things are as they should, those who haven't experienced anything or they want to get further, I enable them to enter another level. At that time, I sing songs again that encourage and structure the intoxication. Other two or three songs follow, activating a deep cleanup. As soon as this is over, we slowly approach the end. If I drink twice, I sing again the three introductory protective songs to finish it all (emitting a sucking sound). Afterwards, it's time for the songs accompanying individual heal-

ing processes, meditation songs... The session always ends with the same thankful song.” (ZA76-87)



Figure 23: The starting song of ayahuasca session that activates intoxication is called after a griseous songster of the family Thraupidae. *Thraupis episcopus* or *Suy Suy*.

c) Icaros

In case of icaros it is still necessary to bear in mind that their function is not only structural, but also therapeutic. When we asked the healers how many songs they know in total, none was sure about an exact figure. But all agreed that *“every icaro has its own specific effect.”* (ZA101, ZC63, ZAC57)

But how to know in such case which song to use and when? *“On one hand the structure of the session leads you,”* a key informant explained. *“When healing, icaros are indicated through visions.”* (ZA103)

For the healing effect it is necessary to have sufficient experience. One assistant told us about that: *“When I started singing, I sang wrong. I pulled it from here, from my neck (showing), and I sang for myself. But it gradually changed. I realized... It occurred to me that I was only a transmitter (transmitora), someone who transmits icaros that go through the platform of my energy. An icaro descends into my body, I transmit it among people and it then performs its work. I don’t direct it at anybody. But I feel when somebody takes energy from it. I release it and icaro then works on its own. I’m not the one who determines it or manages it. The angels, archangels, spirits, and plants – they all decide it. The God. I only transmit, nothing more.”* (ZC61)

In the introduction to Chapter 5.10, we quoted a refrain of the icaro *“Open your heart”* (*Ábrete corazón*), that we heard most frequently during our participant observation. Therefore we asked our informant to provide us with an explanation regarding what the song is used for:

"It's a very strong icaro. It affects negative energies and evil spirits. Its function is to exorcise devils (exorcismo). When one opens his heart, he finds out that God is hidden within him. The God himself. The function of the icaro is to pull out energies associated with fury, sorrow, anger, depression, etc. At the moment they come out, positive heart energy spreads. It is also about faith – the faith in God, in life, in the existence of good – and not being afraid. It encourages people's confidence." (ZC65)

d) Diagnostics

During the field research among Shipibos, we came across a statement that local healers are capable of diagnosing after ayahuasca ingestion. Hence, we became interested in whether the same happens in Takiwasi.

Regarding this one informant told us: *"We don't do this type of diagnosis here. »ZA« or »ZC« are able to see within the patients, but it seldom happens to me. When a patient comes to Takiwasi due to drug addiction, during ayahuasca sessions they are able to discover a problem that might have preceded the current one. Occasionally, they see sexual abuse or various spiritual matters that the patients presently confirm."* (ZU72)

"Sure, in this way the diagnosis can be specified," confirmed the informant. (ZA89)

An Argentinean extern pointed out that the diagnosis is determined based on the previous interview with the patient. *"A plant provides some information about the state of a certain man, about what the matter with him is, about his reality, but it would be naive to think that a healer can see everything. (...) Sometimes he sees nothing. (...) The healer who claims he sees everything is a liar. (laughter) It is possible to see some things. Sometimes, not always."* (ZAC30-37)

e) Ayahuasca and Contraindication

The intention of this book is not to deeply study all possible contraindications that may occur regarding ayahuasca ingestion. According to what has been stated before, using the psychoactive substance is conditioned by the diet with strict rules. Hence, following the rules in Takiwasi is supervised by a competent person. As we have agreed upon with one informant, the application of ayahuasca can result in contraindication in case of the patients suffering from diabetes, epilepsy, psychosis, heart disorders, and panic attacks. (ZAC97)

Despite every applicant being broadly examined before the treatment, there may occur cases in which the diagnosis is incorrect. We asked the psychologists how the Takiwasi center prevents people with mentioned disorders from taking part in ayahuasca sessions. The first one explained:

"We require a report regarding a personal history and evaluation from psychological, biographical and medical point of view. By this we find out whether an applicant is in a good health state and can drink ayahuasca or not. Naturally, it's not so simple. Occasionally, it happens that the assessment is incorrect. Over the past year it's happened once or twice that the patient had so strong and intense experience that we decided not to administer ayahuasca to him for some time, recommending him a different type of treatment. I'm convinced that in general administrating ayahuasca is effective." (ZE34)

And how is it with people who suffer from borderline personality disorder? Does one have to pass an entrance test?

"Yes, but they get in here anyway," another informant told us. "The theme of plants is therefore closely related to the problem. The fact that the patients are kept in isolation – have to follow restrictions and rules, and drink purgas regularly – prevents this phenomenon from happening. Yet, it happens from time to time. I learnt that a psychosis developed in one case. But it hardly ever occurs." (ZQ15)

f) Emergency Cases

In Chapter 6.7.2 we described a shocking incident we had witnessed ourselves. Psychotic symptoms occurred to a young woman after she had broken the diet rules. Without any exaggeration such state can be considered a short circuit of energies that is called *cruzadera* in the indigenous terminology.

One informant told us that there are other circumstances resulting in it:

"I recall one man who drank up purga... It was Peruvian, who after returning home, told himself: 'Well, it doesn't matter!' and ate some pork. He was sick. Nightmares, body pain, and migraine followed. He came back, drank it again, which stabilized him." (ZC107)

Or *"you can suck in (chupar) some energy in the city. You can short-circuit easily." (ZC117)*

Another informant told us that one can get shock therapy without knowing about it. *"Why? Short circuit may have varying strengths. You may short-circuit slightly and live with it." (ZI96)*

The following narrative confirms it:

"I recall one session where maestro told one patient:

'You've got short circuit!'

'How come?' he replied.

'You've got short circuit! You will drink this, this and that plant, because you broke this by which you got short circuit.'

'Yes, maestro,' he replied.

'Very well, we'll cure you.'

I have no idea how he knew that. He simply told me in the middle of the ayahuasca session:

'You've got short circuit! You did this and that, you were drinking this plant during the diet.' But they weren't in contact with each other at all before. I don't have a clue how he found out, but he simply did.' (ZI102-107)

Considering the tricky situation, the only option is applying some of the healing methods from traditional indigenous medicine.

"The man who has got short circuit is censed, bathed in tobacco and the leaves of the plant he was drinking during the diet. If it's chirc, the leaves of chirc are applied. The patient is censed, the songs are sung, icaros and baths are used." (ZAC20)

A different case constitutes a situation in which during ayahuasca session one finds himself being unable to control himself. A psychologist from Chile, who personally experienced a similar situation, told us: *"I think that when an individual finds himself in the out-of-control state – when we say he got crazy a little (alocarse) – the rit-*

ual context and healer play a crucial role. As they are familiar with precise techniques by which they are able to support the patient and stabilize him.” (ZE30)

“Sometimes, just a contact with another human helps,” the Argentinean informant added. “Catching him with a slight touch is enough to bring him back (*volverse en cuerpo*).” (ZAC47)

g) Experience with Drinking Plant Extracts

Regarding possible risks that may occur during drinking plants extracts, we were interested in what experience with this type of activity the informants themselves have.

The first said:

“Personally, I have been drinking ayahuasca for twenty three years. My vision and perception has dramatically changed. They’re still changing a lot. It happens in periodical phases because I have my own things to deal with, too.

Some of the moments were typical of numerous visions and prescience. At another time these effects disappeared and I devoted my time to patients. Now, at this phase I have very few visions associated with patients. Much less than in other phases. But, on the other hand, I have more dreams. Recently, I have had much more dreams than visions during the sessions. Therefore, I would say that the whole situation is changing. Tomorrow my visionary and perceptive system may be altered again. Sometimes, I don’t work with vision, but directly with people’s energy. Next time with perfumes that I can smell. Another time some indications related to patients come, or I come across some ideas. It differs.” (ZA90-91)

A fifty-eight-year-old informant told us she started with drinking ayahuasca late. “I passed my first diet almost at forty.” (ZG30)

The last one, a fifty-year-old informant, who we considered a healer similarly to the other two informants, told us that he had worked in this profession for eighteen years. (ZAC2)

8.8. Therapy

a) Concept of Drug Addiction

On the following pages we would like to illustrate in which ways the staff in Takiwasi views drug addiction. One key informant told us about that the following:

“It may be said that the addiction is an offence against the laws of life. I would say shortly that it’s a cult of death. Many times it is called upon unwittingly, without people desiring it. It’s a reflection of certain life problems, such as problems in childhood or difficulties inherited from parents. An expression of effort striving for a sense or escape from the difficulties, which is satisfied with a drug. There may be involved impressions or thoughts that have never been experienced in a different way before, and these provoke fascination. At last they feel something different. A new dimension opens.” (ZA147)

The variety of states one can find himself after ingesting the drug is immense. One of them is, for instance, the state of harmony with the whole space, with all the en-

ergies, etc., which is, as has been stated before according to this informant, considered incest. *"Therefore, addiction has something to do with the mother."* (ZA161)

Another informant added: *"I think that the fact that people use drugs is associated with a mouth, it's an oral matter. They suffer from traumas or difficulties of very primitive origin. Their intentions are to fill in emptiness and by that forget the problems. Later they realize their drugs ingestion as a result of the desire not to see these things, to run away from the traumas and enormous difficulties."*

It's a spiritual problem as well. Many times we have seen that they are ruled over by evil spirits, that they have been infested. It means that there is something very strong within man, which leads him to death and destruction. It's possible he has it within him before starting taking drugs, or he sucks it in during it (chupar), or he may have inherited it from his family. Therefore, he takes drugs and pharmaceuticals to control such enormous matter, to flee from reality, to not to see." (ZC129-130)

We managed to maintain an extremely interesting debate concerning the question whether drug addiction is a disease or not with a Chilean psychologist who appeared to be entirely aware of the concept of such matter.

"The question is what illness is. The fact that concerns me about this concept is that the subject is in this case very often considered passive. It's said: 'I am ill. I suffer from an illness.' It's not easy to find an answer. Depression is a disease I can fight with a pill. Anxiety, an anxiety disorder, is from the pathological point of view a disease. Addiction is a disease. If I'm addicted, it's like having a hostile entity in my body that benefits at the expense of me and that has to be disposed of as in some way it's infectious. The term illness is associated with a series of a priori and latent presumptions in our culture. I personally think that they are numerous. But it's a difficult topic. It's hard to define it."

Anyway, I assume that there really is something pathological about it. From the etymological perspective, illness is something I suffer from, that makes a victim from me, something I don't have under control. However, from time to time everyone finds themselves in an out-of-control situation. There're so many things we can't handle or even realize. For example, I keep saying to myself I won't eat chocolate anymore as I eat it a lot, and yet, I eat it the whole day; or that the relationship I'm in is not my cup of tea, but as soon as I end it, I find myself in the same again. I come home and say that I must do something meaningful and I sit in front of the TV, after that when going to sleep, I feel bad and angry because of wasting time with the screen. It happens to everybody that they want to do something, but do the very opposite, because there is a fight going on within ourselves, or we have enlarged ego. Being able to resist it is a medicine for all the pathological. It's the question of integration, of unity. The question of finding and loving yourself."

In my opinion we are never addicted to the substance itself, but the feeling that it creates. It seems to me rather ridiculous. We all are in fact addicted to a certain substance. It's the topic I have encountered during my buddhist training. It's literally said: "The biggest tragedy of man is his delight addiction. On one hand, he tries to run away from it by all means, but on the other he cleaves to it." And the question is how to get out of such a daunting trouble. How to prevent myself from being constantly carried away by these passions and requests. This game will never be over. With the

first lust comes another one, and another one. I can spend my whole life running away from them.

In case of drug addiction, the passion of experiencing the feeling caused by a certain substance is much stronger and, naturally, it causes enormous difficulties to handle it. I think that the principle of toxicomania is a desire to reach a state of well-being. Such desire is unfortunately pointless as it's realized through inadequate means. Therefore in Takiwasi, the drug addicts are said to be a certain kind of spiritual or religious seekers who try a lot of faiths in order to get rid of their own inner turmoil. When one starts to look for what lies behind it, he will encounter a desire to reach the state of unity and reconciliation – something uneasy to name.” (ZE40-43)

“It's necessary to distinguish even among drug addicts as there are many kinds of drug addicts. They are usually not very well incorporated in society or are extremely sensitive: they live in horrible conditions in overcrowded cities and experience anxiety. Such man who starts with marihuana, cocaine, heroin, computer games, and alcohol and so on, consequently, looks for the feeling of pleasure. By that he fights back the life anxiety that is basically something amazing. It forces him to think about what he would do with his life if the following five minutes were his last in this world. Anxiety can be used constructively. Another option how to deal with it is rather decaying, deteriorating. In this case the substance is benefiting at the expense of us. That's why I think it is important that Takiwasi, compared to other organisations I had the pleasure to get to know, provides drug addicts with a chance to reach sacred, spiritual experience in a healthy way. The finding that something is 'beyond' – it's for them like returning home. Then, it depends on every individual whether he gets close to it or not. Anyway, in this place the drug loses its meaning and power. If there is such thing like a real, affectionate way to meet myself, to obtain empathy towards other people who surround me, to perceive spiritual tradition independently; to feel Jesus Christ within my heart, or the emptiness that hides beyond all things; then there is no sense in taking drugs. I suppose that the toxicomania is an addiction to a feeling. It's related not only to drug addicts. We all feel addiction; we are addicted to some things. Here, when we use plants, we have to avoid sweets and chocolate. The third day, one walks shaking and thinking about gulping down the whole bar only because to get rid of the anxiety. From the social point of view, there are many ways to silence it. Television, sweets, cigarettes, and dancing under the influence till a total exhaustion are socially acceptable, but, in my opinion, there is something that makes our concept pathological and sick. It's the same with sexual addiction, too.” (ZE46)

b) Treatment Evaluation

Understandably, we were interested in what way the center evaluation works. One informant, who worked from 2005 to 2007 as a managing director of treatment and prevention in The National Commission for Development and Life without Drugs (DEVIDA), told us:

“The work of The Ministry of Health is insufficient. It doesn't evaluate. Regarding the development and evaluation, we are interested in experience of other people who based on the practice in Takiwasi try to obtain Master's or Doctor's degree. We keep in touch with them and provide them with a free access to check and search information in clinical reports. (...) The Ministry of Health and the DEVIDA have neither

means nor personnel to deal with it. So, nothing happens at the national level. But the research, work and documentation proceed.” (ZI23-25)

A colleague, who has been dealing with the treatment evaluation since the Takiwasi center foundation, told us some details:

“I think that a certain group of patients who keep in touch and share with us where and what state they are in, are excited about the collaboration on this theme. But during the report preparation it’s necessary to deal with a question of how long the patients will be observed. It used to be at least two years after their leaving from the center with the control lasting for five years in total. If we observed the patient who just left the treatment, we would for sure find out he is doing great. It’s necessary to leave him without a contact with the center for certain time. In 2004 we created statistics involving patients who entered the treatment in 1999. Those who entered later weren’t observed. (...) Now it’s time to reevaluate.” (ZG7-8)

The book is a partial answer to the request stated before. Considering its time and technical demand factor, there will be more attention devoted further.¹³⁹

c) Treatment Effectiveness

The treatment evaluation is closely associated with its effectiveness. We asked our informants what the determination of effectiveness of treatment depends on. One ergotherapist told us: *“It depends on to what extent the patients get involved in the treatment. Some don’t want to work; they refuse to do many things. It’s crucial that they participate in the treatment.” (ZM8)*

“Plants help a lot in facilitating the therapeutic process. What makes the treatment effective is that they are involved in the center program that includes post-ayahuasca, diets, etc.” (ZQ91)

A twenty-three-year-old informant, who started in Takiwasi as a patient, agrees with this: *“You can drink ayahuasca for ten years and nothing will change. Even though you realize a lot of things, you will remain the same person.” (ZAA27)*

How to change, then? As we will see further, most rehabilitated patients agree on the diet. *“At that moment you’re on your own. At that time you can make a decision and change your life. That’s what happened in my case,”* added the interviewee. *“In the middle of my diet I was drinking ajo sachá during an eight-day diet. I had a diary and wrote down everything I want to accomplish in my life – studying, not taking drugs, all the essential things for me.” (ZAA28)*

Anyway, thinking that it’s enough to follow some therapeutic procedures in order to get cured would be roughly simplifying. *“It’s impossible to choose one that would be more important than the others,”* pointed out one psychologist. *“Regarding the therapy in Takiwasi, it’s much more interesting that all treatment activities are complementary and holistically interconnected. It means that they work with all the dimensions of human existence at the same time.” (ZS18)*

¹³⁹

During the stay in Peru we tried to contact former patients via e-mail service. A brief questionnaire regarding their current state and treatment evaluation was sent to 152 people whose e-mail addresses were provided by the center. From the total amount we received only six answers (57 addresses turned out to be fake).

d) Therapy Principles

"What happens during drinking ayahuasca is very strange and fascinating. It takes twenty, forty years for mystics to obtain spiritual experience. Naturally, the question is whether it's correct or not and what happens during this type of experience. To be slightly critical, I must say that ayahuasca's problem lies in the ability to provide the person with an entrance to such levels of consciousness and reality for which he's not personally ready. He hasn't advanced in getting to know himself far enough to be able to integrate his experience. Sometimes, I say to myself that one of the problems of the tradition is that, on one hand, one can enjoy amazing spiritual experience, but on the other hand, he can become the same poor soul he has been so far. The boundary between the quotidian and this type of experience is marvelous. What is positive about this is that at least he has experienced something that exceeds us. It may serve as a certain form of lighthouse or guide. From a negative point of view, after some time it will seem to you as a dream. You will get an impression which you can tell to most of your sons and grandsons, or your friends to impress them. But by this you move away from the principle. What I like most about Takiwasi is that it greatly emphasizes subsequent integration, how to grab the whole situation." (ZE29)

In this sense not only the ritual context is essential, but the therapeutic framework in which the whole experience takes place.

"Of course, because it helps you to structure yourself," an experienced informant told us. *"An indigenous population is maybe not so inclined, because it functions in conceptual framework that is very closed and uniform. They all share one type of knowledge. But we find ourselves in a different type of culture and society. Without an adequate therapeutic framework, there occur numerous risks during the personality restructuration."* (ZG37)

This is also supported by the following psychologist's statement:

"We know a lot of stories here about people who stayed with insufficiently prepared healers who, having drunk ayahuasca three times, started to claim they can heal, tearing their clothes to pieces and running around mountains like wolves. In such case, anything can happen to you. 'Where', 'how' and the context are therefore very important." (ZE36)

"Plants are drunk over whole Peru. But it doesn't mean they can be used for healing," informant's colleague adds. (ZQ93)

In Takiwasi it's fairly common that plant extracts are drunk by everyone – the patients as well as therapists. But they themselves need feedback and supervision. Internal evaluations of the therapeutic team are held regularly, but the situation in this sense isn't easy at all.

"Even though I'm a psychologist and many people drink under my control, it's better if I'm followed by somebody," one informant added. *"But there are no psychologists for psychologists in Takiwasi. Hence, I decided to drink ayahuasca, plants, purgas sporadically and at much slower pace than it's done in this organization."* (ZI15)

Treatment through traditional medicine is in fact a gradual process and the plant substances cannot be expected to work immediately. Yet, the patients occasionally yield to the illusion that appears after the detoxication when a restored physical shape and absence of craving for the drug seems to be a sign of cure. Unfortunately, it is the opposite.

"A plant doesn't work immediately, it has no quick effect, because at first, one has to receive information, process it and feel it. One's life changes after the whole body has processed the information. The delay forced by a plant is dependent on an individual system, on what it's like. Whether I'm quick or slow in understanding. If I'm slow, the process goes step by step. Patience plays its part here. Waiting, committing oneself is essential here. Whether you get free or not isn't important. It's crucial that you learn something from it. If you realize why you're free and why you shouldn't let the same habit, the same effect happen again in the future." (ZK54)

e) Treatment Rules

Regarding the effectiveness of the rehabilitation process, following the rules by all the plant extract users has a specific meaning. The concept of some rules, especially considering the questions of sexual abstinence and consuming pork, must seem to be absolutely absurd for Europeans. On the following pages we would like illustrate what sense the rules make for the Takiwasi staff.

The most experienced person, who has been working in the center since its establishment, told us: *"The rules develop from what the healers had advised us in the first place."* (ZG54)

What do they involve?

"When a person recovers physically," told us the informant, *"it's necessary to follow the food regime. In the context of traditional Amazon medicine or traditional medicine in general, human existence is compact, it isn't disintegrated. Following the food regime is a starting condition for the plants to work well, cleanse, etc."* (ZU21)

In the case of the diet which takes place in the rainforest, the rules are especially tough. The reason why it's so is clarified by one psychologist: *"The purpose of the specific diet including limited intake of pork, alcohol, salt, sugar, and dairy products, is the energy protection. For instance, the salt is not eaten as it closes the energetic field of the body. If one doesn't use it during an eight-day diet, the field opens and then the body can energy either receive or release. The alcohol and sex abstinence has its purpose, too."* (ZS46)

Regarding sex, the same speaker continues, *"it's complicated, and not only for the patients, but for the therapists and other people who visit the center. Many people are used to leading a normal or varied life, so they're shocked. There is one paradox: plants warm the body, arouse it with sexual energy. But nothing can be done about it. It's necessary to endure it."* (ZS48)

It was pointed out by one informant: *"It's not possible to neither masturbate nor enjoy other ways of satisfaction, but it sometimes occurs among the patients. The whole thing has a simple reason. As soon as one masturbates, he releases energy and loses strength. Subsequently, he has insufficient amount of energy for working with plants and on himself. The question of coitus is very simple, too. When someone has sex with another person, two situations may occur: the person is either too open and by that has a tendency to receive energy from the other one about whose state is known little. In such case it's an energy exchange that can result in many complications. Or the person can release a good energy that he has accumulated within him. In such case it's said that the other person sucked our energy (chupar la energía)." (ZS50)*

Another informant added: *"You release energy, and so you'll have to start from the beginning, you'll have to recharge it again (cargarse)." (ZM60)*

We asked one of the married employees if the work with plants doesn't pose an obstacle in his love life. He answered as follows: *"I don't think it would be complicated. It seems to me that the question needs to be made relative. I guess that if someone works with plants, he should abstain from sex. But there are more levels of this matter. For example during the post-diet, during the first weeks after the diet, one should avoid sex. In this case, Takiwasi recommends a month not only without sex, but alcohol and heavy meals as well (sweets can't be eaten within first eight days). Anyway, particularly cautious during sex should be people who don't have a stable relationship. Having occasional sex during first week of the post-diet may be very dangerous. Whereas having sex with a partner a week after the diet wouldn't be so dangerous." (ZAE39)*

Anyway, it's not advisable to underestimate the whole matter. *"In terms of traditional medicine the sex issue is closely associated with the question of mental health,"* an erudite informant told us. *"Offences of sexual rules are associated with madness, psychic disorders, inability to learn, amnesia, Parkinson's disease and other problems related to brain function." (ZG63)*

Considering meat consumption we have noticed that the restriction involves not only pork, but *"all the animals that feed on organic remains and dead bodies of fish, such as fish and wild pigs that eat little of everything." (ZA32)*

As the same informant explained us further, *"there are two types of pigs: sajino and huangana. The first one is omnivorous, the other one eats only fruit and plant browses. Of course it can be eaten. The most important is to eliminate the consumption of salt and animals that eat what remains. For example, gallinazo (black vulture, author's comment) can't be eaten. If one ate it during the diet, he would become a sorcerer. He would get poisoned." (Ibid.)*

And what is so wrong with pork? The indigenous population itself prefers this type of meat! The range of reasons includes explanations from genuinely religious to purely prosaic.

"I think that it is related to something transcendent," told us the head of the laboratory department. *"Generally, pork is not only prohibited in traditional medicine, but in Islam, Judaism and other traditions." (ZAE29)*

And what is the Roman-Catholic Church's attitude towards eating pork?

"When Jesus Christ comes forward, what does he say?" replied local priest vigorously. *"Everything that the God created is good. Everything that enters one's mouth is undefiled. It means that it has nothing to do with pork." (ZK111)*

Another informant confirmed:

"When you completely exclude religion and take a look at the whole matter from immunological or biochemical point of view, you will discover that a pig is an animal most resembling human. People can be such pigs! (laughing). When transplanting you can use pig's skin and human's body will accept it. This leads us to the conclusion that the prohibition and taboo has something to do with this matter. The problem is that we no longer know 'why' the healers imposed the prohibition." (ZG61)

As a result, we didn't find out more than our colleague who dealt with the same theme in his Master's thesis. His statement confirms:

"I asked the same question, but didn't get much information. But it's not because of religious or moral reason. I don't know. I would say it's because the enzyme pork contains which contradicts with the effects of plants. So it's completely biological matter. It means that consuming pork together with a plant substance may cause complications." (ZS44)

f) Withdrawal Syndrome Treatment

The treating withdrawal syndrome has been deeply dealt with in Chapter 4.2. We claimed it did not last longer than eight days. Considering the fact that such figure seemed to be incredible, we have decided to ask erudite personnel about their practical experience.

An informant, who is normally responsible for supervising the patients during their initial stay in isolation, told us: *"The withdrawal syndrome will last approximately three to four days. Thanks to the plants, his state will get better and he'll be calmer."* (ZM14)

Another informant spoke her mind in the following fashion:

"One will not encounter withdrawal syndrome. (...) When you study psychology, it's said that it's necessary to watch out for it. But it's not true here." (ZQ11-13)

8.9. Ayahuasca Ingestion

a) Addiction

Regarding one expert who has been studying ayahuasca for most of her life, we encountered a statement that the substance is not addictive. Nevertheless, it does not negate the fact that it has a certain potential to cause it, especially in cases where the substance is used outside of the ritual context.

Is the probability of becoming addicted minimalized by the therapeutic supervision?

"No," the informant replied. "When we have a look at it, there are two groups of people in Takiwasi: the patients with therapeutic supervision, and the therapists themselves, who don't need to be controlled. Consequently, one could expect they will be more prone to addiction, but it's not the case. In fact, there is no addiction to any substances causing visions. Of course that cocaine, that doesn't produce them, is addictive. But one hardly ever becomes addicted to visionary drugs. Speaking of ayahuasca, the probability is even lowered as with every other dose you need less and less in order to get intoxicated. Senior maestros ayahuasqueros are intoxicated without even drinking it. It's enough to show them a small bottle and they already feel it. It's because of their body is ready, with no rational resistance, and highly likely there are in a close contact with the spiritual world. As a result, it's understandable their intoxication will be stronger." (ZG41)

b) Autonomic Nervous System

"The work basically revolves around the energetic body that is not separated from the physical one and, because of this, physical effects are experienced and people vomit," explained one of the doctors. "It has a lot in common with sympathetic and parasympathetic autonomic nervous system (ANS), which regulates unconscious functions.

ANS in our physical body represents or constitutes unconsciousness. Working with ayahuasca the system reacts through the feelings of cold, warm, vomiting, diarrhea, increased heart rate, tremble, etc. All the symptoms are accompanied with its regulation actions." (ZA118-119)

c) Sickness and Vomiting

It is generally believed that if ayahuasca ingestion causes emetic effects, the treatment was successful. *"The healers will tell you that visions are not important,"* one informant confirmed.

"Crucial is whether you vomited or not. They will come and ask: 'Didn't you vomit; did you vomit?'

'I did.'

'Very well, the work's done.'

Why? It's because vomiting accompanies the cleanup of the body, emotions, and soul. In such case visions are certain. Furthermore they help you understand, and very often they show you something about your own life. In my opinion, the visions are important." (ZS52)

And what the experienced users think of it? Does ayahuasca cause them to vomit after the years as it used to, or they are already tolerant to her effects?

"No, I seldom vomit," a key informant told us. (ZA93) *"I vomit once or twice a year. But it's always very intense! After some time I stopped feeling anything. It's like drinking water. (laughing) I even don't get nauseated. I mainly vomit during individual sessions, when drinking without the patients. If I drink more, I gain insight into my personal things."* (ZA95-96)

Another informant had the same experience as well:

"Yes, I don't vomit. During first ten years I vomited constantly. But after a year and a half I stopped. Vomiting is associated with working on the physical cleanup as well as fear and mental stress. Gradually, as soon as one proceeds in the treatment, some difficulties can be overcome in spite of the fact that it wasn't known what it was. Anyway, we can talk about progress. I myself think that at certain moments I got slightly stuck. Sometimes I miss vomiting during ayahuasca sessions. (laughter) Every time I vomited I gained the feeling of purity, peace..." (ZU39)

The fact that the absence of vomiting cannot be simplified to mere apathy against ayahuasca effects caused by its excessive use, was confirmed by the one young informant's narrative:

"At the time of the first session, that I took part at the age of fifteen, and during the first part of the treatment, I didn't vomit at all. Well, in fact, it might be like I didn't want to vomit, but I did. Then there was one session in which I asked ayahuasca to show me the reason of my anger. At that time »ZA« was standing, singing and going

around. When he came closer to me, nothing happened. I wasn't intoxicated, there were no visions. But when he passed me by, suddenly I heard a scream as if somebody was vomiting. At that moment it occurred to me that's me who is making that noise, and realized that I want to vomit, that I want it to get out of me. I was dying to do it. When the song dedicated to me finished, I felt warm on my chest and heard a sound which, according to me, was an expression of anger. Since I feel sick, I have no problems to vomit. Sometimes, I ask for tobacco to relieve myself, because ayahuasca doesn't want to go out. During some sessions when I don't vomit or I can't. I haven't had any problems with it since." (ZAA48)

d) Synesthesia

In Chapter 5.12 we talked about the fact that one of the symptoms which occur after ingesting ayahuasca is synesthesia, the fusion of percepts. *"Hence, it's highly recommended that the patients should concentrate and let the songs lead them,"* told us one narrator, who usually participates in ayahuasca session as a supervisor. *"The songs are what affect. The song itself gives you energy. That's how the plant works. You will receive a message through the song. Thanks to this you can learn something."* (ZK63)

Nevertheless, it cannot be claimed that the occurrence of synesthesia would be very frequent. *"As I say, it's individual,"* one informant made the whole matter relative. *"At that time I didn't notice these things. But you can feel it. You are close to music. Or you don't have to feel it at all, who knows. Owing to the fact that ayahuasca is used for the work on oneself and that every man is unique, there will be other things it will provide him with."* (ZM50)¹⁴⁰

Another informant told us: *"No, I haven't experienced synesthesia. (...) But from what I read it is the first phase of an altered state that can be overcome, though."* (ZQ66-68)

And what happens next?

"Other phases are visionary, more like memories. It's about dissociation and transformation. For example, it's happened to me once that I transformed into a lion and completely felt like one. But this wasn't synesthesia." (ZQ70)

e) Dissociation

Dissociation, or the dissociation of experience, identity, memory, perception and motoric functions, is another symptom of ayahuasca ingestion.¹⁴¹

It is also obvious from another psychologist's story.

"Once there was a patient drinking ayahuasca, calling:

'Giddyup, horses, giddyup!' »ZA« was singing, and he was laughing at him and saying inappropriate comments. It took a while. I was there with »ZW«. Nothing happened to me. The others were intoxicated, but I couldn't join in even after the second dose.

¹⁴⁰ "Differing characteristics of visions are closely associated with psychological structure of personality, education, cultural and religious background. Whatever the form of the vision is, it always contains certain message. Vision is like a symbolic sign, visual language. Different people can have different visions with different symbolic nuance; transcendental experience will remain the same." (Bowe, G. 1988: 5)

¹⁴¹ Ptáček, R. 2006: 16

When the session was over, I asked him: 'What was it like?'

He replied: 'About nothing. There was nothing.'

'How come?' I asked.

'No, nothing.'

'Don't you remember how you were storming?'

'Me? No!'

What we got out of this was that there was something in his world he dissociated from.

In my opinion, according to what I know from my observation, the dissociation is related to defence. It means that a part of us does not want to communicate. In case of this man, there was a strong dissociation from the childhood events. What he was feeling was that at that time there was a violent sexual abuse. He did not want to deal with it. But in visions during ayahuasca sessions, he managed to overcome it and could not deny this possibility." (ZI72-80)

f) Ayahuasca vs. Time and Space

"Perhaps for a while," replied a Guatemalan dramatherapist sitting on the wooden floor of a meditation room, describing his experience. "Generally speaking, I think that most of the time I was aware of being in maloca, even though the space gained new quality. The first experience was a total horror for me, because I found myself in a very dark environment full of grotesque paintings. Looking at it from a different angle, they constituted a burden that was blocking me. These were very transient matters. It was as if the words of icaros were evoking certain parts of myths; the paintings of ancient ballroom dances from Guatemala, which have a spiritual basis; a shadow of a dancer, appearing in the session. I can say in general that many memories, paintings and impressions that I associate with my culture arose. The song about stones vibrated within me a lot. Two or three weeks before my arrival, I was hitchhiking in the places in the mountains where ceremonies take place, and I asked them to give me enough power to manage everything here. I could visualize the mountains all the time. I could see them as paintings. I was recalling my culture, my grandparents, the local people, rivers, mountains, dances, etc. Talking about maloca, perhaps, it hasn't changed so much; I perceived it more like community. We all were there for some reason. Perhaps, we were creating this meaning together.

At one moment, I was dreaming about... don't know... as it [ayahuasca] wanted me to feel all right. In the strongest moments, I was feeling enormous power hidden within me, as if it was taking control of me. It even forced me to stand up. It was at the moment when I saw the dance paintings. I recall how I was experiencing one dance. After that, I found out from »ZU« that I was dancing for a while. I stood up as the plant was playing with me. Out of a sudden, I was lying on the ground unconscious. Then, I threw mats away. The part in which I felt the power and spotted a painting of a felid followed. Then, I had an impression as if I was a black puma. I felt as if I had claws and, at that time, stood up again. I felt great. It seemed to me as if I was in the rainforest, hearing the call of the jungle that was inviting me up to set out to its depths. At that time, I felt »ZA« with »ZU« caught me. It looked as if they were some hunters who managed to catch me. I wasn't sure if they were real or not. I had no idea if it was a part of the vision or not.

Subsequently, some paintings appeared, replenishing my energy. I saw a river, which calmed me down. As soon as the ritual finished, which happened at once when the light went on, I still didn't know yet if all was over or not." (ZY24-28)

8.10. Observable Effects

a) Vision and Hallucination

"From what I was told before my first session, I thought that visions are just visual matters, that it's a sensory input that incomes through a visual channel. As soon as I started drinking ayahuasca, everything turned upside down. The visions were three-dimensional, it was possible to see them with open eyes as well as the closed ones, they were mobile, olfactoric, auditive... It was not only a vision, but experience" commented on his impressions a Chilean psychologist. (ZE17) But how he knew that what he was experiencing was not just an illusion?

"This is in my opinion themost difficult about ayahuasca," an erudite expert started his explanation. "It's about where does the information come from. Whether it is a personal projection, fiction, or it is authentic. There are criteria on which basis this topic can be considered. But I don't claim the whole matter is evident."

What are the criteria? We asked.

"The good guarantee of authenticity of information is that it doesn't surprise you. If you didn't think about it, didn't bare it in mind, and it came out of the blue." That's on the first place.

"Second, if it's information that brings relief. It may involve something unpleasant, for example, that you treated your wife badly. At that moment you know that it's true and it deserves attention. Seeing that the way you talked to her wasn't right is woeful, but it brings relief. The fact is that the truth frees. If it involves something authentic, people get relieved. If they are distressed, troubled, scared, or upset, it is necessary to start doubting. The information may come from the spiritual world, but from its negative side, from evil spirits. This has to be taken into accout.

It is important that it involves something liberating, surprising, and unexpected. If there are doubts, new and new questions arise. If the same situation is repeated three times, it's almost certain it's true. If it involves some interesting information that is repeated, there are two signs on which it can be opened.

First, it's through synchronicity. For example, when I saw that in my work I should treat the addicts, I could even think about it. That wasn't my goal. But after a long time I finally agreed. (laughing)

The other day my friend calls me and says: "There is an addict and I don't know what to do with him. When you work with the plants, maybe, you could help him."

What an incredible synchronicity!

It involves an external experience that is completely in harmony with what is happening, which creates echo.

In addition, it's necessary to confirm the information by the third person. If the doubts arise, it's good to have a teacher, a guide who can tell you that you are mistaken and help you to find the truth.

If all the elements exist (if it is about surprising, relief and feeling of truth inducing, synchronic theme, which repeats three times), then it's ideal. But it's not always like this. Every time as soon as I doubt, when I don't know or I've got the feeling that it's a fiction, I say that it's authentic information immediately grabbed by our reason that started transforming it.

Someone can receive a message telling he has either the ability or is gifted to heal. Anyway, that's too inaccurate as there are thousands of ways to heal. He may work as a healer in Bohemia, using, I don't know, prayers. But the reason can grab it and start developing it. One says to himself: 'I will be a healer,' so that's how the fiction is made. In practice, when someone tells his visions, I will immediately discover whether he tells fiction or not. I usually manage to take the hint. The way we ritually use ayahuasca is not aimed at prophecy. Well, from time to time some prophecy appears, but it's not about foreseeing future. I almost always find myself doubting whenever someone claims something, adding the precise time of something happening. The time of ayahuasca is neither linear nor chronological. It's a different type of time. Such claiming is therefore almost always wrong. When people say: 'I saw a plane falling from the sky,' it's 99 % out of reality. Yet, exceptions exist." (ZA54-65)

And how do the other informants view this topic? The possibility that all previously mentioned requirements would be met appears to be highly improbable.

"Hallucination is something that has nothing to do with humans," a French psychotherapist revealed her opinion. "The substance that is produced by local psychoactive plants is the same as the one on which dreams are based. That's why it makes sense in human's life. What's more, one knows he's conscious." (ZC123)¹⁴²

A Peruvian psychologist added to this: *"I myself consider visions dreams or nightmares and I play the main role during their forming as I'm conscious and capable of integrating with symbols my personality is hidden beyond. I don't consciously participate in a dream but vision." (ZI61)*

"In this case one knows that what he sees is not real, but he realizes it somehow affects him," his colleague added her opinion, who dealt with neurological aspects of ayahuasca's effects in her diploma thesis. "The hallucination is an exact opposite. One doesn't realize that what happens has nothing to do with him, and what's more, it seems real to him." (ZQ72)

The Peruvian adds: *"I think that the hallucination is a percept that lacks sense. It's a fiction. Something we see, but doesn't exist in reality." (ZS54)*

His German colleague explains further: *"It's said that hallucination is something that has nothing in common with reality... your being. It's like watching pink bears flying over here. Hallucination is to certain extent your own mental projection. (...) But it can't be integrated. It's something utterly incomprehensible and its use for healing purposes is excluded (...) whereas vision contains an element of union. It helps us to concentrate on ourselves, become integrated, and understand. An individual integration – in this lies the therapeutic effect." (ZW55-59)*

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Strassman, R. 2001: 73

b) Therapeutic Potential of Visions

"If the visionary experience is well led and maintained in an adequate context, it has a transformative character for a subject. But not a hallucinogenic experience," clarified for us a Chilean informant. *"Basically, it is a conflict with which psychotherapy has been dealing with for ages. It's about finding ways to distinguish schizophrenic and psychotic states from mystic experience. Speaking about differences, many scientific books have already been written."* (ZE22)

His colleague added: *"There are visions with immediate helping effects. But they have therapeutic potential only if it's possible to discuss them with somebody."* (ZC119)

Another informant's statement can't surely be denied: *"Some difficult visions don't have to be understood in the first place. But when you open the patient's file, you can put things together based on what he's like."* (ZM56)

"The meaning of visions depends on the type of patient as well as the way he develops. Sporadically, the visions are only mental masturbation," thus it's necessary to approach their content rather critically. (ZI58)

And in what way can be the vision analysis beneficial for the therapeutic process?

"On one hand it helps us to consider things we never notice, or to look from a different angle. It enables us to work out what from our behaviour is inadequate," the first informant said. (ZA48)

Another one then said: *"During the session the vision discovers matters that are to be deepened, repeated and assimilated."* (ZK24)

The following narrative by a French volunteer, who has spent more than two years in Takiwasi, confirms it: *"Many times I have seen animals with a lot of fangs. Those were wild beasts, snakes, and who knows what else. What was it about? I figured it out easily, without giving it a special thought. It was obvious. It was aggressivity. Gradually, I was able to work out what it involved. One time I had dreams about animals with fangs. But it made sense to me."* (ZO35)

"In the ritual context aimed at healing the visions are undoubtedly associated with unconsciousness that is controlled by a certain, but incomprehensible way," the German psychologist gave a thought to the whole thing. *"Thanks to the context and songs, energy can be transported. By that, all the matters that are relevant for you at that moment open from your unconsciousness or spiritual, mystic, personal or collective world. Therefore, the vision has a healing power."* (ZW56)

As we will see in Chapter 10.1, the patients themselves think about the visions with extraordinary importance. But it cannot be claimed that the phenomenon is present every time after ayahuasca ingestion and is of a uniform character.

"There are people who have more visions and see much more in them. Everyone has their own way of visualizing the spiritual world within the world of animals, plants and minerals," confirms a key informant our findings from the analysis of internal protocols. *"This can come to light at the moment when one feels within him a presence of the animal that represents him. At the moment of perception, he really feels it. It's necessary to monitor it to prevent obsession. The obsession is already a part of witchcraft (brujería). It is also possible to visualize plant elements. But it's more difficult as they are more distant from human nature. Perceiving mineral elements is even more complicated. But we are all connected to them. We contain a little from*

everything. We are connected to animal world as well as plant and mineral one.” (ZA187)

8.11. Diet

a) Experience

As it has been already stated, one of the criteria qualifying a person to practise healing profession is the diet. All our informants passed their rainforest stays. Naturally, their experience differs.

For instance, an Argentinean healer answered our question regarding the number of passed diets as follows: *“I don’t know. I’m on the diet every eight or twelve months. I have passed some twenty diets.”* (ZAC13)

Another key informant told us: *“I have been on fifteen or sixteen diets. I don’t recall exactly. Those were short four-to-five day diets. The longest diet lasted three weeks. Some of the so called complete diets I was on either at work or in the rainforest. When you’re not isolated, you won’t get so deep.”* (ZA37)

A psychotherapist and assistant with whom we lived in the same house in the outskirts of Tarapoto, revealed during the interview: *“Because I don’t have a boyfriend here, I am on a permanent diet. I don’t drink alcohol. I have lived a very strict life.”* (ZC48)

Her colleague, a married man with two children, is obliged to follow the same lifestyle. But his diet approach is not so strict: *“Solón Tello, a healer from whom I learned a little, used to say that every January he took part in a fiesta that is held annually to commemorate retiring war veterans. Once a year, he drinks beer and eats pork. For the rest of time he follows his regime. (...) When I go on holiday in January, I dare eat little pork and drink little beer.”* (ZU27-28)

And what about the patients? We asked an informant who has a lot of experience with patients. *“We used to do one diet a year. But the post-diet was much longer, lasting at least for a month. Now with an increased number of patients we have more diets.”* (ZG34) Details regarding the number of diets the patients are on average on and what types of topics they deal with during them are explained in Chapter 10.4.

b) Effect

“Ayahuasca gives you light and visions enabling understanding. In fact, it’s the diet that allows you to undergo an inner change of a good quality. Ayahuasca is a plant and it’s necessary to see her accordingly. As a liana it has no difficulties to climb up by wrapping around with its branches. But still it’s just a liana and it needs a support to grow. Something that can support it and improve its robustness. If there is no strong tree on which it could hang, a strong wind blows and it falls down. I guess that in case of ayahuasca treatment, it’s the same. During it some other matters can arise. One can realize many things and undergo a significant change from which a lot of things will emerge. But it’s necessary to strengthen oneself a little! That’s why we’ve got the diet,” which was described in Chapter 6.7. (ZG35)

“As soon as you pass the diet, you return completely physically transformed. Your attitude, your behaviour will be changed.” (ZM108) Naturally, one loses some weight-

ght, which is done by lowered consumption of water that is usually taken from a nearby mountain stream, but it is not always drinkable due to heavy showers.

"The diet cleanses you. It's very noticeable. But most things you realize after the diet. The diet is a process. When you return to Takiwasi, the first two weeks you don't participate in ayahuasca sessions, you go through the post-diet, etc.

The first and second sessions after the diet were always extraordinary. They were very transparent due to a clear difference between the before and after. It was like harvesting all the fruits of the diet, vomiting all the partially identified things, but which didn't want to emerge to the surface. I used to have remarkable visions: more beautiful, intense, and meaningful.

The effect of the diet lasts for long. It doesn't mean that after you complete it, all the work is done. The plant is active for much longer. The change you have undergone is not only apparent during ayahuasca sessions, but in life, too. It's small, but evident. You gradually notice it." (Z045-47)

"Sometimes, it's difficult to verbalize it. The work is in progress and you don't even notice the change you are undergoing. One is within his body, his experience, and even though he thinks he has learned something, it can be beneficial to ask other two, three people if they think »ZW« has changed in last six months." (ZW37)

"To me the diet gives a lot – that I can be myself," continued in his speech another informant. "Even though I feel inner resistance, I fight till the end. Obstacles will be overcome. I also value it because of the dreams. Uf, a lot of dreams!

I sat to get up at 3 a.m. to write them down. And again in the morning. In the end, I had five pages of dreams! It was incredible how many dreams I had. How clear they were! It wasn't difficult to interpret them at all. They weren't confused. They spoke for themselves, which pushes you forward enormously." (Z041-42)

Despite the fact we sporadically noticed in the informants' statements the talk about visions during their stay in the rainforest, regarding the diet the primary meaning is aimed at the dreams which Takiwasi analyses further. But sometimes there is a tortuous way leading to the pleasure of having dreams. *"Earlier, I tended to ignore my dreams as I used to be a heavy smoker (of marihuana, authors comment). Or despite having dreams I didn't remember them,"* one narrative explains. (ZAA38)

"But I started having them after the first three, four purgas. Two months later I passed my first diet and I have had dreams since. Naturally, the plant matters. Anyway, the dreams can be deepened and brightened. Sometimes, it happened to me that I could see one's face, but I wasn't sure about who it was. Next time, I saw it with every detail." (Ibid.)

Another informant told us about her experiences: *"From what is said I expected that it would be difficult with first tobacco ingestion. But nothing happened to me. I felt great during the whole diet period. I was satisfied about being on it. I enjoy being alone so it was great. It depends a lot on what personal matters you will deal with."* (ZQ50)

The informants agree upon the fact that the diet provides an approach to spirituality. *"I suffered from many hormonal problems,"* the previous narrator recalls. *"My period wasn't coming for a long time. I was scared and tested myself. At the opening session of the diet, I asked ayahuasca for help. It was my birthday. When I woke up*

the other day, I menstruated. I was thrilled! I felt that Mother Nature united with me and cured me. It was like the faith got born within me. During the diet, I sat and talked with plants and the Nature. I felt very connected and tied to them.” (ZQ54)

Another informant told us in connection to this: *“What influenced me the most was the diet. I really mean it. I do remember ayahuasca; anyway, the diet influenced me much more. During it I started living spiritual life and getting rid of the grief from divorce. Purgas’ influence and, most importantly, the diet’s one were apparent and really deep.” (ZC7)*

Considering the fact that individual herbal extracts significantly differ in their effects, in the following we introduce the informants’ particular observations to each botanical type separately.

c) Ushpawasha sanango

“From physical point of view, ushpa isn’t so strong. In fact, it’s a plant that is prescribed to other people here, who experience the diet for the first time. (...) From the physical point of view, its effect is very mild. It’s nothing essential. But her taste is really disgusting. The plant is known for its ability to strengthen emotional experience and human memories. That’s why ushpawasha is nicknamed ‘the memory of heart’ (la memoria del corazón). There are people who cry during the diet. In my case nothing like that happened. I didn’t have such a strong memory. But I didn’t have emotional dreams.” (ZAE22-24)

A similar experience is confirmed by another informant, a German who started collaboration with Takiwasi during his university studies: *“Ushpawasha was very weak for me during the diet. With passing memories. I didn’t touch deep emotions. I was upset just a little. I was happy that I could remember my childhood and adolescence.” (ZW21)*

But what happened in the end!? *“Six months after that, when I was back in Germany, dealing with my diploma, such sadness stroke me that I almost cried for two days. Not without stopping. But I really cried for two days, felt pain and knew that ushpawasha caused it. That was interesting.” (ZW22)*

d) Ajo sachá

“Ajo sachá affects human identity. It makes a user realize who he is and what his mission is. Especially, to make him become independent. To become independent on his parents, mother, society requirements and expectations, that he has to be handsome, well-off, and many more,” explained a French volunteer and added his personal experience:

“For me the diet was very important as I was able to become independent from my family, my mother. The fact that lost all love for my father, alcoholic, who to certain extent became disgusting to me; brought me closer to my unduly caring mother. To restore balance I had to separate myself from her.” (ZO52-53)

“Ajo sachá is about where my place is, what is mine, and what is not,” commented his colleague. “I think that because I was dealing with obscurity and confusions, I was able to define myself and find my own space at work as well as in personal life.” (ZW35)

"Before drinking ajo sachá I felt professionally at the bottom. During one session I had a feeling that becoming a psychologist would not be suitable for me. It was very dark, very confusing. During the diet I experienced something like a rebirth, like an inner enlightenment. One doesn't remain in such state, does he!?" (ZW32)

e) Palos

"The first diet with palos was new experience for me. It was strange. By then, I had worked in Takiwasi for six months and I was very curious about what might happen during it. (...) I tried to psychologise it too much and figure things out. But it was beneficial. I touched the topic of anxiety, family issues, solution of my relation towards the world and largely slept. From my point of view, it was a very good, pleasant diet." (ZI32-34)

During describing his experiences, one informant clarified for us the reason for prescribing a preparative from the barks of eleven types of woody plants: *"They prescribed palos to make me more confident and stronger."* (ZY33)¹⁴³

The other one added: *"I drank palos to support my structure. To make it calmer. To help me concentrate more on having a lot of dreams. I passed through it very easily."* (ZO44)

f) Chiric sanango

"Its effects are very very subtle. By affecting mind and spirit, it's easier to get short (cruzarse). It means it will have opposite effects. (...) It has an effect in the brain. Uchu is strong as well. From mental point of view, it's harder to stabilize (...) a person after the chiric ingestion than the uchu one. These plants are definitely the strongest that I know.

Ayahuasca is strong, too. But I think that chiric is stronger and more dangerous. Nowadays people undergo diets without protection, without rituals. To stabilize a person it's harder than after the ayahuasca ingestion and he is not ok, then. It's more complicated," pointed out an experienced informant, which provoked events we have already described in Chapter 6.7.2. (ZC88-91)

Another informant added to this topic: *"I was warned about chiric sanango during one ayahuasca session. Listening to the icaros with the plant's name, one matter visualized in my head, everything turned yellow and I felt chiric cleaning my heart.*

»ZA« told me: "That's a good sign! It would be suitable for you to drink the plant during the diet. So, I drank it, which was followed by symptoms, such as itching, coldness, and intense dreams that repeated a month after the diet. During two sessions I was meeting with chiric sanango. Then it shifted into an energetic, psychological, or – as we say – psychosexual character. It's said that chiric sanango removes fear and deals with problems associated with sexuality. So, I had one very interesting sexual topic. For the second time it was more revolving around personal energy." (ZW25-28)

¹⁴³

To plant types from which the extract is prepared belong: chuchuwasi, bachufa, killuwiqui, came, bubinzana, bolaquiro, acero huasca, coco bolo, tambor huasca, clavo huasca, indano (see Appendix I.II).

g) Uchu sanango

We noticed a local priest describing some experience with uchu sanango. Even he does not avoid passing the diet. His experience is summarized in the following narrative:

“Well, they gave it to me with no preparation. I felt like dying. My whole body was paralyzed. Gradually, it occurred to me that it was caused by the plant effects, so I stopped worrying. It seemed fascinating to me. The only thing I was able to move was my tongue. Only by that I knew I was alive. Otherwise, I could move at all. Gradually, I got relieved and at night I spotted clear vision about what is happening in my heart.” (ZK93)

h) Coca

“Speaking about coca, it makes it easier to deal with emotional questions and helps one focus maximally. It’s a very neutral and balanced plant,” confirms a French volunteer’s narrative, who has passed four diets during his work in Takiwasi. (ZO54)

His statement refers to a local concept according to which all plants can be divided into man and woman categories, based on whether their use contributes to either sensibilization or supporting the personality structure. According to the informant, coca is in this sense in balance.¹⁴⁴

i) Bubinzana

“Bubinzana is said to make us more flexible in our opinions and strengthen our roots. Thanks to the fact that I feel more secure and I am better fixed in the ground, I can easily react and express myself with more elasticity,” explained another informat. *“It’s due to my German personality that sometimes I tend to unduly pursue my opinions. I drank the plant to become more diplomatic, to soften my speech and way I react. I hope it works.”* (laughter; ZW39-40)

One informant also confirmed Shipibo Indians’ statement that bubinzana harmonizes partners’ life. (ZAE45)



Figure 24: An electrifying charm of bubinzana’s blossoms that always open during the fall afternoon hours and are used for the preparation of an herbal bath.

¹⁴⁴

Giove, R. 2002: 47

j) Ayahuasca

To be on a diet with ayahuasca is in a way a unique matter. Only few of the people we have talked to, have had the honour. A key informant explained during his narrative in what way he decided to enrich his healing abilities with ayahuasca:

"One diet was by itself strange. It took three weeks. At the beginning I set off to the rainforest to drink ayahuasca on my own. My intention was to stay alone and drink it every day. The final day it told me that I had to stay for a week. Unplanned, though, I decided to stay. After a week I had a vision in which I was told to stay for another week. I didn't expect that.

So, I stayed a week longer. The following Sunday, ayahuasca told me I had to stay for another week, but that I can eat every other day. I told myself: 'How long is it going to make fun of me!?' It already seemed long to me. I went to the rainforest for three days, but it's been two weeks already!

The last week, I ate every other day. So, the diet took three weeks in total. What was interesting about it was fact that I wasn't hungry at all and felt great. I wasn't tired, either. But it was way too long as I drank ayahuasca every night. But I drank only a little with no sessions, and I went to sleep after ingestion. Eventually, I participated in the session very shortly. It was a certain kind of ayahuasca impregnation to broaden visions." (ZA39-42)

k) Diet Risks

Leaving aside the previous description of personal experiment that is unacceptable regarding patients, because they are always under control of competent person, there are not bigger healthy risks. Such statement is naturally valid as long as the user of plant extracts follows the rules established by a healer.

When talking to one ergotherapist, we came across a question whether during his long-term practice he had ever encountered an emergency situation. Let the following be a vivid answer:

"MH: Have you ever encounterer any problematic cases?

ZM: There're patients who don't want to stay there, saying: 'I don't want to ingest those plants. It's disgusting!' and you have to persuade them. But not the other way round.

MH: One has to follow its rules and then it's all ok, right?

ZM: Of course.

MH: If somebody interrupts the diet in two days, such as the girl (a nineteen-year-old seminarist, authors comment), then, naturally, some complications arise.

ZM: Sure. I have come across it during the seminars. What also happened was tha ta girl drank a plant, disappeared from her cabin (tambo), and went to the hill. She got lost at night, nobody in the cabin. She slept outside. But I didn't notice anything like that regarding patients.

MH: Did they find her in the end?

ZM: Of course.

MH: Was she all right?

ZM: No, she wasn't. She short-curcited with the plant (cruzarse con la planta), by all means. But I didn't see anything like that regarding patients.

MH: Is it because they are ready for it?

ZM: Don't think so. You know what? I would say that it's because a patient who used to consume drugs is able to perceive a lot of things. Thanks to drugs, one can enjoy many things. You also learn a lot. People who take them also experience a lot. Taking drugs is certain experience. Then, when patients drink ayahuasca or any other plant that causes visions, impressions, dreams, and all the stuff, they experience it normally.

MH: Are they used to it?

ZM: They take it normally. A man from outside, or a woman, girl, madam, lady; comes and eats something that blocks her. Or she's afraid and runs away! She isn't afraid of running in the mountains at night, but she fears what might happen. And then, something really happens. But patients are cool." (ZM111-124)

9. PATIENT INTERVIEWS

In this chapter we present the results of the content analysis of semi-structured interviews with sixteen patients who were interned in Takiwasi in 2009.

Table 5: Characteristics of an examined sample. (AL) alcohol, (AN) amphetamines, (CA) cannabis, (CO) cocaine, (CR) crack, (FA) pills, (HE) heroin, (IN) inhalants, (LSD) lysergic acid diethylamide, (LU) pathological gambling, (ME) methadone, (PBC) basic cocaine paste, (PSI) psychic disorders, (TA) tobacco.

Average interview time: 31:33

Total time: 8:25:01

PATIENTS				
#	CODE	AGE	NATIONALITY	MOTIVE OF INTERNMENT
1	PA	40	Peruvian	AL, LU
2	PC	33	Peruvian	PBC, AL, TA, CO, CA, IN
3	PE	23	Peruvian	PBC, TA
4	PG	32	Spanish	CO
5	PI	38	Peruvian	PBC, CO, CA, AL, TA
6	PK	21	French	LU
7	PM	26	French	PSI
8	PO	31	Brazilian	CR, CO, CA, AL, TA, AN
9	PQ	23	Swiss	CA, AL, LSD, AN
10	PS	20	Peruvian	CA, PBC
11	PU	33	Peruvian	LU
12	PW	24	Peruvian	CO, PBC, CA, AL, TA
13	PY	28	Peruvian	CO, AL, FA, CA
14	PAA	28	Peruvian	CO, CA
15	PAC	20	Argentinean	CA, AL, FA, LSD
16	PAE	31	French	HE, CO, ME, TA, AL, CA, FA

During the processing in MS Excel the transcribed interviews were divided into eleven categories that appear in the following text as chapters. Every category consists of several subcategories further developing their content.

Individual informant's statements introduced within single subcategories are coded in order to preserve anonymity. All the codes involve identification of a certain person (first two to three signs) as well as a number code on the basis of which a statement can be traced in an internal electronic database.

Explanatory note: PC47, where P marks the type of informant (P=patient). C stands for his personal identifier that substitutes his name and 47 is the number of statement bounded by the length of one paragraph.

9.1. Personal Information

a) Former Profession

A generally accepted idea that a drug addict is a person who lives on the outskirts of human society does not always have to be valid. We managed to make a close friendship with a patient whose narrative can be considered a confirmation:

"One of my acquaintances told me once that they needed help in the church where he worked as a priest. We had a chat. To tell the truth, I needed the job. It occurred to me. I'm an electrician and teacher. I have two professions. I worked as a teacher for a year. As there was no work, I did what was available. I was an announcer, deejay, security guard, painter, joiner, gas technician, and electrician. I'm skilled. I worked as a construction worker. I myself built my brother-in-law's house. I was a mason. I was never without work. I always did what was available. When I couldn't do something, I learned it." (PC47)

Another informant told us what he used to do: *"I used to build motocross tracks. I'm a track designer. I ride motocross."* (PI84)

But there are also students in Takiwasi, either the former or current ones. *"I studied in Chiclayo. Because of drug consumption, they moved me to Lima,"* one informant told us. (PW26)

As has been previously stated, patients start to go to school during the final stages of the rehabilitation program when they are integrated back to the society. The following dialog confirms:

"MH: What do you study?"

PS: Mechanics.

MH: What year are you in?"

PS: The first one, I have just started." (PS21-24)

In general, the therapeutic team in Takiwasi makes sure that people who leave know what to do with their lives.

b) Religion

With reference to Chapter 3.8, the overwhelming majority of patients are Catholics. But there can be also found those who do not belong to any Christian denomination. The following narrative confirms:

"I consider myself a Christian, not a Catholic. I'm not a member of any church, not even the Mormons. I carry my Christianity within myself. My relationship with Christ and... I'm capable of accepting many things, but I'm not a Catholic." (PG199)

If anyone decides during the therapy that they would like to undergo the sacrament of baptism, they have an exclusive opportunity, because the center is prepared for such cases.

"I was baptized here," a twenty-year-old Argentinean patient told us.

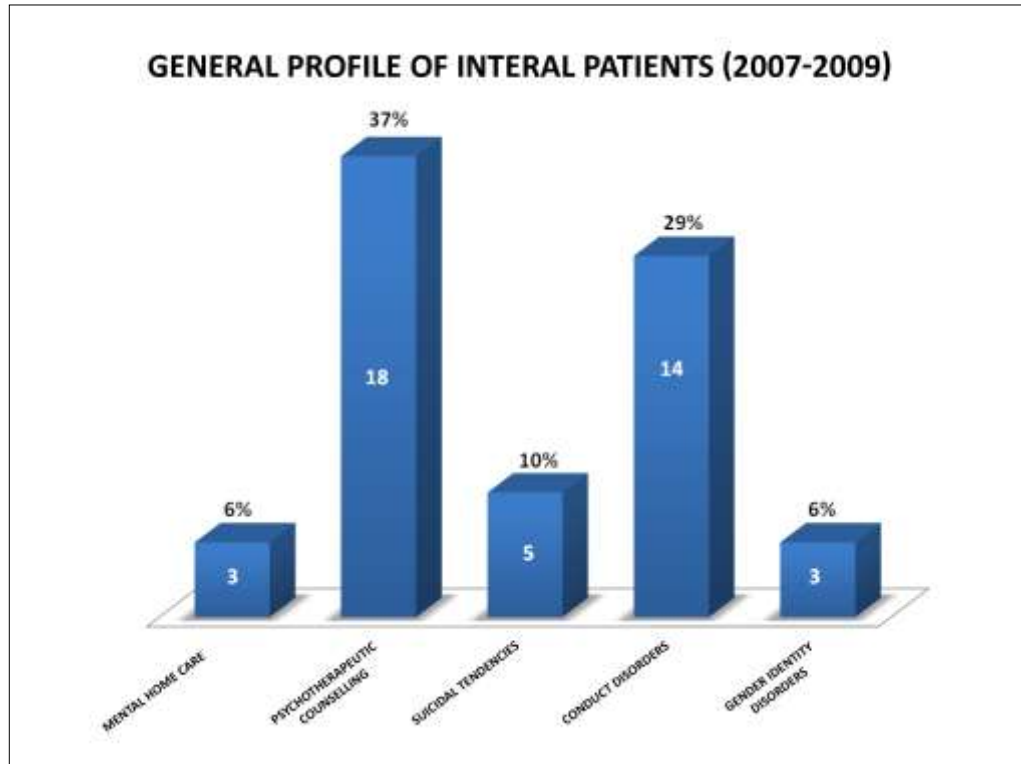
"MH: Here in Takiwasi? That's nice! When? Last year?"

PAC: No, this year.

MH: This year? I see. So, during the first treatment.

PAC: Yes." (PAC117-121)

Becoming a believer during the addiction treatment is undoubtedly a significant transformation. Nevertheless, there are patients as the one mentioned before who had to face up to great pressure from their atheist families, resulting in a dropout. Thanks to the fact that the center provides exceptions for those who want to return, the patient suffering from depressions successfully finished the treatment.



Graph 8: An extract from clinical reports that the patients fill in before the treatment initiation (N=49).

9.2. Drug Use

a) Type of Drugs

Before letting some informants tell us their life stories revolving around drug addiction, it would be advisable to explain which drugs they used. The summary of all the substances the patients had problems with can be found in the introductory chapter. Hence, we introduce here only a few examples for demonstration.

One young Swiss man told us this about the drugs he used to take: *“First marihuana. I started with marihuana and cigarettes. It was the most important for me. I tried a little from every drug. I tried cocaine, heroin, and ecstasy. I tried some a couple of times, but then I gave them up as I didn’t find what I was looking for. What I took most was marihuana and LSD.”* (PQ23)

A twenty-year-old man from Tarapoto who spent twelve months in the treatment and ran away in the end, taking drugs again, told us: *“At first, I smoke marihuana. Only marihuana. But then, I started suffering from severe depressions. (...) I wanted more. I don’t know. I wanted, as we say, to be zonked out (estar en la luna). No longer think about the past, but the future. I started to take mixto and it appealed to me. It*

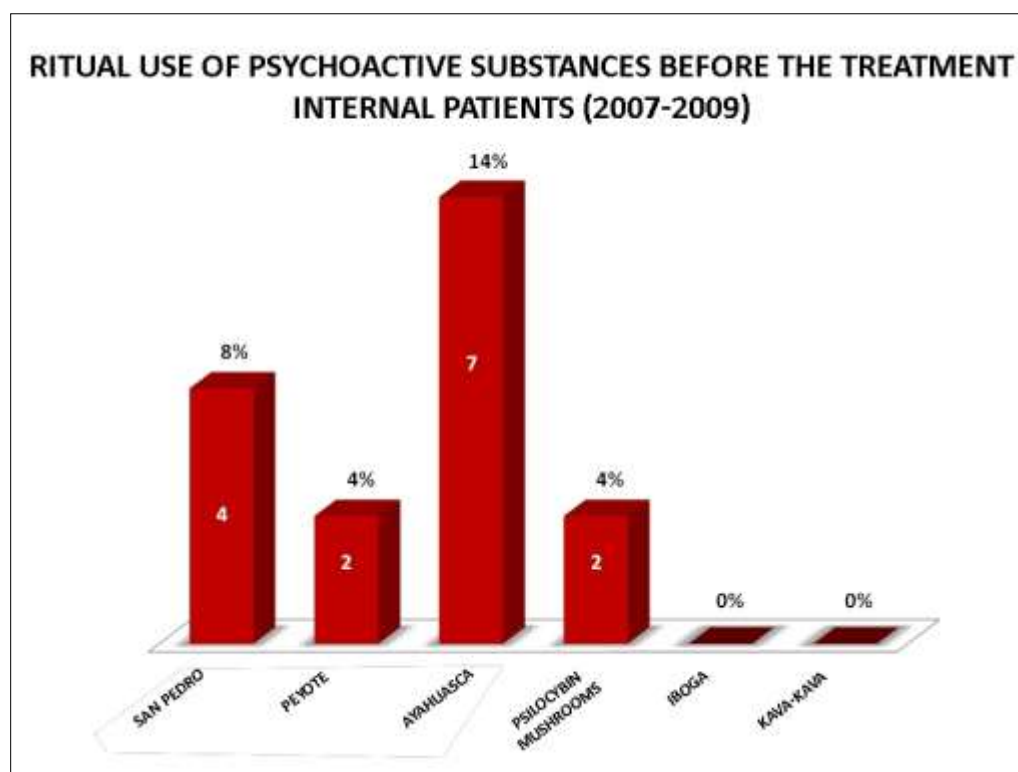
tasted so great that I couldn't stop. I took only this. Marihuana and mixto. These two things." (PS59-61)

Mixto, the combination of marihuana with cocaine paste, is one of the many mixtures we had the opportunity to come across among the patients. A thirty-three-year-old informant told us: *"I smoked the paste. I sniffed (diluent, author's comment) and smoked marihuana. But I never liked it."* (PC69)

A Spanish narrator, similarly to drug consumers coming from the capital Lima with better economic background, revealed: *"I snuffed cocaine."* (PG9)

Such practice almost doesn't exist among the local population due to the financial reasons. But on the other hand, many have experience with a ritual use of psychoactive substances causing altered states of consciousness.

When we were discussing this topic with a Peruvian informant, we found out the following: *"I ingested San Pedro. (...) The effects of San Pedro and ayahuasca are similar."* (PI115-119)



Graph 9: Regarding 30 % of the internal patients from 2007-2009 was recorded that before Takiwasi they had experience with ritual ingestion of psychoactive substances causing altered states of consciousness (N=49).

b) Concept of Drug Addiction

In a similar way as we discussed with the staff in Chapter 8.8, we asked the patients how they view drug addiction. One of them told us: *"In my opinion, it's a disease. Yes. I think that it's about the presence of evil in our lives. The evil one can hurt other people with. Most often it's about having a similar or even mutual intention."* (PO155)

In case of drug addiction treatment, the therapists in Takiwasi commonly refer to drug taking as a symptom hiding the real problems which have to be dealt with. But the previously mentioned informant disagrees. He supports his disagreement as follows: *"I think that one can be reasonable with good intentions and orderly family, yet, he can take drugs, too. (...) He may start taking drugs at parties, on holiday..."* we would say a recreational use.

"One will be doing great at work. But from the moment of contact with drugs, things may... (handclap) From that time problems may start occurring and, gradually, forcing them to take more and more." (P0157-159)

Thus, complications may be, under certain circumstances, caused artificially and, hence to a certain degree, one can blame only themselves alone. As a result, his rehabilitation cannot be successful unless he takes this fact into account.

In Takiwasi it is also said that he looks for holiness and a contact with spirituality who takes drugs. And what does our informant think about that?

"I guess that it's about a restless soul or spirit," he said. *"Drug addicts are more than anybody else lost in life. They don't associate themselves with life very well."* (P0162-4)

c) Cause of Addiction

But where does the restlessness that troubles a person to such extent that they start taking drugs come from? *"One thing that I have just come across is childhood,"* added a thirty-one-year-old Brazilian. *"I myself am very sad when I see people like me being hungry. In Sao Paulo, where I come from, there are striking social differences. Personally, I feel very bad knowing that when I eat, there are many who can't. Then, I'm thinking about stopping eating. I think that affects me a lot."* (P0154-166)

But life anxiety in difficult social conditions is only one of the reasons that may force a human to take drugs. We found out other reasons from other two informants. The oldest one, who has been rehabilitated twice, told us: *"Drinking alcohol seemed to me like the only possible way out, the only relief from all problems that I had. Mostly family problems. (...) I was desperate. I got divorced. When I was first interned here, I was doing really badly. When I arrived, I was totally hopeless. Like a puppet. What's more, I looked down on the therapists, especially »ZI«. I don't know if he heard me at that time. My family then told me that I was being rude. But I didn't realize that."* (PA5-7)

The same fate met another informant, whose wife left soon after he decided to be rehabilitated. But he was quite significantly stigmatized by the events from his puberty.

Imagine a family where a mother cheats on a father with his best friend. At the same time, she uses her children to keep her infidelity hidden. What impression would that make on you?

A thirty-three-year-old Peruvian, who successfully finished his treatment in January 2009, told us: *"I was seven, eight years old and I was totally shocked. It had never occurred to me that it could have such an influence on me. Recently, I claimed that it has led to the beginning of my addiction."* (PC4-14)

d) Length of Addiction

"How long have I been drinking alcohol!? Since I was twenty-three (...) till forty-one, forty," replied the informant whose statement left us with quiet wonder. (PA159-161)

Another twenty-three-year-old informant's contribution distracted us: *"I was twelve, thirteen when I started smoking marihuana with friends, because I felt a little bit isolated from my classmates. I wanted to get to know them better. I knew they were smoking, which seemed a way to get to them. I started smoking at twelve and I have been smoking all my life. Later, because of the same reason, I took up with alcohol. My friends used to go drinking to the bar, so I did the same. I also used to take LSD a lot. I started with it at seventeen, or so. At sixteen, seventeen. I used more as I was interested in spirituality. I read a lot on LSD. I knew it was used for therapy purposes and enabled a human to start working on oneself. I also took some other psychedelic drugs."* (PQ21)

A Brazilian patient answered the question about when he started taking drugs as follows: *"At sixteen. With clove cigarettes, with menthol cigarettes. Then with marihuana and alcohol. Then with cocaine. When I was twenty-five, there was a periods in which I was taking, apart from others, psychedelic drugs, LSD, ecstasy, and hashish. One day I tried crack and fell for it. But I didn't realize it. I enjoyed smoking. It seems to me that I have everything under control. Today, I realize that your bad habit changes you, it controls you. It plays with you as you were a puppet. (...) I took cocaine for more than ten years. Since the age of twenty until now when I am thirty-one."* (PO13-18)

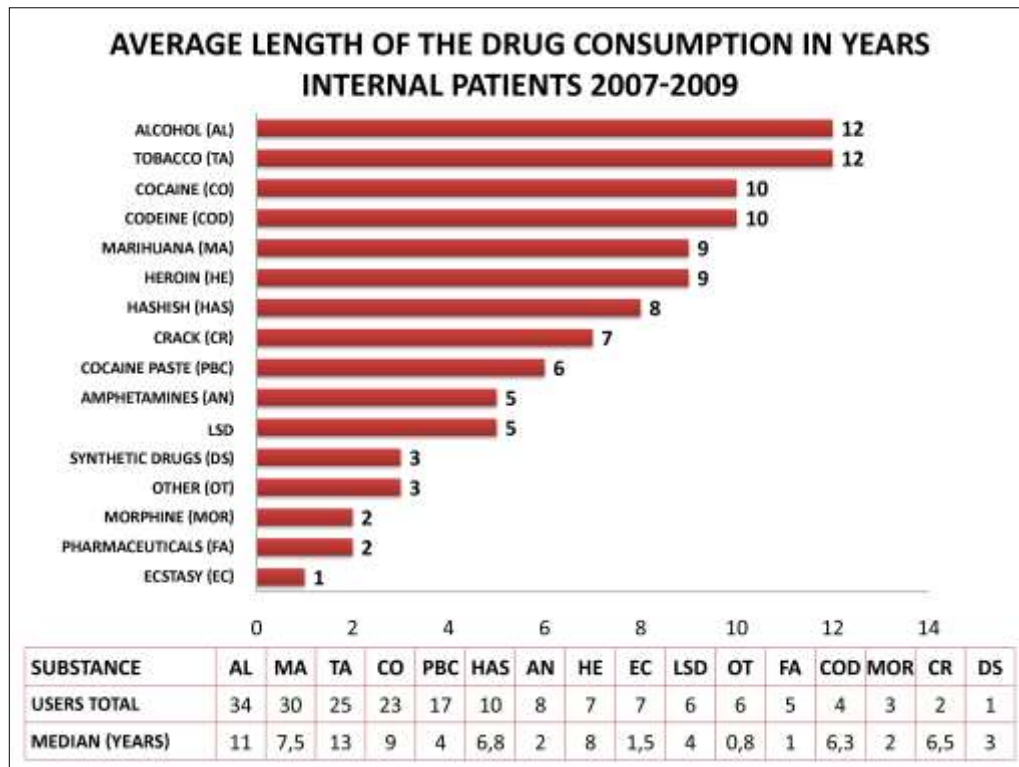
Just as for the previous two informants, a French man of the same age, who could be considered a poly-drug addict, told us: *"I used to take methadone for ten and heroin and cocaine for fifteen years, and who knows what else? Alcohol and all chemical drugs."* (PAE11)

A heavy user from Spain answered the question about the length of a cocaine use as follows: *"Way too long even though I had a long break, when I didn't use it. I started with it at nineteen. Now I'm thirty-five. (...) I gave it up about ten days before arriving here. When you get in touch with Takiwasi and they don't know you, they test you."* (PG11, 66)

One younger informant, who had problems with the so called virtual drugs, told us about him: *"It started when I went from high school to university. Thanks to freedom and so on. I enjoyed too much freedom and got stuck at PC. (...) It lasted two ot three years."* (PK70-72)

A Peruvian gambler addicted to casino and slot machines has a similar experience. Despite the fact that his problems did not last for decades, the damage that he had suffered from it was considerable.

"I lost a lot of money," he told us during the interview in the meditation hall. But unlike many other locals, he was able to pay for the treatment on his own, to full extent. (PU10)



Graph 10: The classification of substances is corresponding with what is recorded in internal Takiwasi documentation (N=49).

9.3. Treatment

a) Previous Treatment Experience

At the moment of dealing with the effectiveness of some form of rehabilitation, it is necessary to take into consideration the fact whether the patients passed any previous treatments or not. In this respect, the situation in Takiwasi was not surprising. As we had supposed before, the patients who were not successful in their previous treatment are mainly those who participate in the rehabilitation program.

After the interviews with the informants, it turned out that only three people out of sixteen have never been interned in any rehabilitation facilities. But history of the rest of the patients was so complicated that one was totally astonished.

A thirty-eight-year-old Peruvian informant, for instance, widely described how unsuccessful he was in passing already four therapeutic programs over Peru till he finally stayed in Takiwasi. Nevertheless, even here he did not manage to finish it successfully and decided to leave prematurely. He told us during the conversation: *"Before coming to Takiwasi, I was in another center. I was transferred. I have been interned for more than six months. Here in Takiwasi for a month. Before starting the treatment, I used to take cocaine paste, cocaine hydrochloride, marihuana alias cannabis, and a little alcohol."* (PI2)

Another French patient who has been trying to get rid of heroin addiction said: *"I have been visiting a psychiatrist because of subutex and methadone for ten years. (...) But I also passed another type of treatment. (...) During the last four, five years*

I had problems with authorities and sometimes I had to choose between being imprisoned or getting a treatment. The condition was to spend at least three weeks in hospital in Paris. Anyway, it was only good to hide from prison, nothing more. I rather did it to get closer to Benzodiazepam. (...) Medicaments such as Rohipnol, Rivotril and Valium, that I used to take at high doses with alcohol. Therefore, I went to that hospital. Not to get treated.” (PAE20-28)

Another interesting experience of a thirty-two-year-old Spanish informant, who has been interned in Takiwasi twice. He told us about what has changed from the first treatment: *“Taking drugs has become a more conscious matter. (...) I had such an idea that I could take some with my friends from time to time. Especially during free time at the weekends. Then, very destructive ideas appeared in my head. Even though I wasn’t looking for drugs again, my confidence was low, I behaved badly to my family, the work was miserable. In this state I wasn’t able to give to my family what I could if I entirely abstained.” (PG12-14)*

There is not a self-saving form of rehabilitation. Moreover, the probability of success quickly lowers when the patient starts the treatment because of somebody else. It happened so in the previous case as well as in the case of one young Peruvian who told us about himself:

“Before I was in a different treatment. Better said in Tarapoto, but in a different community. I was there against my will. They deceived me and brought me there. Owing to the fact that I was in a bad state they told me: ‘Let’s go to see the doctor.’ I almost slept. I went but was half way out. ‘Enter,’ they told me, ‘this is the way.’ So I went.” (PE6)

Another recidivist explained us what were the reasons leading him to a premature leave: *“The first treatment was difficult. It’s difficult when you suffer from anxiety. Once you are controlled by despair. For a while you think about one thing, in a while you think about another one. Things you should have been thinking about outside, you think about here inside. That makes you go away.” (PA165-167)*

Another informant who finished his treatment in the phase of reinsertion added: *“I was here in 2005. But I didn’t make it due to purgas. It lasted two week.” (PS32)*

Understandably, behind the patient’s motivation lies his personal experience with previous treatments. We found out from many informants that conditions in many Peruvian rehabilitation facilities are rather appalling. Let the following statement be an example:

“At one moment I decided to leave to Pucallpa for one rehabilitation center. (...) My family was very angry with me as I wanted to rush it. But at that time the fees in Takiwasi were too high for the locals. So, I had to look for something else...,” a problematic user of cocaine paste started his narrative, who was interned in a Christian mission for two months.

“I went at once. They cut my hair the first night. They gave me a dog’s food and said: ‘Eat!’

I asked with ill humor: ‘Where should I sit?’

‘Where should you sit? Sit on the ground! Pay,’ they told me.

Among the interned there was always a supervisor called an older brother. A managing director was responsible for an administration work. It was owned by a German woman. They called her mother René.

The managing director was a professional soldier, a former member of MRTA (Movimiento Revolucionario Túpac Amaru, author's comment). The older brother who told me to eat on the ground like a dog was his flunkey. He was just another murderer and suicide bomber. All the people who were in this mission were of these tendencies. They were ex-MRTA members, Shining Path members, members of the Peruvian armed revolutionary movements, suicide bombers, drug traffickers, piranhas, children stealing in the streets, drug traffickers' assassins, and so on. At night we counted what they did. It was nothing productive. The only one educated was me. With university education and so on.

Getting up was at 4 a.m. You prayed till 6 a.m. Then, you washed up and tidy up. You had breakfast at 6:30 a.m. and from 8 a.m. till 1 p.m. you were at work. At 2 o'clock the bible reading started and finished at 4 p.m. From 4 to 6 p.m. we had free time to play football, have a shower and wash our clothes. At 6 p.m. we were all together again. From 7:30 till 8:30 p.m. you prayed and sing again. At 9 p.m. all lights went off and it was time to bed.

It was a detail that my family paid 30 Peruvian soles. All paid 30 (...) per month for water and electricity (approximately 10 USD, author's comment). But how to get food!? We set off with a group of brothers, as we call each other, to the market. Pucallpa has roughly five markets. In groups of three we set off to different places.

With a bag in hand, in the name of mission, you asked for support. You wore a T-shirt with a sign written in capital letters: THE REHABILITATION CENTER FOR DRUG ADDICTS. THE SANTIAGO MISSION. (...) It was humiliating. People were disagreeable. 'Did you smoke with me? Did I invite you? Listen, you're nuts! What's the matter with you? You're doing badly? Work, then!' they said. They scolded you, telling you everything possible." (PC48-67)

It is always an extreme when the patient is treated against his will. If it happens so in inhuman conditions, the whole matter has to end in failure. No wonder that the person about whom the narrative was ended up in relapse before the internment in Takiwasi.

b) Motivation

"When I was dealing with formalities, a therapist told me: "You won't do anything in three months and neither in six. It's a moment. Lets talk about something meaningful." I came decided for nine months." (PC126)

As it has been stated before, motivation poses one of the key factors, influencing whether a patient will be able to manage the treatment till its successful end or not. But not everybody comes to Takiwasi based on their own decision, for instance, a forty-one-year-old French man, who told us the following:

"My parents, my mother with her boyfiend, who is a doctor, made me do it. They knew about my drug addiction for a long time." (PAE16)

Another informant from Peru who was forced to drop out from university due to his drug addiction told us: *"My parents didn't force me to enter the treatment. It was the first step. After three years of rises and falls I went through, I felt the need for an internment. At that moment, the center was the most suitable choice. I learnt about it on the internet..." (PW32)*

Informant from Sao Paulo was interned for the first time when he was nineteen to fulfill his parents' wish. Hence, we asked him about how his motivation has changed since:

"It's about the entire change of the way of thinking," he replied. "And it changed when I got married. Taking drugs had become an obstacle in my relationship. But the situation got worse when we broke up. In the end, our relationship was so broken that we got divorced. At one moment, my ex-wife forbade me to see my daughter. She went to the court and asked for blood tests to confirm my addiction. And it was confirmed. I couldn't see my daughter. I had to see her under police control. It was absolutely unacceptable for me." (PO12)

The following narrative by one Swiss informant seems quaint: *"I came here as my girlfriend had a dream a year ago in which she saw shamans calling her. When she told me, we decided to come to Latin America to find a shaman. She wished to find out what it is she would like to do in her life. I accompanied her in order to work on myself, to develop my spirituality. I was captivated by plants. We spent seven months looking for shamans in Peru and Bolivia, but everytime we came across some imposters. But I have known Takiwasi via internet for years. I also had two friends who worked with »ZA« as they have their own detoxication facility in Switzerland. They told me that Takiwasi was good. That they used plants. We were quite upset as we didn't find any shamans, so we decided to visit Takiwasi. At the beginning we only wanted to talk to »ZA« and find out whether he knew any shamans. I told him something about my life and he replied: 'I offer you to try it here for a month. Then, you can get interned. You used to take drugs, so it could be beneficial.'"* (PQ10)

"I entered to work on my spirituality, to work on myself," he added after a while. (PQ31)

A very similar reason was stated by another young Peruvian man who successfully ended his treatment this year in January: *"Basically, I came here to find myself. To find out whom I am and where my place is. Because of myself. In order not to be dependent on others."* (PY144)

Another very sociable and talkative informant told us: *"I came here because of my gambling – casino and slot machines. But mainly to change my life that was revolving around parties and entertainment. I wanted to change it radically."* (PU2)

Others did not realize their motive until our conversation. *"I have realized why I am here right after you asked me the question,"* a thirty-year-old father of two children told us. *"I think that one has to do it because of oneself."* (PI216)

In the end, an Argentinean student who dropped out due to his parents' wish after six months told us: *"I felt like my treatment wasn't over yet, that I didn't manage to solve out all my problems. My biggest problem is anxiety. I had a strong feeling about smoking marihuana again. I felt a terrible helplessness... Returning and finishing the treatment seemed inevitable."* (PAC16)

c) Awareness

Considering the fact that treatment in Takiwasi is rather exclusive, we were interested how patients found out about it. A Peruvian, who had an unfortunate experience with repeated attempts to get interned by his family, commented on it as follows:

"I started to read on Takiwasi and became afraid. Of what? That they would send me there... like into an exile. I thought that would displace me. Imagine that they would send you into the rainforest to some cottage and hold you there. This is how I felt it. They have lied me once. They deceived me. They told me that I would go the rehabilitation center for fifteen days, but they never returned for me. Imagine that they would send you to such place, lock you there, and you couldn't escape. What would you say to this?

But my girlfriend knew a local reporter in Tarapoto. I called him and he told me: 'Yes, I know Takiwasi. I did a reportage there.' So everything was fine!" (PI126-128)

But the locals' knowledge of what happens in the center is biased. Another informant was from the area of Bagua, known because of the violent clashes between indigenous population and the Peruvian armed forces caused by the mining of raw materials in their territory, summarized what it is like in Takiwasi. He told us the following about it:

"People from outside who know nothing about it say: 'Those who work there are bad. It's full of foreigners. They have no mercy with Peruvians. I saw them throwing people to water and drowning them.' This is said among people. But such ritual does exist! (laughing) I'm convinced that they don't do similar things with us. It's a rehabilitation center." (PA173-177)¹⁴⁵

Another young man, for whom Takiwasi's spiritual orientation was a decisive aspect, arrived from Pucallpa. His mother brought him to the treatment: *"By living in Moyobamba, which is close, she came and gathered information. She was interested a little bit. She wanted me to live with her in the first place. So, when I arrived in Tarapoto, we were close. We visited each other. She doesn't believe so much in ayahuasca. The theme of ayahuasca doesn't appeal to Christians, especially Evangelicals and Adventists. But I see that »ZA« believes in God. In his own way as he is a Catholic – but I don't have problems with any religions. The other way round. I think that believing is enough."* (PAA24-26)

Another Peruvian informant told us regarding the topic: *"If I had known exactly what the treatment consisted of, I would not have come here. (laughing) Before the diet, I didn't believe in spirits and spirituality. I didn't believe in plants and shamans at all."* (PU57)

Another patient who escaped from the treatment said: *"I knew that it is very good here. But I was afraid of ayahuasca, really scared. I didn't know much about the diets."* (PY130)

Another young Peruvian man was similarly unaware of the matter: *"I thought that I would have free time to sleep all the time. I don't know. I didn't picture myself working. But the opposite was the case."* (PS42)

Regarding foreign informants, we found out the following:

"I drank ayahuasca two or three times in Spain. (...) But there was no ritual. (...) Once I almost cry through the whole session. It was very strong. (...) It lacked context, too. There wasn't even any pre-ayahuasca session! Nothing! (...) I told about what I experienced to my psychologist. But he didn't have a clue. That really hurt me." (PG35-48)

A French informant told me: *"I didn't hear much. But I knew there were no problems. My mother was here in the seminar like five, six years ago."* (PK38)

¹⁴⁵

The ritual mentioned by the informant is the so called ishangueda (see Chapter 7.5).

Another informant from Paris, who had got rehabilitated many times in the past, revealed about himself: *"During the second internment I met a guy called Vivian. He was my neighbor. He felt really badly. When I kept changing psychiatrists, I met a girl who went out with him."*

Once, Vivian came to see us. I was surprised that I saw him. When we got to know each other, I was feeling very, very badly. As soon as I spotted him, I was concerned. It seemed to me that it was me who was feeling badly, whereas he seemed all right. He was all right.

'How did you do this?' I asked.

'I am returning from one Peruvian treatment..., ' he said.'" (PM37-42)

Another informant answered the question about how he found Takiwasi as follows:

"For many years I have been visiting a psychiatrist who kept prescribing methadone to me week after week. It seemed to him that I lost interest in getting cured and finishing the treatment. I continued taking drugs unless severe physical complications came to light. He recommended me that I should rather try an unusual, special way of treatment. That's how I found out about Takiwasi." (PAE8)

Finally, an Argentinean informant told us:

"I knew that they used ayahuasca here but I had no idea what it was like. I pictured it like some kind of a psychedelic drug. (...) My sister works as a doctor, who was responsible for the management of medical websites. Thanks to that she learned about Takiwasi and got the contact info. She thought that I could be interested in it due to the spirituality and plants research. She knew about my need to consume marijuana for self-cognition." (PAC21, PAC54)

d) Treatment Regime

With reference to the motivation of some patients we considered beneficial to find out how they evaluate the treatment regime once they started it. A Spanish informant told us: *"The solitary confinement unit is very tough. In my opinion, it's the toughest thing here. It has no equal. One is here on his own, on his own and once more on his own."* (PG31)

Another informant made a statement about the coexistence among patients: *"For me it was success that most adepts started to take me seriously. People who didn't like me from the first place then realized that they were badly mistaken about me. I'm able to do things right. Now, they're nicer to me. I enjoy working now."* (PAA112)

Asking about the treatment, a French informant said: *"It may seem like a trivial thing but working in the garden costs me a lot of energy. I find the strict schedule and work physically demanding. Working with soil is hard. It seems to me that we are turning into infantile individuals here. Feeling like a child concerns me a little."* (PAE42)

Another patient added: *"It doesn't seem so hard to me. Rather, a bigger problem for me is being separate from the society and the world. It bothers me. But I don't worry about it daily. No way."* (PY120)

Another narrator stated: *"Sometimes, it's not easy. There are things that can't be easily overcome. It's necessary to bring sacrifice. I think it's a good treatment that helps you change things, understand them. But you must sacrifice yourself... If we*

want to be independent, we have to stand on our feet. We have to work. Some things here are difficult. We can't rest whenever we want. We're still together... Sometimes I wish I had some privacy. Constantly, there is someone speaking incessantly. There is noise incoming from all directions. Sometimes this way of life is really hard. From time to time I tell myself what it would be great to spend a week outside." (PM112)

His colleague developed a resolute point of view. The following statement confirms: *"Speaking about calls and visits, I didn't get it for long why I had to be isolated for three months. (...) I didn't understand it. It seemed stupid to me. (...) But now, I don't even want to have visits. (...) They disturb."* (PU126-132)

e) Rules

In order to pass the rehabilitation treatment successfully, concentration is essential. Another significant variable influencing the effectiveness of the treatment is the aspect of following the rules. *"If you break the rules, you will be punished,"* the oldest informant explained. (PA182)

Understandably, the range of punishments varies. In case of infringement of cardinal rules, it is highly likely that the patient will be excluded from the treatment program. Particularly, it involves having sex. But why is sex prohibited?

"If you fancied having sex, you would have to go in the street. It's because of the plants. Because you are cleansed, your energy is opened and you absorb everything. It has its meaning as now I can feel and perceive things from a long distance. Things I've never felt before. The wind blows and brings something, and you feel it," stated a Peruvian informant and added: *"Here, you understand that having sex for pleasure, sex for sex, has no meaning. By that you only contaminate your soul, your body, your energy. Well, it's about losing your energy. This has a sense, a deep sense."* (PU138-140)

Regarding a person for whom a promiscuous life is normal, such statement is understandable. But how the other informants view it?

"I know it's because of saving energy," a robust Brazilian stated. *"The local treatment is very intensive and one has to be fully focused on it. He has to deal with it at 100 %."* (PO170)

The French informant said again: *"It's because of the energies sex moves with. »ZA« once explained that it moves them like earthquake or something like that. Like something extremely powerful that shuffles everything at an energetic level."* (PK203)

A twenty-three-year-old Swiss added: *"The plant energy mixes up with the sexual one. Once you have an orgasm, the plant energy is released, too. That's the reason."* (PQ118)

Opinion of another Peruvian informant, who has been already quoted before, seems to be fairly reasonable: *"I think that sex has the tendency to complicate things. It's from my personal experience that sex confuses. I guess that sex prohibition makes it possible to force someone to focus on themselves. That's all. Sometimes, it seems to me that some things are just to test our patience."* (PY116)

Another narrator summarized his treatment experience into the following statement: *"If it is logical? Yes, it is. It is said that when you have sex or masturbate, you lose the power of plants. It's said that plants are eliminated by ejaculation. But for a man it's a real suffering. Living in abstinence is awful. Moving from a life where you*

have sex regularly (...) with your girlfriend into places where there is sex abstinence totally sucks.” (PW106-108)

“It may have something to do with frustration. It’s about learning to control your own frustration,” interjected the French informant. (PAE58) Understandably, there is a tension to increase and the patients have to learn to deal with it. But how do they handle a situation in which a cold shower does not work anymore?

“We drink azucena, which is a plant that’s used to soften the tension. But it doesn’t work,” a self-confident Swiss smiled. *“Important is not to think about it so much. It’s the only technique that I worked out. (...) My motivation is that when I have sex, it’s gonna be something unbelievable. That motivates me a little bit. I’m looking forward to having sex again.”* (PQ108-110)

After a while, he took a deep think and said: *“In a wide range of techniques it is thought that our sexual energy is the strongest energy we have. As soon as we ejaculate, the energy is gone. The fact that you don’t have sex enables you to save it all. Such strong energy can be used to many purposes.*

Few times in my life I had a taoistic sex, which means to make love without reaching the top. It’s kept right below the top. At that time I felt that some energy did really exist. You get to the utmost point and all your energy gets back to your body. I have tried it several times to find out what it’s like. In my opinion, it’s hardly pleasant. I prefer to let the energy go out.” (PQ114-115)

Another set of rules revolve around food, especially the consummation of pork. We had a very long discussion with the staff. Regarding the patients, we managed to gather only two explanations.

A Brazilian informant told us: *“I think that it’s because of the fat.”* (PO172)

A Swiss traveler, who agrees with this opinion, added: *“I have heard many explanations. One of them is based on the fact that when the rainforest shamans heal, they pull out one’s burden and move it on a pig. (...) That’s why it’s prohibited.”* (PQ120-122)

But pork is not the only problem. *“There are many meals excluded from the menu, such as fats,”* a Peruvian car mechanic clarified. *“Basically, you can’t eat fried meals. (...) Instead, they’ll give you boiled food. Then, very little sweets and salt are eaten. (...) I think it must be because of the plants. This amplifies the effects of the plants on your body.”* (PW118-120)

f) Role of Faith in Treatment

“We’re all free. We can believe in whatever God we wish. If we don’t believe, Takiwasi accepts it,” a French informant, who spent twelve months in the treatment, commented on the topic of faith. (PM125)

“Some questions appeared on the internet whether Takiwasi is a cult. But it doesn’t seem to me like that as I know what cults are like. My father belongs to a cult. (...) I didn’t notice anything that would resemble or remind of one.” (PM116-117)

Asking other patients about faith, we found out that their view is as follows: *“Faith is what you put into your things, into your efforts. It’s the same as supporting the locals. People who do not even have a minimum wage. I think that’s a very stodgy work. The type of work that should be admired. I think that loving people and believing in God is a gesture. It’s something good for the society. That’s my opinion. The question*

is, in what way faith and doctrine are practiced. But it isn't important for me." (PAA28)

We also interested in what practical impact faith has on the life of the patients. A key informant told us: *"You might have heard how some talk about girls here. About how they can't concentrate – that they would rather go to the toilet and masturbate. I personally think that when you focus on what you are doing, when you do things with pleasure and passion... There is a passage in the Bible that says: 'Do things for God's joy, not humans.' It gives me peace. Without self-denial, I would already be horny. But I'm cool. I haven't masturbated yet. But I heard from some of my colleagues that they have.*

I used to masturbate as my wife didn't want to have anything with me after I had started taking drugs. So, a hand was the only option. But here I prefer something else to do rather than thinking about nonsense. Perhaps, it was one of the reasons that lead me to drug use. Sometimes, the drugs brought me to the matter of sex. Here, I think about what will be next, about my projects, about what I want and what awaits me. I try a lot to entertain myself to speed the time. I want to enjoy it here as much as possible. To enjoy it, to join, and so." (PC170-171)

A twice rehabilitated Spanish informant, who currently lives in Argentina, commented on the topic as follows: *"For me a prayer is everything. I pray within myself to God, to others. What brings me conciliation is to pray for others during ayahuasca sessions – for my colleagues, mother, and the others. Ayahuasca puts me into their position."* (PG195)

His current countryman added: *"During ayahuasca sessions... Thanks to ayahuasca I realized that one of the things that is related to me and my family is the missing faith."* (PAC125)

"We are not as strong as our enemy," a thirty-eight-year-old Peruvian closed the debate. *"But with God's help we can withstand."* (PI204)

g) Financial Support in Treatment

Despite the relative delicacy of the payment for the treatment, we decided to deal with it. We were interested in the ethic dimension of the whole matter.

As we stated in Chapter 3.5, an economic system of Takiwasi is retributive. In practice, it provides the patients with fees reduction when in difficult financial situation.

In general, family members pay for the treatment. There was only a minimal number of patients who were able to cover the treatment on their own, or at least contributed to a certain degree. As a result, we assumed that they should not be emotionally involved and, therefore, aimed at the fact whether the diversification of the treatment prices seemed fair to them or not. A Peruvian, whose stay was paid by his mother, told us: *"I'm not sure if it's correct. I have no idea how it works."* (PAA78)

An Argentinean informant's treatment was covered by his parents in spite of the fact that he dropped out in the middle. He told us the following: *"After six months I had spent here, they weren't persuaded about it being a solution... that I should return home. But regarding my decision and continuous urge, they finally accepted it."* (PAC18)

A Spanish informant, who worked as a construction worker and covered the fees with his father, stated: *"It annoyed me in the first place. But when I arrived here and spotted the poverty that dominated here, the people who gave you everything for nothing... They give you the most valuable within them, they give it up for you... I myself was used to something else. To vagaries. To that I ask and think only about myself. To selfishness. When I realized this, I told myself: 'I don't mind. I will pay for my colleague, for anybody who needs the treatment.'"* (PG76)

A French student invested in the treatment all his savings that he saved from occasional work opportunities. The rest was paid by his parents. When I talked to him, he said: *"It's normal to help those who can't pay. (...) If there is no help, some can't do anything on their own. (...) In Europe there is a different standard of living, so it's normal that I pay for it."* (PK280-284)

But not all the patients agreed on this. A Peruvian said: *"What I dislike here is that some pay 400, 600 soles. (...) It's possible that they don't have any savings. But I don't have them, either!"* (PI138-140)

His countryman added to this: *"This is a little bit complicated. If you look at it in the way that plants grow freely and don't cost anything, then the treatment is expensive. But on the other hand, if you consider that all of us have to pay therapists and infrastructure, than the price is reasonable."* (PU24)

h) Evaluation

Taking into account considerable financial demands that are posed on every treatment applicant in Takiwasi, we were interested in how the patients evaluate the rehabilitation program. A Spanish informant was previously interned in a private rehabilitation center in Barcelona. Hence, we asked him whether he sees any differences in the style of treatments.

"The treatment in Takiwasi can't be compared with it at all. Just the arrival in here is a big deal! Fortunately, I was financially prepared. I used to live in a huge comfort. Now, you arrive here and... bang! It's a terrible shock. There is no comfort at all. The patients have no comfort. Everything is demanding. It's a fight! You always have to beg for everything..."

You have to arrange everything on your own. Before, I relied on my family a lot. I wanted them to take care of me, to solve all my problems... Here, you even haven't gone through the gate yet and everything already falls on you." (PG29)

Another informant, who was interned in a couple of places in the past, remarked: *"The work here is more professional. There is no physical torture. (...) We all know here that if somebody treats you badly, you talk to your therapist and it's over. The problem is over. Anyway, discussion is quite difficult here."* (PI19)

A little younger colleague from Moyobamba, the capital of the San Martín region, added: *"I have never talked about my matters with anyone. I always dealt with them on my own. The fact that you can talk to your psychologist and a priest, who gives absolution, minimizes your burden."* (PC132)

Another informant was motivated to start the treatment by his brother. He financially sponsored him and then he provided him with job and a place to live. When we asked him about his situation two months before the treatment ends, he told us:

"Today I start the seventh month. It's a delight for me as I don't drink anymore, smoke, or take drugs. I don't think about discos. I would say that they cleared my mind here. I don't want the previous life." (PE89)

A Brazilian patient, who is a strong believer, evaluated the treatment in the following way: *"I personally feel that the plant treatment, the ayahuasca treatment, is a way out for me. That's my way. I identify with it. I believe that God stays in plants. Plants are God. One gets closer to God when he almost dies due to drugs. Plants always represented God for me. I think that this is the reason why I am so relaxed in the treatment. I feel it's a way out. Ayahuasca's power is in the fact that it stretches beyond the boundaries of our understanding. I'm here because of ayahuasca. It changed my way of thinking, the way I see myself. Thanks to this I'm here today. I guess that it's my way as it's going to save my life."* (PO189)

Another informant decided to finish the treatment in a month. Nevertheless, from the following narrative it is obvious that the treatment influenced him deeply: *"During the first day of the treatment, I noticed several changes, a huge development. I think that drinking plants helped me a lot, as well as the strict working regime. The regime in which one has some responsibility. That's important for life and not only here, but in any other situation. In a family. In every formal organization one has to follow some rules. I realize that there are different, more important priorities in my life. I didn't manage to identify myself with the treatment enough. It seemed rather firm, tough. You know what it's like (...) I feel tired from it. I also have worries about my family. I'm single, though, with no children, but my mother's health is bad. I think about her a lot. Recently, I have listened to God's words, to Christ. That's my current attitude. I got very close to Christ during this time. It helped me a lot. It's the power that gave me the will to advance. I think that every stay in any rehabilitation center is a waste of time unless one puts his will into it. This may be the conclusion I could have gotten to much earlier. But as I'm saying you loneliness and the power I have within myself made me start thinking about these things. It cleared my mind a little. It cleansed my physically as well as psychically. In any case I think that drinking plants helped me a lot."* (PAA2)

Another Peruvian informant, who relapsed during the reinsertion and in the end ran away from Takiwasi, paradoxically said during the interview: *"This treatment is great. Very good. During that short time I have been here, it helped me a lot in understanding who I am."* (PW125)

"Being here is beneficial. Very beneficial. The same impression gets stuck within me every time I find myself tossing on the ground and suffering like a fool. But after two days I realized it was worth it," his colleague added. (PY80)

After six months, when we asked a patient from Argentina, who suffered from severe depressions, about his opinion whether the ayahuasca treatment helps, he told us: *"Yes, it does, it helps. It intermediates very important information. Anyway now, I feel terrible darkness and negativity after a range of ayahuasca sessions. It looks like an inner state of a man reflected in ayahuasca. My personal state is not all right now. It lasts for several months... After one diet here that I passed, I started to confront myself with anxiety, worries, and bad feelings. I held them inside me for long. Before they were subdued by medicaments or drugs, but after one diet... the diet with chiric... they started to get to the surface."* (PAC23)

Another informant remarked: *"Ayahuasca helps. But what is decisive about the treatment is the diet."* (PU34)

The oldest, twice interned informant agreed when he said: *"What seems to be good for me are ergotherapy and the diets in chacra."* (PA190)¹⁴⁶

"For me the most important is the coexistence with other patients since this is where you make use of what you have learned," a young Swiss remarked. (PQ51)

His colleague was of a similar opinion and added during the interview: *"The treatment requires a lot of patience. Patience, that's the word I didn't know! Not at all (laughing) My previous life was based on a principle: 'I want it and I want it now! The way I reach it is not important.' During the diet a question of patience turned out to be very important. I deal with it every day. It's a nine months journey! I think that this and the coexistence with other patients gave me a lot."* (PAE38)

Which aspect of the treatment is the most important can not be basically decided, because everything depends on the individual assessment. We did not manage to find out any more relevant agreements in the patients' opinions. We cannot but agree with the therapists' statement according to which the rehabilitation program in Takiwasi is essential as a whole (see Chapter 8.8, section c).

We would like to close the whole summary by the youngest informant's statement that regarding the context we consider the most cogent: *"I have learned many things here. To wash clothes, dress better, to be clean, take care of myself. Nobody will look after you! You have to do it."* (PS73)

9.4. Rituals

We managed to maintain a discussion with two informants regarding rituals that constitute an integral part of the rehabilitation program. Apart from their confirmation of an existence of all the rituals we did not have an opportunity to participate in, they also provided us with some information about their own experience.

First, they talked about ishangueda, also known as the ritual with nettles (see Chapter 7.5). One local patient told us: *"I would say that the ritual with ishanga is about anxiety and anger one holds within. At the moment they are whipping you with nettles all over your body, you feel burning. You have an urge to blow off and cry. The best way to express pain, how to get it from you, is cry. I got rid of it by crying. Then, I felt a physical relief."* What does the ritual involve?

"They cense you and then sing to you. As soon as you start crying, they stop whipping you, and say... what were the words...? 'Get out you evil energy!'

After the end you are physically ok. It brings relief. You say to yourself: 'I got rid of terrible stress.'" (PE158-164)

Asking the same informant about the principle of other ritual activities, we found out the following: *"Based on the ritual of commitment we promise to stay here for the assigned time. I haven't done the ritual of the earth yet, that remains. I will probably take part in it soon. It's time."* (PE166)

Therefore, we decided to ask another patient about whom we knew he had the same experience. If one only watches the digging of a shallow grave, the ritual of

¹⁴⁶ Chacra is a name for rainforest lands belonging to the center on which the diet takes place. Traditionally, it is used for agricultural purposes.

earth may seem rather normal. But once he is buried under half a meter of soil and the only supply of air is a thin plastic pipe inserted in his mouth, he may get stricken by fear from closed spaces.

"It's not a problem for me," an IT student told us. *"It was very easy. If it is possible, I would like to try other rituals associated to other natural elements."* (PK18)

9.5. Diet

a) Experience

We talked about the diet with those patients who have already passed at least one isolated stay in the rainforest. Only one interviewed patient left the treatment after a month (PAA).

Naturally, informants' experience differs. The oldest one told us about his experience, for instance: *"Well, at first we went to an ayahuasca session. There were fourteen of us. We were supposed to be on a diet, but I didn't know what to do. I had no idea what was going on. Some of my colleagues who knew it explained it to me. I focused on it. (...) I knew that nothing bad could happen. I was only afraid of insects and animals. (...) But everything was safe. No big deal. Nothing ever happened."* (PA196, PA230-232)

A French patient, who passed a fourteen day long seminar for teenagers before entering the therapeutical program, told us about how long it is necessary to stay in the jungle in order for the herbal extracts to start working: *"I was on a diet during the seminar. (...) It's only four days. You feel only few effects from plants."* (PK146-148)

Hence, internal patients stay twice as long in the rainforest. When we asked one experienced informant from Peru about what the diet serves for, he told us: *"The diet is a period when you confront yourself. A plant helps you have some ideas. You realize that you are thinking more about yourself. The fact that you are alone forces you to think about bad things you committed. About whom you hurt and how you can make it better and how you can deal with it. Here you also give a thought to the reason of your addiction and how to overcome such problem."* (PC138)

In order to strengthen the effect of the diet, they are fasting. The informant told us: *"I was fasting longer than it was required* (the first day after ayahuasca session, author's comment). *In fact I ate after three days."* (Ibid.)

Concerns about suffering from physical exhaustion are not just in this case. It is confirmed by another informant's narrative: *"You don't do much during the diet. You're in tambo all day. (...) I myself was fasting for a couple of days."* (PQ65)

Another patient used to a busy city life added: *"What was the worst? Idleness and boredom."* (PU45)

Insufficiency of external impulses results in the development of sensory deprivation, which in case of combination with psychoactive effects of herbal extracts, in some cases, leads to patients' visions. *"For example, I used to meet Jesus Christ dragging a huge sacrifice. He went on watching me,"* told us the Peruvian. (PA216-218)

It is thought that the most important are dreams regarding the diet. The patients agree upon this with the staff (see Chapter 8.11). A Swiss informant told us about this: *"When you drink an herbal extract, it seems like your whole energy has gathered in your brain. You think all the time because of this. As soon as you lack some energy, you can sleep. When you sleep, you experience an insight as well. You have dreams, not just ordinary dreams, but very, very lucid dreams! What's more, you remember them all when you wake up. You can learn a lot of things thanks to dreams."* (PQ65)

Returning to the civilization, an extract still works, thus, a lot of can be gained from its effects. *"One is stricken with heavy tiredness, though,"* a Spanish patient pointed out, *"but it's also about reflection a lot."* (PG115)

In order to prevent the spent efforts from going to waste, it is necessary to follow all the rules set by the center for the post-diet period (see Chapter 6.7.1)

In the following pages we introduce patients' observations regarding particular herbal extracts, because their effects considerably differ.

b) Tobbaco

"During the diet I experienced two bright moments. The beginning passed quickly. My mind was full of memories. It was nice. On Tuesday, the tobacco day, the second phase of the diet began. I thought much more, it was more about reason. Anxiety started appearing. I worked a lot on how I was dealing with anxiety. From that time on, I felt that it was more about cleanup. I felt that I cleansed a lot. It affected my dreams. I used to have very bad dreams. I had dreams about family conflicts. After the diet my dreams became more visual, as if childish. They also contained important symbols. My reason wasn't so dominating. That's my problem sometimes. Sometimes I am being too reasonable... (pointing at his head, authors comment.). I try to see things rationally. I want to understand everything," a twenty-eight-year-old Peruvian informant, who was primarily healing from the cocaine addiction, stated. (PY101)

A French patient added to his observations: *"The tobacco administered during the diet is pretty strong. I felt fury in the first place. I was sick. I was waiting to tell the therapist that I was ok at the beginning, and now I was sick. I saw evil things."* (PM107)

His Peruvian friend, who he spent a lot of time during the stay in Takiwasi, added: *"When I was drinking tobacco for the first time during the diet, I wanted to go home."* (PE82)

c) Ushpawasha sanango

"I was so sensible before the diet. I didn't think about myself so much. People warned me to be more confident. But I couldn't. Rather, I thought about what was going on in the street. (...) After the diet, I felt like I knew myself better. I'm much friendlier. I realized which feelings bother me and which not. Thousands of things I wasn't able to talk about at all before. This is what the diet taught me," expressed his impressions one patient, who preferred the stay in the rainforest to other therapeutic procedures. (PU37-39)

"Ushpawasha always work in the heart area," a twenty-three-year-old Peruvian entered the discussion. *"It made me to think a lot, cry a lot, and think about my family."*

I was also dreaming about a girl during the diet. She was a beautiful, no, gorgeous blond girl with a sexy body.” (PE118)

A Spanish informant added: *“They gave me ushpawasha to get rid of my impressions about my family. I felt grudge against my father. I had traumas from childhood because of my mother. It worked!” (PG105)*

A young Argentinean patient recalls his experiences from his first diet in the following narrative: *“I didn’t feel the plant effects much. I solved some emotional questions and relations that affected me a lot. One time I used to be quite unapproachable. I went through a certain catharsis, freed myself from some experiences, and recalled childhood experiences a little better... Overall, it was a weak diet, anyway. It doesn’t seem to me that I would manage to get involved in it. During the first months after entering the treatment, I was from a certain point of view pretty blocked. Blocked enough not to deal with my personal problems... Don’t know... It was unconscious. Rather, I somehow naturally managed to get more into the depth. Let’s say that getting used to the rhythm of the treatment was already a big shock for me. That’s why I focused more on this rather than on developing important things.” (PAC31)*

In conclusion, a French poly-addict, who primarily treated his heroin addiction, told about the diet effects with ushpawasha sanango: *“It seems to me that it softened my tension. I failed to get my emotions and thoughts in order, but my physical tension weakened very much. The diet strengthened my immunity. I was pretty scared before it. I didn’t want to do it as I’m a very energetic man who moves all the time. The diet was something unacceptable for me. So it’s clear that ushpa helped me to stay calm. Definitely. Talking about dreams... During the diet I had very clear dreams every night. Normally, when you have three, four, five dreams, you can’t remember them. You remember one in the morning. But I could remember all. The imageries in them were very clear. (...) I was thrilled. Especially, during the first three, four days. I wanted to sing a lot. I sang and sang, in my mind and also out loud. I laughed for myself a lot.” (PAE69-73)*

d) Ajo sachá

“When I drank ajo sachá, I kept waking up and felt it here!” a short patient, who passed two diets, pointed at his back and smiled. *“I used to have a back pain. I woke up, put my hand under the mattress and it stopped. I told my doctor about it. (...) Sometimes, an animal visited me and sat on my chest. It was a parrot. (...) It flew and sat on my chest. Then, it stared at me. It was looking at me! I told myself: ‘Where did the animal come from? Well, I’m under the blanket!’ I had no idea. I was awoken! I couldn’t understand it. My consciousness was ok, everything was all right. When I was talking to others about it, they told me: ‘It’s a spirit of the plant you drink! The plant makes sure that you are getting better and that all your wounds are healing.’ In the end, I got used to it. After three days nothing I felt could surprise me.” (PA220-226)*

We found out from a Swiss informant: *“I didn’t feel it very much the first day. But since the other day I had been thinking all the time. I had a lot of thoughts chasing after each other in my head. It’s said that ajo sachá supports independent decision making. Here it’s a masculine plant that affects masculinity. In my opinion, it was*

a very good diet. I kept thinking about something all the time. (...) I was reasoning when, suddenly, I saw the right things. (...) It helped me a lot to find out what I want to do in life, and to realize the way I have made decisions so far. I also managed to change my behaviour. It regained my desire to do things right.” (PQ59-63)

“It induces excitement,” the young Peruvian patient clarified. “It affects sexuality.” (PE131)

e) Palos

“I returned very satisfied from the diet. A lot of things that I had noticed before during drinking ayahuasca now got cleared and ordered. But I feel that many are still missing. I’m thinking about passing another two or three diets as this was something unique.” (PC138)

Another patient, who has been on the diet four times with palos, summed up into the following narrative: *“I felt like being on holidays. Relaxed, I was in my tambo and having a rest. I felt great. I was listening to the birds singing and the sounds of nature. I felt absolutely great. (...) I was picturing what to do with my future. I was thinking about how I would manage all the things I would do when I return to France. I recalled my past memories. (...) It was like seeing things through someone else’s eyes, that were touching me.” (PM108)*

A Spanish informant revealed from his experiences: *“I drank palos to strengthen myself. I had a backache and headache. I came across many new and original ideas that involved women and my work. I felt like I invented them myself. I was very touched due to it. At first, I saw what the life was like.” (PG108)*

He paused on and added: *“Palos and the last diet with uchu sanango were the stongest from the physical point of view. They strengthened me enough to be able to say: ‘I’m already prepared for what I want to accomplish.’” (PG108-112)*

“Palos makes you more stable. It gets your feet back on the ground. That’s all I can say about it,” a twenty-year-old Peruvian closed the debate. (PS90)

f) Bubinzana

We came across one patient’s statement that drinking an extract from bubinzana made him more flexible in judgements and behavior (see Chapter 8.11). Hence, we were interested whether there is a patient with similar experience. A Spanish informant told us the following:

“Bubinzana was used to make me settle down and be able to make independent decisions. All my previous decisions were made by my father. I was capable of nothing. Everytime I thought about something, I told myself: ‘Would it be ok with my father?’ There was nothing inside me that would say: ‘This is only mine. I will decide like this because I want to.’ Thanks to the diet I managed to get away a little from my father.” (PG106)

g) Chiric sanango

“Chiric helps you to get rid of fear and sorrow, to teach you to resist darkness and worries that we all bear within us. This they told me,” the youngest Peruvian informant stated. (PS91)

Considering the fact that we could not be satisfied with such answer, we set off the patient from France about whom we knew that he had passed the diet with this type of plant. He told us the following:

"Chiric sanango is one of the strongest plants used here. (...) It's a cold plant (planta de frío) that caused a strong intoxication. You feel dizzy and tired. But during the diet I almost didn't sleep. Just a few hours. I didn't sleep for two nights at all.

I was very intoxicated. So intoxicated as if I got drunk. (...) It was horrible when walking. (...) I drank chiric, had a bath, went back and in ten minutes the intoxication started which lasted a day. Because I had drunk it only three times during the week, I was calmer the other day. (...) They added palos and chuchuwasi to it so that I could withstand it." (PK95-136)

A stubborn Argentinean patient disagreed to a certain extent with the previous opinion: *"In my case it wasn't much strong. I drank it four times, which is a maximum. I felt that my lips and limbs numbed. I felt cold a little, but nothing more. (...) Sure, I felt pins and needles, too. Emotionally, I started confronting a terrible helplessness and fear. At one moment I had a terrible fear of a spider that appeared in my tambo. One night I vomited because of tobacco. When I got my head out, it was closer and I was getting afraid. I started to have an uncontrolled, strange fear that was totally different from what I knew. Then, I had doubts. Life doubts. The impression that I don't know exactly what I want in life. I was fighting this a lot."* (PAC35-37)¹⁴⁷

The Spanish patient completed the mosaic by the following narrative: *"During the third diet with chiric sanango I felt cold and I got rid of all doubts - all the doubts and inferiority that had been bothering me because of my father. As a result of traumas, I had a terrible fear of being rejected because of my mother. That people would kick me out. I bought people for money to feel loved. And I got rid of all of this. Chiric was one of my best diets."* (PG107)

h) Uchu sanango

"Uchu told me: 'You can accomplish everything you wish!'" our informant continued telling his narrative and we decided to provide him with more space. At that time, experience with uchu sanango, the second strongest plant used during the diet, had very few patients. We found out the following:

"This last diet was very difficult. From physical point of view, I was totally out. (...) I was exhausted. I lied through it. This plant makes you unable to move. I felt as if I was disabled. I could neither move nor eat, because I immediately had to vomit. I was thinking about the disabled - who are not even able to move. For me it's easy, but there are some who would sacrifice life just to stand up from the chair.

I was scared. This was for the first time I have felt distrust of Takiwasi. (...) I thought they were trying to poison me. I was so sick that I said: 'I would really love to know who gave this to me, gentlemen!'

Finally, I realized that the distrust turned out to be beneficial for me in some. Fixing like this to something... to Takiwasi... [It would not be right]. I told myself: 'It's my right not to trust you, gentlemen. It's my matter. I gave you a lot and you gave me a lot, so I can afford it. I won't torture myself because of it.'

¹⁴⁷

Spider symbolizes mother-witch (*madre-bruja*). (Giove, R. 1997: 16)

Every now and then an assistant came to me to let me drink cinnamon (to calm the stomach, authors comment) and he also prepared me a plant bath. They didn't give me tobacco anymore... I felt safe. But I missed my relatives. I missed my wife, my friends. Loneliness seems very intense to you. But I know that have to survive here on my own. In the end, I was happy that I made it till the end.

»ZU« told me: 'If you feel very sick, go back.' I was allowed to return. But I replied: 'No, I'm staying here. I will finish the diet. I feel really good thanks to it.' But guess what happened!? Uchu awoke the sexuality within me... Enormous, of course!

It cleanses everything. It's a very burning plant (planta de fuego). My libido has increased. By the fact that I can't do anything... [even touch myself]. It's hard. (...) You can't imagine! I have never felt such sexual power. Under any circumstances! Neither with drugs nor when I was healthy, or alone. Not even when I am with a woman who tried to arouse me. At the beginning of the diet I felt something wild, animal within me. I was like a lion when it catches its female. It was something so strong... so animal... so connected with earth..., as I exclaimed: 'Jesus Christ!'

I could not make it to the river because I couldn't walk. They brought a dish with a carafe to me. I had to cool down as there was an enormous power within me! It was extremely difficult until it went away.

Thanks God that I have been faithful to my wife since I fell in love with her. It's the most precious thing for me that we share together. Thinking about other girls annoys me. But when one passes by... Oh my God! I try to think about my wife the most but I can't stop it.

One dose lasted for four days. Then, they gave me chuchuwasi so that I could continue. They could give me more of that plant! (...) You can drink it four times at most. I drank it once. I couldn't do more. »ZEGT« tells me: 'No, no. When »ZU« said it, you can't drink more.'

I was dehydrated. I drank water as I was terribly thirsty, but I threw up every time.

Uchu isn't so visual as the others. At psychological level, the plant affected a lot my matters with my mother. Some things related to her were burned by the plant – it got rid of them. When I was vomiting, and I was till the fourth day, I felt a smell of a very strong perfume that my mother used to use when I was a little boy. It was so intense! It forced me to vomit. (...) I feel it even now during the post-diet period. Every time I try to avoid it as it makes me ... [sick].

Behind this perfume, behind the impression – everything is hidden – how my mother took care of me. Infidelity. My parents' infidelity. The infidelity I witnessed and perceived. My mother used to take the perfume when she went out. (...) She didn't realize that I had perceived it. But it was so although I was small. I remembered everything. I felt sick. It seemed awful to me to feel my mother unclean. I felt unclean. [I was so much tempted to tell her]: 'Why did you do that to me?' But she had her own problems, her love-affairs. She didn't feel to be loved by my father. [At first] when I left Takiwasi, I understood many things that were associated with her. It costs a great deal of efforts to talk about it. Thanks to this I realized it. But still it's somewhere there.

Now, I associate the perfume with taking drugs. I hadn't realized that before the Takiwasi stay. It's brand new information for me. It came up to the surface as I came

here to look for the reason why I started with drugs. This taught me a lot. Thanks to that I am happy.” (PG113-161)

9.6. Ayahuasca Ingestion

“When the intoxication starts, you feel it over your whole body, especially in your backbone. Personally, it seems to me like some energy would be moving along my backbone and flooding my hands and feet. It’s like a burden. Sometimes I went for a walk after ayahuasca ingestion. You feel drunk, then. I went to the toilet and return with difficulties,” stated a Peruvian informant when we asked him about what states he experiences after ayahuasca drink. (PQ91)

A younger colleague of his, who had very little experience with using this psychoactive substance, commented on this: *“I’m only intoxicated and have intense thoughts.”* (PI214)

An Argentinean guy added: *“It depends. At some moments I felt really strong intoxication. Physically, it expressed as a shake and restlessness. I had a lot of visions, I saw colors. These sessions were extremely strong from the physical point of view.”* (PAC81)

A talkative Brazilian patient, who had already been treated with ayahuasca in his motherland where this method is widespread, told after the first session: *“Anxiety gained control of me a little. During ayahuasca sessions you can feel other people’s energy intensely. I had a mild anxiety about what my reaction would be. But it was very good. I was perceiving snowy white, pure energy. I liked it very much.”* (PO81-83)

A French informant told us about his experience: *“When I drank ayahuasca for the first time, I was dealing with my personal things I knew very well. But it was very intense. It seemed to me in the first place that the ayahuasca effect is similar to drugs. It seemed to me like a game. It was more or less like trying a new game, new drug. A new way one can feel. I thought I would be able to control it. But it turned out that it won’t be possible at all. (laughing) If something is about to get to the surface, it’s better to let it. There is no other solution.”* (PAE91)¹⁴⁸

The following statement of another informant verified that ayahuasca affects the thermoregulation: *“I was sweating during many sessions. I felt like my body was melting down. I felt that my hands are melting down.”* (PY35)

Similar feelings are hardly ever pleasant. No wonder that patients are stricken with fear and terror. It confirms a narrative of a young man from Tarapoto, who had problems with using cocaine paste:

“At first I drank ayahuasca with fear. Damn, it was horrible! Noooo... I drank but fell asleep in a minute. I didn’t see anything. For the second time I was afraid just a little, but it triggered fury within me. Such a terrible rage...!”

Assistant »ZEC« wanted to get closer and I almost punched her. I felt tension. When the doctor came, she caught my head with her hands and calmed me down. I would say that she has something motherlike within her. I let her touch me. But when I saw

¹⁴⁸

“At the moment when intoxication culminates, it is not advisable to rely on our usual rational abilities, counting on having our ideas and situation under control. Using these common means can have a rather disturbing effect.” (Bowe, G. 1988: 6)

»ZEC« with an intention to touch me, I was tempted to punch her. Inwardly, I kept saying: 'No, you won't!'

Finally, I grabbed the bucket and baaang, I broke it.

At that time, I was treated four times. They got me out of that and said: 'Lie down.' I felt tired so I did as they said." (PE172-175)

The youngest informant confirmed that after ayahuasca ingestion one experiences not only the changes of sense perception, but occurrence of hypersensitivity. It's obvious from the following narrative: *"As soon as somebody touches me, I get scared. Don't know why. It makes you very sensitive. (...) Somebody touches you and it seems to you as if it was a spider or so... An ant that wants to bite you. When I'm intoxicated, I perceive it differently. I don't want anybody to talk to me. At the moment when you talk to me, it seems to me like somebody was shouting at me from distance."* (PS122)

Another characteristic symptom is synesthesia, about which we spoke in Chapter 5.12. In the statement of one of our informants, we noticed the fusion of visual and and olfactory percepts: *"I was thinking about a bunch of flowers, the red ones, and it seemed to me as if I was smelling their perfume. (...) At that time it seems to you completely normal. It all happens with closed eyes. But when you open them, it's the same. You still smell the perfume as if you were standing next to a rose. It's strange..."* (PW82-84)

Ayahuasca as well as purgahuasca without DMT usually causes an unmoving trance characteristic by physical rigidity. *"My body was rigid. I couldn't move,"* stated an informant from Sao Paulo. (PO95)

A patient from Buenos Aires supported the statement when he added: *"Ayahuasca often physically paralyzes me."* (PAC103)

During ayahuasca treatment it is commonly thought that the most important aspect is whether the patient vomited or not. Therefore, we asked the patients whether this physical symptom occurs or not. A Peruvian informant, who had problems with cocaine, told us:

"The doctors »ZA« and »ZU« always keep asking me the same question.

'Did you vomit?'

I say I didn't.

At that moment they tell you a brief diagnosis.

At first they asked me if I vomited and then if it happened at least once. They were satisfied when I vomited during the second session. It seems that if you never vomit, it may be a problem." (PY86-88)

His colleague added to this: *"Almost no ayahuasca remains inside me. Just a little. I mostly vomit."* (PA260)

And why there is so much emphasis placed on the physiological effect? Because according to the staff it is primarily about the cleanup, not about the patients having visions (see Chapter 8.9, section c).

The following narrative is a demonstration of the way the patients experience the body cleanup: *"During the strongest session I felt I was full of something disgustingly filthy. I wanted to get it out of me. I was vomiting and, at the same time, it seemed like my body was full of vomit. It seemed to me as if my hands were liquid. It was very strange."* (PQ87)

The previously quoted Peruvian from Lima described his first experience with ayahuasca in the following way: *"I wanted to get cleansed. I felt physically dirty, sweating, and messy. It was like having dirt in my ears. I had an urge to cleanse them. That made me think about the things I heard and saw; that I either inhaled through my nose or uttered. In all my organs there was some dirt. The real dirt!"* (PY70)

Unlike purgahuasca with emetic and spontaneous effects, vomiting ayahuasca can be associated with certain effort (see Chapter 6.6). This is confirmed by a short statement of a young Argentinean, who told us: *"It costs me a lot of effort to vomit."* (PAC87)

In some cases of informants' statements we encounter situations with dissociation. A French informant told us: *"It was like a movie about myself, about my life."* (PAE101)

Then, he added: *"I had to touch my body to feel it. I didn't perceive it. It seemed to me that my stomach was out of my body. I had a stomachache, but it was like it didn't belong to me."* (PAE109)

In extreme cases ayahuasca may cause the loss of orientation. This is especially complicated when we take into account that the patient is prohibited from staying outside of the maloca for too long.

"I got totally lost," a Swiss informant told us. *"I was looking at the trees and listening to icaros. But I didn't know if they were coming from the maloca or the trees. I was lost. I had a terrible fear. I had no idea where I was and how to get back. What's more, I also didn't know if I should return, or if it would be better to stay outside."* (PQ93)

A little bit further he made his narrative even more interesting: *"During one session I totally lost control over myself. I used to take very hard drugs. I also smoked DMT. But when I lost control under the influence of ayahuasca, I realized that it was something completely different from what I had experienced so far. I wasn't able to control myself at all. I said things without thinking about what I wanted to say. I also started singing with »ZA«. But I didn't know the icaros."* (PQ95)

An Argentinean informant told us about the loss of selfcontrol: *"I myself never lost the physical control. But I saw how others did. Generally speaking, it's about losing control over your thoughts. It happened to me during the last session and it was strong... The inability to stop the flow of thoughts. I felt anxiety, very negative feelings. At one moment I found myself stricken with panic. But I didn't lose physical control."* (PAC101)

A narrative of one Peruvian patient demonstrates how the patients deal with similar woeful states: *"During the first sessions it was my habit to take things into my hands. I took my bucket and felt the ground below, that I'm there. I kept touching it; I kept holding it during the whole session. I have been doing it until now. (...) It gives me the feeling of safety."* (PU110-112)

But such technique is not always enough. As the informant further adds, independently on the ayahuasca dosage, one can get into such state in which the perception of spatiotemporal laws changes.

"Once it has happened to me that I had a feeling of getting crazy. I didn't know who I'm, where I'm and what I'm looking at. I touched my head, arms and stomach. I didn't know where it was. I had no idea what was going on. It seemed to me as if the

night would last forever, as if it would never end. I didn't know anything, nothing at all. (...) At such moment you are on the verge of getting mad. You don't know who you are. You don't know why you are there, where you are, and what you are doing. You know nothing. You're convulsing. You're convulsing without stopping... You're sweating, not knowing what is happening. This is what it is like." (PU76-82)

"This type of mess is very strong," his colleague explained later and added something from his experience: "I was confused. (...) I lost my own identity. (...) It was like I could be you, you could be me, I could be »ZA«. Whoever. The whole world was melting into one. I didn't have what was going on around me under control. (...) It was like being stuck in a loop. It was all nourished by my own anxiety. I found myself in a state of terrible despair." (PY40-42)

A Spanish informant said: *"I never went crazy (alocarse). I never went mad, I never cried out... I always tried to conquer it. Thanks God I was always strong enough. But during the last session I disappeared. I felt an urge to cry out. I didn't exist. My colleagues sitting next to me didn't exist. Nothing existed. There was only my voice, telling my reason to exist. But there was nothing else in this world. It vanished. (...) It was like being alone in the world, saying: 'What's going on? I want the others to be here, too! I want the people, earth, water, everything... the nature!'"* (PG186-191)

In such dramatic situations, the medical personnel applies supporting techniques in order to ensure that the patient is brought back safe (see Chapter 5.11).

We would like to end the whole chapter with a narrative of a Peruvian patient with a bad reputation since he keeps disturbing, otherwise a smooth run of the therapeutic work, by continuously crying out and turning his flashlight on.

"At one moment I was drinking ayahuasca and nothing happend. I waited for a while, with my eyes closed as it is commonly done during the session. Then, I opened them and, out of a sudden, I didn't know where I am. I didn't know why I was there. Why was I in the maloca? Why I was where I was!? It was like all my memories got deleted. I asked myself: 'Why I am in such state?'"

I felt scared. I was trembling with fear. (...) I felt really sick. At that moment I was feeling sick because of myself, because of the drugs I used to take. Then, I was coming back. I realized where I was. But I was still filled with fear. I was recalling memories about my family. What I put them through. And also what I was troubling myself with and what happened in the past. (...) Sometimes one is hunted by a dreadful guilt. But as soon as it's over, it looks as if you were cured. You say: 'Finally, I'm ok!' But it's still a long way ahead. Anyway, at the end of the session you feel great, really great." (PW60-69)

Believeing that drinking ayahuasca is sufficient for getting rid of drug addiction is fairly preposterous. Without taking part in a more complex rehabilitation program, the therapeutic effect cannot be guaranteed. Enough proof has been provided in the closing part of the final statement of this chapter.

9.7. Observable Effects

a) Vision and Hallucination

In Chapter 8.10 we dealt with the difference between the vision and hallucination from the employees' point of view. With reference to this we were interested in the patients' point of view. A French patient told us: *"Speaking about the vision, there is always a hidden insight. The vision can be interpreted. I think that it's about a symbol of what is hiding within us. In this way ayahuasca communicates. (...) The hallucination doesn't make sense. (...) It's something like a pink elephant."* (K188-191)

His Peruvian peer added: *"The hallucination springs from when you are hallucinating. It's something that doesn't exist. (...) On the other hand, the vision shows you your way. It reveals your future. It also helps you to realize what happened to stop it from happening again."* (PS141-143)

We managed to get into a discussion with one patient with higher level of spiritual awareness. He told us:

PU: I guess that vision is something more visual. Something that touches you deeper. Something honorable. The hallucination is more perverse.

MH: And what about the information carried by the vision and hallucination?

PU: I would say that it is different.

MH: In what sense?

PU: In my opinion a vision contains a lot of information.

MH: And a hallucination?

PU: None." (PU118-124)

b) Typology of Visions

What type of information the patients receive through the visions? What can they see during the session? When we teased one patient by asking him whether he has already seen aliens while drinking ayahuasca, he told us: *"No, I mostly see demons."* (laughing; PS128)

Regarding this another informant stated the following: *"I looked at my colleagues and spotted the light, descending to my legs. Then, it was climbing this way (showing, author's comment) as if it was stroking me. Then, I saw demons flashing around me. They sat on the place where doctor »ZA« was. Then, they flew up and changed into a man in white. (...) He resembled the painting of Jesus Christ."* (PA200-202)

Another patient contributed to the discussion with botanical visions of transformative character: *"At strong moments I had many times the feeling as if I were a plant. I felt like there was something growing inside me... moving and shaking. It was like fighting to get to the light."* (PAC95)

A patient from France stated: *"I too had joyful visions full of colorful things. A palette of colors; falls of colors... It was like fireworks."* (PM87)

His countryman added: *"Once I saw objects... How are they called? Kaleidoscopic!"* (PK182)

A Spanish patient expressed himself to his typical form of visions: *"They are often something like shadows."* (PG182)

On the other hand, a Peruvian informant, whom we have already quoted in connection with the vision of Jesus Christ, had live memories about one session when he spotted the following: *"After the second dose of ayahuasca, my body transformed into fish. It had scales. My whole body. I felt like a fish in water."* (PA198)

Another informant had visions of zoomorphic character as well. He said: *"I started having visions with the Phoenix bird and a snake. During the last session I saw the sun and pyramids. There were two (showing). But there was nothing between them. I watched and watched... My animals told me: 'Search, search!' (...) The symbols that manifest to you: the sun, moon, pyramid, snake and so on, help you to strengthen your foundations."* (PE195-198)

A Swiss informant told us: *"So far, I have had three visions. In the first one I saw some kind of an amphibian. But I didn't see its body. I saw just a leg. There were snakes in the second and a lot of smiling faces, watching me in the third one. It felt as if other peoples were gazing at me."* (PQ83)

Another patient, who is completely independent on his parents and who currently lives in the city of Trujillo on northern coast of Peru, contributed to the discussion in a very interesting way. He saw natural elements in his visions: *"During many sessions I wasn't able to find any power within me. Finally, it got materialized into the form of fire. (...) I remember myself looking down. I was holding a bucket below me as I was very intoxicated. My eyes were closed. Suddenly, I felt a flame bursted upon my face. I felt heat in my face. It was utterly incredible!"* (PY62-66)

We noticed visions of another character as well. The description of events is presented in the following narrative: *"Look. When I drank ayahuasca, I saw... It started in a different place. Among green plants, in the mountains. On one side there was a crystal clear spring. I looked into the water and spotted pearls. There were pouring diamonds. In the places where the water was flowing down, there was a woman bathing herself. It was all taking place somewhere else. In a different reality. It wasn't from this world. (...) I saw the maloca from distance. (...) When I entered into it, it looked completely different."* (PA333-334)

In some patients, we noticed that they experienced a revelation after ingesting ayahuasca. For instance, one informant described what happened to him during a session in Brazil:

"PO: I have a great experience with one Egyptian god. With Anubis. It was such a strong experience that when I talk about it it sends shivers down my spine. It was very impressive.

I felt him behind me. He was also saying something to me. I didn't know anything about him, so I explained to one shaman that I had seen a face of a jackal.

He paused on and said: 'Ahh, Anubis!'

When I came home, I immediately went to search for more information about him.

MH: And what was it? Explain it to me.

PO: Anubis is a god of death.

MH: Yes, sure.

PO: It has something to do with the state in which the drug addicts find themselves, right? (laughing) He told me in the vision that I could get cured ... that he would help me." (PO128-147)

A French patient suffering from depressions described his experience as follows:

"It was hard in the first place. I came here with being obsessed. There was something evil within me. During the second session I had a vision of evil. Satan manifested to me. I saw him. He was in the maloca. (...) I was filled with fear. At that moment I closed my eyes. When I opened them, the demon from the maloca was gone. It settled down within me. I was the demon! I saw myself through his eyes. My eyes were yellow. (...) I saw a lot of infernal things, things from the dark side of the world. All the evil spirits that can do harm to us in life, force us to have evil thoughts. But this happened during the first sessions. It got cleansed gradually and now I see them less frequently than before." (PM84-86)

His colleague added: *"Once I have seen the Virgin Mary. She told me something. It was my first real contact... my first experience with spirituality. I only contemplated about it before. Since that moment I have been closer to faith."* (PK218)

c) Therapeutic Potential of Visions

"The last ayahuasca session drew my attention. I saw my aunt watching me. She was watching me and I told myself with pride: 'What can you know about me? I'm doing great in the treatment. I do things right.' I was showing off or so. During the diet – the last session took place before the diet – I started thinking about it. I'm a Catholic, I believe!

Have you ever heard someone talking about humbleness, trust and patience here in Takiwasi? Those are three words that help you practically in the treatment. I have never thought about it but (...) these are the three pillars with which not only a Christian, but anybody interned in Takiwasi can overcome everything," a key Peruvian informant stated. (PC157-161)

His younger colleague commented on it as follows: *"Ayahuasca shows you the things which you should improve, your mistakes. It gives you a simple conclusion so that you know what awaits you, what can happen."* (PS137)

Asking a French informant about the therapeutic potential of visions, he told us: *"The visions ayahuasca provides us with are meant to help us to get to know each other better. To help us see things associated with our life. To understand what ways we have chosen, to get to know each other better and redeem ourselves..."* (PM65-67) Another patient said: *"I think that the visions are a reward. I had very few. One. (...) I think that their content is based on your personality. Everything you see concerns you."* (PY31)

He paused on and added: *"A vision is a very nice representation of your subconsciousness. But it's secondary. What you confront in reality is your experience. (...) It forces you to experience things that you don't want to accept."* (PY77)

9.8. Work

a) Session Supervision

"Maestro is in charge, in this case doctor »ZA«. He supervises it. He's got everything under control. One patient after another. He controls them through icaros. I felt it. Hearing some icaro, I experienced various feelings ... For example, one always fasci-

nated me. It's called *El Señor de los Milagros*," the oldest Peruvian patient told us about his experience from ayahuasca therapy. (PA264)

A Brazilian entered the interview and compared his experiences from sessions in Sao Paulo: *"Icaros have huge healing power and strength. They played music from a CD-player in Brasil. It was also impressive, religious and reflexive. (...) But local songs are more connected with the plants, earth, nature..."* (PO123-126)

Subsequently, the Peruvian continued: *"When singing, the sound echoes in the whole maloca. But you're not in the same state. You're off the trail."* (PA274)

But how should one behave in such situation? It has occurred to us.

"What can you do? You can't do anything at all! (...) As I say, all the control originates from the healer," an informant resolutely replied. *"He knows your state. He can see inside you, as it's said, and more than usual. (...) It's him who calms you down and protects. He walks around."* (PA291-293)

His colleague pondered over possible risks and added:

"I think that it must be managed well. We are talking here about spirituality. The spirits. That's why there's a priest present. He sits there. It involves a very intense mental work. Extremely intense! Somebody has to supervise it. I don't think I would be able to do it myself. (...) It happens in the group. When I take part, I am entirely calm and fearless. When you're filled with fear, panic, the enemy has prevailed. He would defeat you just through your panic." (PI202)

b) Emergency Cases

With some time elapsed, we asked the same informant about how the healer reacts in the emergency cases.

"In case of emergency, he censes us with tobacco. He blows the smoke around us and sprays Agua florida. If it's an extreme situation – as it happened to my colleague – the priest starts exorcizing. He performs exorcism." (PI208)

A Swiss patient described what he was experiencing when the healer applied on him the technique of laying on of hands: *"»ZA« came and touched my head. I felt that he was fighting something inside me. He was making noise as if he was grumbling like a dog. I perceived how ayahuasca's effects got weaker and weaker. But before the session ended I was still intoxicated."* (PQ97)

Asking a young Peruvian about what one can do on his own when in crisis, he answered shortly: *"Pray the Lord's Prayer."* (PS134)

Another informant, who tried to figure out how the healing techniques work, has a similar experience. He shared with us in the following narrative: *"Once I was in the session in chacra with one guy called José Manuel. It was extremely strong. At that time I was terrified. I was gripped by fear. You can't even imagine! I started praying, invoking all the saints to come to help me. Then, it got better a little. Since I often feel sick, I start praying and it gets better. I think that when the healer comes to you and censes you, it must work in a similar way. As soon as he comes to you and censes you (with perfume, author's comment), it gets better."* (PU104)

"It happened to me that I perceived how the healers know or feel what I'm thinking about," as soon as a Peruvian informant shared his experience, it has occurred to

us that harmine, the first isolated alkaloid from ayahuasca, was originally named telepathine based on assumed telepathic effects.¹⁴⁹

"I experienced it in almost all ayahuasca sessions," the narrator continued. "I perceived that they knew my feelings. They come to heal you right away when you feel very sick. You have a terrible fear and suddenly: 'Bang!' You feel the hand on your head. They tell you to sit and you calm down. It's as if they knew you are suffering." (PW86)

Another informant added: *"I had to ask for help once. Assistant »ZC« came to heal me. She applied some camphor on me and let me smell it. It happened during my first session when I thought I was dying.*

She let me smell it, held my hands and it seemed to me as if an angel was holding me. It was a real rescue. That's how it happened. She dampened my head with some perfume, let me smell it, I inhaled and it was done...

During the last session I was experiencing very disagreeable feelings. I came to »ZC« and told her: "Can you blow tobacco on me?" In the middle of the session she was singing to me. She sang to me and did a massage. It calmed me down." (PY52-54)

c) Ayahuasca Dosage

"It doesn't seem to me that the patients would drink too much ayahuasca. Why? Since it could do them some harm," one of the informants expressed his concerns. "Well, it affects me after the first dose..." (PI70-72)

Nevertheless, in Takiwasi ayahuasca is usually administered twice during the session. Is it compulsory?

"No," replied the Swiss. "You drink once and in the middle of the session they usually ask you if you want the other one. Drinking twice is optional. But I always drank twice. At the time as I told you that it was extremely strong, I was very intoxicated. It happened to me for the first time that I got lost outside and didn't know how to get back."¹⁵⁰ When I got back, I sat down and five minutes later they asked us: 'If you want, you can come and drink another one.' I was still intoxicated, but regardless of that I said: 'I do. I know I have to withstand something to get cured, and I am prepared for that.' Their answer was ok. »ZA« gave me a big dose and I got intoxicated much, much more." (PQ99)

In our opinion, the informant's concerns are not justifiable. Firstly, it is caused by ayahuasca's autoregulation mechanism that ensures vomiting after having ingested an excessive amount. Secondly, due to its unpleasant taste. Proved by another informant's statement, *"it requires willpower to drink it."* (PY92)

As we have already stated before, drinking ayahuasca is certainly not of a recreational character. An Argentinean patient added: *"Not running away from the session costs me a lot of effort. I'm usually not intoxicated after the first dose. It all starts after the second one. Many times I drank three times."* (PAC79)

As confirms another informant's statement, passing the cleanup usually results in cathartic relief. *"Once it's finished, you are calmer. At the end, you feel entirely free."* (PW54)

¹⁴⁹ Riba, J. 2003: 10

¹⁵⁰ See Chapter 9.6

But it does not mean that the result of every session would be absolutely obvious. *"Sometimes, ayahuasca shows you such strong things that it's difficult to understand it. It takes a few days before you settle down and return on the ground. Ayahuasca takes you to the sky. Getting back is rather difficult."* (PY19)

This is confirmed by another informant's statement: *"After the session, I have so much information that I can't interpret it on my own. It's necessary to do it with someone who has some experience with it, and, more or less, knows what ayahuasca tries to tell me by that."* (PU68)

d) Inner Fight

"Not doing things that I don't like myself to other people. To respect them. To look at the world through other people's eyes... My ayahuasca sessions are concerned with this," stated a Spanish informant. *"It's like the evil was trying to gain control of my thoughts, forcing me to hurt myself, and thinking about drugs. I'm trying... I'm trying to get rid of that. My ayahuascas are like the battle between the good and evil. (...) I connect it with Jesus Christ, with my faith. On the other hand, with dark blackness, with the presence of various smells. That's the fight."* (PG171-174)

Another informant provided us with a very similar narrative: *"Messages that ayahuasca gives me are absolutely apparent. But they contain a great duality. It's a fight as well as a profit. (...) I faintly try to reach a certain knowledge and broaden it. All the social and psychological problems that I have in my life only disturb me and block my sight."* (PY23)

Asking him what, according to his opinion, meaning ayahuasca has, he replied: *"It's about a personal training and confrontation with fear. With primitive fears. From my point of view, it's absolutely clear. I was confronted with my own death. And also with mental death. You think you get crazy and die. (...) Once, you have managed to deal with these fears, you can start dealing with personal matters."* (PY46-48)

A twenty-three year old Swiss, who lived in China for a long time and meditated a lot, told us: *"So far, I have dealt with easy things. Before arriving in Takiwasi, I did an extensive spiritual work and discovered a lot of problems. Before becoming a patient, I managed to solve out a great deal of things. At the moment, I have the feeling that I have already accomplished what I wanted to work on. That's why I have started dealing with other things. Every day I make a lot of effort to gradually change myself. (...) The change can't be reached at once. It's not achieved immediately. Little by little, I succeed in setting things right. (...) It seems to me that I have done a great deal of work in two months."* (PQ43-49)

e) Insight

It is commonly thought that apart from physiological symptoms, the users of ayahuasca are endowed with an insight of their life situation. It is confirmed by a twice rehabilitated Spanish patient:

"Since the sixth month of the previous treatment, ayahuasca shows me a lot about who I am. It discovers my abilities, my good sides. It was always the other way around in my life. I always hurt and criticized myself. I trailed myself along the bottom. I hoped for some appreciation from my father. But he didn't want to. He didn't want to admit what he had in me. Now, I know that there is a great potential within

me, and the only thing to do is to think over what I'm gonna do with it, and to get things to the end. Ayahuasca gives me advice. Sometimes, it pulls me down to the bottom to remind me that I should not be flying too high. Very often, it makes me humble. It's always like this..." (PG180)

Another Peruvian told us: *"Look, speaking about ayahuasca, it taught me a lot. It discovered useful things for me. But on the other hand, it induced respect within me."* (PI170-178)

"I would dare say that ayahuasca didn't cure anything particular," his colleague remarked. *"As far as I know after the six sessions, ayahuasca tells you things that you have to change, what you did, what bothers you, etc. It gives you information."* (PU66)

An ending narrative comes from a Swiss patient, who we have quoted many times before: *"So far, drinking ayahuasca has brought me insight of the situation. It's rather difficult to describe it. But, basically, when I drink it, I start dealing with things I have to work on yet. It may involve various things: sexuality, masculinity, aggressiveness. It may be a little from each. Ayahuasca will prompt you. It will explain the problem to you and show you the things you should deal with. Sometimes, it gives you a hint. You will be taught a lesson that you have to put in practice. It doesn't heal you directly. You have to work on it on your own."* (PQ35-39)

10. PROTOCOL ANALYSIS

As it has been already stated before, passing therapeutic procedures, the patients fill in internal protocols that serve them as groundwork for reflection of the rehabilitation process. It involves:

1. a protocol of ayahuasca session (*protocolo de la sesión de ayahuasca*);
2. a protocol of purgahuasca session (*protocolo de la sesión de purgahuasca*);
3. a protocol of the diet (*protocolo de dieta*).

All papers are stored in the local archive, which contains a lot of material for further scholastic work.

10.1. Treatment

During the participant observation, we came across the fact that when evaluating the effectiveness of ayahuasca sessions the patients, unlike the healers, emphasize the visions.¹⁵¹

Hence, we decided to analyse protocols between years 2003-2009 and find out to what extent this phenomenon occurs, and to what extent the occurrence of visions is associated with other factors.

Using Spearman's rank correlation coefficient, we conducted a test of mutual independence of a pair of variables, which is based on asking: "With what probability does the correlation coefficient reach a certain value provided the variables are independent?"¹⁵²

In brief, Spearman's rank correlation coefficient functions in the following way:

1. determine the rank of each patient according to both variables whose independence we want to test;
2. then, the correlation of these ranks is calculated: if the variables were independent, the ranks will not influence each other and the correlation will be around 0;
3. in the end the independence of both variables is tested.

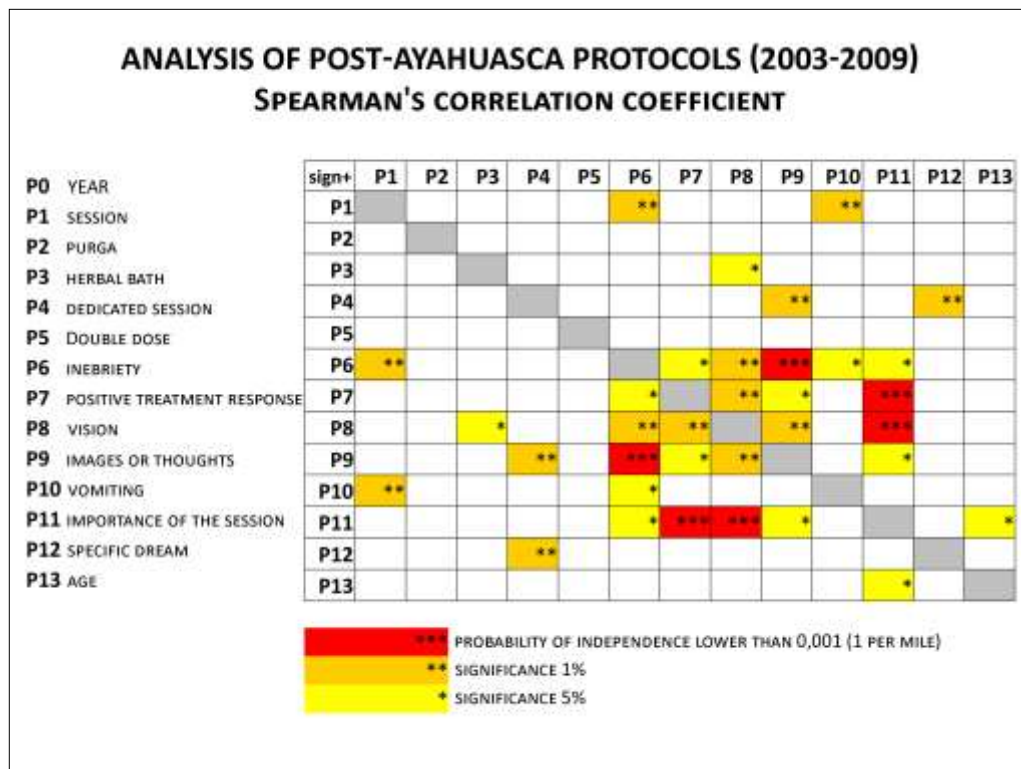
For simplification we named the variables from P1 up to P13. Statistical significance of the test of independence of a variable is always shown in a row and column. (see Table 6).

As variables for the calculation we used the quotients of the sessions with the phenomenon and the total of sessions. Only the number of sessions and an age are variables on their own.

¹⁵¹ On the contrary, the healers claim that in order to declare whether the session was successful or not, vomiting plays a significant role.

¹⁵² If the probability is low, the hypothesis of independence is denied. Because it is improbable that similar ranks would appear at random.

Table 6: The table shows a positive relation among the variables (the more, the more). Considering the fact of cumulated data, we take into account only red cells (N=100).



If the cell is red (with ***), the independence is denied at the level of 0,1%. In other words, such ranks could occur with the probability lower than 0,001 (1 per thousand). It happened in three cases:

1. **P6 and P9:** once intoxicated, the patients visualized pictures and thoughts;
2. **P7 and P11:** the patients attached importance to the session provided the treatment caused a positive response;
3. **P8 and P11:** the patients considered the session important provided they experienced visions.

10.2. Visions

Considering the visions have their therapeutic meaning, it would certainly be interesting to know which phenomena are included. In order to find out, we went through all the available protocols from the years 2007 and 2009 (largely regarding the patients we had the opportunity to talk to in person), and researched their content by the method of frequency analysis.

It turned out that the most numerous category is made up by the phenomena that, according to Benny Shannon, a professor of psychology at Hebrew University in Jerusalem, is called *visualization* (see Table 7).

Visualization can be divided into two types based either on the absence or occurrence of semantic content. The first one mostly occurs during the initial phases of

ayahuasca intoxication and involves abstract and geometric shapes, colored patterns, and intense lights.¹⁵³

The latter type, which largely occurs among the patients, is represented by mandalas, tunnels and complicated labyrinths that are to a great extent modulated by musical accompaniment. In addition, there are paintings of various objects and situations from personal life beyond which emotional and significant connotations can be found (the picture of a knife, three quartered persons, accident, etc.).

The second most important category consists of diverse fauna (insects, reptiles, amphibians, birds and wild beasts, etc.). Most frequently snakes of all forms and sizes are represented in it (light, orange, great, black and white).¹⁵⁴

A very specific subgroup is formed by various imaginary and mythic animals such as the unicorn or the Phoenix, which are manifested to the patients to tell them personal messages.¹⁵⁵

The third significant category poses the locations in which the plot of visions takes place. Diverse sceneries are dominated by houses, roads and gardens. Thus, in fact, the places very well known to the patients. More unusual structures are represented by the pyramids, which proves that the visions sometimes take places in a certain cultural context (see Chapter 9.7).

The fourth most numerous category is “people”. In the patients’ visions we do not meet only people from everyday life, but also various unhuman beings, demons and Christian saints (especially the Virgin Mary and Jesus Christ).

The last numerous category consists of plants dominated by the liana ayahuasca, followed by several types of trees and flowers.¹⁵⁶

10.3. Purging

The patients’ opinion varies when it comes to whether purgahuasca without DMT is able to induce visions or not. Hence, we decided to analyse the protocols of purgahuasca sessions from the years 2007 and 2009, in order to find out how frequent the records of this phenomena are.

It turned out that purgahuasca, in the patients’ opinion, induces visions approximately in a quarter of cases (see Table 7). From more than a half their content is made up of visualizations with semantic content.

¹⁵³ Shannon, B. 2002: 86-98

¹⁵⁴ “Regarding the feared viper snakes and boa constrictors, which can be in some parts of the world considered a part of the ‘bad trip’ phenomenon; rather, they are with cleverness used by the healers to help them with healing. It is commonly thought that the similar mental symptoms, which are interpreted as the reincarnation of the liana itself, bring a message of cure to the patient and by that provide him with safety.” (De Rios, M. D. 1990: 185)

¹⁵⁵ “During the twenty-third session I received an omen from the animals that accompany me through the whole treatment and help me to be able to solve my personal problems. It involved a unicorn, the Phoenix, a snake and a hummingbird.” (PE 25-10-2009, d. r.)

¹⁵⁶ In the patients’ visions the liana changes into a young girl – another of the known symbols of ayahuasca. (Giove, R. 1992: 8)

Table 7: The key categories include phenomena that occur in the visions caused by ayahuasca as well as purgahuasca. A remarkable fact is that “Christian Saints” occur only in the protocols from 2007.

OVERALL RESULTS 2007/2009	Σ	
The total of patients	20	
The total of sessions	328	
The total of not found protocols	50	
The total of analyzed protocols	278	
The total of sessions with visions	132	48%
The number of protocols of ayahuasca session	249	
The total of ayahuasca sessions with visions	123	49%
The number of protocols of purgahuasca session	29	
The total of purgahuasca sessions with visions	9	31%

KEY CATEGORIES	FREQUENCY
VISUALIZATIONS	61
ANIMALS	56
LOCATIONS	52
PEOPLE	46
PLANTS	40
ITEMS	27
PARTS OF HUMAN BODY	22
UNHUMAN BEINGS	16
DEMONS	15
ILLNESSES	15
ELEMENTS	12
SYMBOLS	12
PARTS OF ANIMAL BODIES	10
CHRISTIAN SAINTS	9
NATURAL PHENOMENA	9
SHADOWS	8
ENERGY	7
FOOD	6
BATTLE	5
MEANS OF TRANSPORTATION	2

10.4. Diet

In the diet protocol there are two key variables: a lesson (*enseñanza*) and an indication (*indicación*), which means whether by drinking plants in the rainforest one managed to discover a significant matter that could constitute a meaning in his rehabilitations.

In order to find out what topics are involved in the places, we went through the content of protocols of all the people from our research sample apart from those filled in French. The results are presented in Table 8.

It has turned out that the patients pass in average two, not four diets during their treatment as it would be advisable according to the therapeutic program. Most often, they drink extracts from two plants: ushpawasha sanango and ajo sachá. This is because these plants are generally considered the weakest regarding their effects and they are usually prescribed to be used at the beginning of the rehabilitation process.

The order of the following herbal preparations is related to the frequency of how the extracts are traditionally prescribed in the program. Tobacco is an exception, which is not usually used separately, but it is drunk once a week as a complement. Naturally, there is an enormous number of similar supplemental medicaments. The most frequently used are mucura a chuchuwasi, which are usually combined with the types of sanango as well as with eleven barks of palos.

Table 8: The table shows the details of a mutual agreement between the effects of herbal preparations through the key themes of the diet (see Chapter 9.5).

OVERALL RESULTS 2007/2009	Σ
The total of analysed patients	20
The total of analysed protocols	44
The total of not found protocols	1
The average number of passed diets per person	2

HERBAL EXTRACT	Σ
Ushpawasha sanango	14
Ajo sachá	13
Palos	8
Chiric sanango	4
Uchu sanango	4
Tabaco	1

KEY DIET TOPICS
Past
Family
Life
Future
Work
Spirituality

11. INITIATION THERAPY

As it has been stated before, ayahuasca induces an unmoving trance in which an individual is seen to be static from outside since he is absorbed in thoughts within himself. For four hours, on average, he finds himself in an altered state of consciousness, which has a diverse character. Considering this, it would be more suitable to speak about “the flow of states” (*flujo*) rather than about one state that is more or less of an unchangeable character.

The kinetic trance characterized by amnesia occurs only during ayahuasca intoxication. According to the informants it is possible to recall the content of an experience quite well even after many years.

The state induced by ayahuasca in the patients in Takiwasi is significantly different from hallucinatory experiences. There are many reasons for this:

1. it is internally coherent;
2. controlled by an expert that uses a complex range of techniques for this purpose;
3. has its specific purpose, which is therapy.

One who hasn't ingested this psychoactive substance may ask a question concerning the difference between a vision and hallucination. In connection with this it is necessary to state that considering the aspect of perception, there is no difference. But in case of the epistemological and cognitive aspect, there is a world of difference.

“Character, form and details of visions provide us with important information about us. (...) We have to confront the characteristic features of our personality that we visualize face to face. This time, we can neither run away from them nor ignore them. The safety, with which we watch upon who we are, is so endless; the understanding so deep... The most adequate expression how to call the moment of deep understanding and true observation of reality is the English word insight. Hopefully, it best describes the state in which the mind was sidelined and consciousness has changed into limitless space.”¹⁵⁷

Nevertheless, a similar insight can be reached provided that the strict process of ayahuasca preparation is abided and its use practiced in the ritual context of traditional character under the supervision of an experienced healer.¹⁵⁸

The characteristics of the altered state of consciousness can be briefly summarized in a few points. It is necessary to mention that not all of them are always involved. During some sessions, we encountered none of the following symptoms, in others all of them together. Significant factors that affect this are: dosage, personal state of mind of an individual and a chain of events in which the session is held. The altered state of consciousness after ayahuasca ingestion is characterized by:

- ❖ the intoxication that, at the same time, is a starting condition of the possibility of being able to talk about such state (regarding patients, it is usually expressed as torpidity, or uncoordinated walk, nausea and vomiting);

¹⁵⁷ Bowe, G. 1988: 4

¹⁵⁸ Zuluaga, G. R. 1997: 127-128

- ❖ synesthesia, a combination of percepts from two and more senses (e.g. perceiving sounds through the sight, taste by touch, etc.);
- ❖ hypersensitivity (especially regarding light, noise and touch);
- ❖ differing perception of time and space;
- ❖ dissociation;
- ❖ depersonalization;
- ❖ visual phenomena;
- ❖ experiences of initiatory death.

Ayahuasca induces an authentic experience of death and dying. In order to prevent the occurrence of fatal consequences after the ingestion, the patients always undergo such experience under the supervision of experienced personnel. Yet, there is no session in which some of them wouldn't call for help under the pressure of the situation.

The ego barriers, which hold human existence together, are too weak compared with the power of a liana extract and sooner or later they are breached. Consequently, the therapeutic effect shows up. The patients reevaluate their values and become socially more adaptable.¹⁵⁹

The logic of the initiatory death is very simple. Those who fear death should love life. Considering drug consumers, it is fairly common to encounter those who misuse psychoactive substances to stifle unpleasant feelings that worry them inside.

An excessive amount of the substance becomes a poison that slowly kills the drug addict. Usually, an urgent effort to get rid of the suffering is, as a matter of fact, the fear of taking life into one's hands. The management of Takiwasi therefore requires the patients to actively participate in the therapy process, concentrate, and deal with their personal problems.

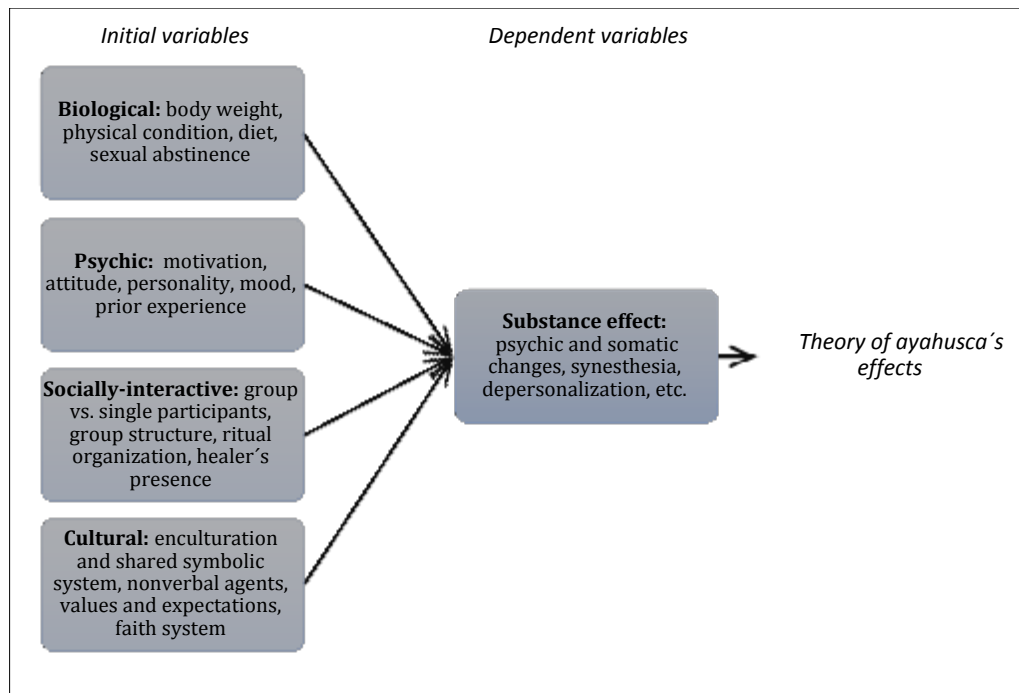
11.1. Clinical Research

The amount of clinical research of ayahuasca has expanded significantly in last ten years. Despite significant popularity, these researches are not always overcrowded with fascinating findings. In many places, it can be observed that some authors view ayahuasca genuinely as a substitution and rudely ignore the purpose of the ritual that is inherently associated with her.

For instance, a breakthrough work of a Chilean psychiatrist, Claudio Naranjo, who in 1970s as one of the first dealt with an experimental use of harmaline in the treatment of mental disorders.¹⁶⁰

¹⁵⁹ "A fear hidden behind all the big and small concerns is the fear of death, vanish in an inconsiderate crowd, and lose individuality. At the same time, it is the fear of giving up existence. The droplet's fear about to disappear in the sea. Losing existence as the droplet and joining the vast ocean." (Giove, R. 1997: 17)

¹⁶⁰ "The utility of harmaline lies within the contribution of integrating consciousness with unconsciousness by supporting oneiric processes in an alert state." (Naranjo, C. 1973: 144)



Graph 11: The scheme of ayahuasca effects theory formation.

Despite an enormous contribution of his work to the development of ethnopharmacology and medical anthropology, it also illustrates the fact that the application of psychoactive substances in clinical conditions causes significant difficulties, especially in case of an excessive intervention of the researcher. More in the following example:

*"A patient felt an increasing restlessness. He minded me talking to him and told me that my questions made him even sicker. Shortly afterwards, he started vomiting, and alternatively falling asleep, he spent the following four or five hours like that. (...) When he was talking, and by that I mean, the moment he should answer my question as well as when he should talk on his own, his mental stress has risen."*¹⁶¹

The excessive intervention affects not only the proband, but also the fact of to what extent the experience of an altered state of consciousness will turn out to be beneficial for him and what he will get out of it. Nevertheless, Naranjo considers a similar event only episodic, and he further speculates about what to do to prevent his influence on the spontaneous flow of the experience from being inappropriate. But shouldn't he just content himself with the role of a participant observer?

The research of DTM led by Rick Strassman is another example of what will happen when an individual's mental state (*set*) and context (*setting*) are sacrificed to a scientific method. He administered the substance to healthy volunteers with no previous experience with it. But due to a needle injection application, their reaction turned out to be absolutely unpredictable.

"After a little more than a minute, Philip opened his eyes and began breathing deeply. He looked as if he were in an altered state of consciousness. His pupils were large, he began groaning, and the lines of his face smoothed. He closed his eyes while Robin

*held his hand. He laid extremely still and remained silent, eyes closed. What was happening? Was he all right? His blood pressure and heart rate seemed fine, but what about his mind? Did we overdose him? Was he having any effect at all?"*¹⁶²

A sterile environment and experimental dosage of the substance, applied in short time intervals, implies complications during integrating an experience into an everyday life. In our opinion, such treatment can be considered unethical.¹⁶³

11.2. Overview

In Chapter 4.7, we witnessed that only 27 % of internal patients, who were treated in Takiwasi in the last ten years, reached such state that they were considered cured. Nevertheless, based on the participant observation it is evident that such data does not tell much about the effectiveness of the rehabilitation program. In fact, some patients got rid of drug addiction in less than nine months. Taking them into consideration, the indicator of effectiveness rises up to 70 %.¹⁶⁴

The content analysis of 32 semi-structured interviews with the staff and patients showed that the Takiwasi therapeutic model is based on the coherent system with a very diverse tradition of indigenous medicine. Thus, the complex rehabilitation program with ayahuasca represents an equivalent competitor to other therapeutic approaches that are based on total abstinence and substitution. But the selection of the treatment type depends on the patients themselves.



Figure 25: A blossom of maracuya or *Passiflora edulis*, the symbol of Christian faith and hope.

¹⁶² Strassman, R. 2001: 4

¹⁶³ Wilcox, J. P. 2009: 222

¹⁶⁴ In order to talk about the effectiveness more precisely, in our opinion, it would require further research during which the patients' state would be monitored at least for two years after leaving the community.

12. INDEX

Agua de Florida – or “flower water” is perfume that is used in the Peruvian Amazon for cleansing human energy. Rubbing it over the face or letting the healer blow it around one’s body helps to soften intoxication (see *mareación*).

Alcanfor – or camphor. A liquid preparation with strong smell traditionally used as protection against negative energies.

Arkana – protective spirits, usually sitting on the healer’s forearm. The term stems from Quechua word *arkarta*, which means “defence”.

Cuerpo energético – or also *campo energético* or *cuerpo sutil* is an energetic field around human body that permanently communicates with the world around. The personal energetic field is sometimes called aura.

Carga – burden, stress, tension. To be *cargado* means to suffer from blocked or shocked energy. The energy accumulates in the patient’s body where an undesirable tension is created, causing various psychosomatic complications. In order to get rid of the tension all the methods of traditional medicine are used (*soplada*, *icarada* and *chupada*). Also *carga transgeneracional*.

Carga transgeneracional – the so-called transgenerational burden. Drug addict’s problems often stem from woeful events that happened to them in childhood. Many children suffer from torture, abuse, and neglect without other people noticing their unfavourable situation and suggesting protective supervision. As a result, it triggers the development of CAN syndrome, which is transferred among generations and affects the whole society.

Chacra – a land in the rainforest where there are farmed domesticated animals and grown agricultural products after a deforesting (juka, bananas, coffee). In Takiwasi four- and eight-day diets take place here (see *tambo*).

Chupar – “suck” in Spanish. Chupada is one of traditional healing methods; the healer takes into his mouth a gulp from the bottle of Agua de Florida or agua exorcizada, places his lips close to the affected area of the patient’s body and sucks in the disease. Then, he spits it out, burps out or coughs out. By that, he demonstrates how he got rid of it as well as the fact that he fixed the blocked flow of energy that caused the sickness (*malestar*).

Convivencia – a coexistence of all the patients in the community. Every Wednesday from 6:30 p.m. till 8 p.m. in Takiwasi, the therapeutic session of the same name takes place, where all the organizational problems are dealt with.

Cruzadera – or short circuit of energies. This expression represents all negative effects caused by breaking the rules of ayahuasca session or the diet. It usually involves nausea and diarrhea. In severe cases, it may result in the occurrence of

some psychic disorders, and in extreme cases, in a total desintegrate with the necessity of further treatment.

Daño – detriment caused by casting a spell (*brujería*), breaking diet rules, etc.

Holistic medicine – sees a man as an interconnected complex (*holos in Greek*), whose somatic, psychic and spiritual dimensions are connected together and mutually interact. The opposite is *allopathic medicine*, which exclusively focuses on the symptoms of diseases and disorders of a particular organ, and usually heals them separately from other patients' problems.

Ikarar – to heal with icaros, i.e. to charge a certain object with energy. The therapeutic process can be called chanting (*ikarada*). By invoking plant spirits (*espíritus de las plantas*), natural powers and Christian saints, the healer gains their power, transports it on a patient and heals him. Ikarada is usually accompanied by censuring with tobacco, blowing perfume (see *soplar*), and working with rattles from healing plants (*shacapa*).

Icaro – can be seen as a certain form of prayer or song with a therapeutic potential. Once a healer has learned it through dreams or visions from the plant spirits, he uses it for his work and ritual management. Not everybody sings only their own songs. If the healer learns the song from his master, he has to have permission for its reproduction.

Maloca – a house of a circle frame with a palm roof in a conical shape.

Mapacho – or black tobacco (*Nicotiana tabacum*), which is used for the ritual censuring of the patients (see *soplada*). The smoke from mapacho helps to work with an energetic field (*campo energético*). It cleanses and protects it from negative influences.

Mareación – or intoxication. The basic characteristic of an altered state of consciousness induced by ayahuasca.

Mariri – it poses all the healer's power and knowledge. It is the plant blood, which has accumulated in human's chest during the years of drinking extracts and changed into mucus (*flema*) that can be pulled out by tobacco. Before his death, a teacher passes mariri on his student.

Matutina – a morning group session that takes place every Monday and Friday at 8:00 a.m. One of the patients gives a speech on a chosen topic. Then, the problems from ergotherapy of the passed week are dealt with and a group game is played.

Mixto – a smoking mixture of PBC and marihuana.

Palo santo – a wood from the *Bursera graveolens* tree, used for censuring. It protects from evil spirits.

Plantas de contención – herbal substances with supporting and strengthening effects, the so called adjuvants.

Planta maestra – in the context of traditional indigenous Amazon medicine, it refers to a plant blessed with a spirit that has the ability to teach a person. It does so through dreams, physical impressions or intuitive percepts, which are induced by the use of an herbal extract.

Purga – an herbal extract with emetic effects.

Reinsertion – or reintegrating the patients to the society. The final phase of the treatment in Takiwasi is characterized by the fact that one goes to school or work.

Shacapa – a rattle from palm leaves or healing plants (e.g. piñón colorado) used by the healer to regulate the flow of energy during ayahuasca or detoxication sessions, and to maintain the rhythm of the ritual. The rattle is also used to cense a person undergoing an individual treatment. The healer sweeps over the patients body to exorcize evil spirits (*malos espíritus*).

Soplar – means censing the patient with tobacco from mapacha or blowing aromatic essences around him (e.g. Agua de Florida). The healer takes tobacco or perfume into his mouth and then sprinkles it over the body. He starts with the vertex, continues with the back, chest and finishes by blowing patient's raised arms. The healing method is called *soplada*. Comment: people as well as spaces can be censed.

Tambo – a simple wooden shelter with a roof from palm leaves where the patients are accommodated during the rainforest diet.

Virote – an arrow with which one can be hit if somebody wants to do them some harm (see *daño*).

Yachay – a little animal that the healer carries in his body and uses it for healing.

13. BIBLIOGRAPHY

- ALMENDRO, M. 2008. *Chamanismo. La vía de la mente nativa*. Barcelona: Editorial Kairós.
- BAŠTECKÁ, B. et Goldman, P. 2001. *Základy klinické psychologie*. Praha: Portál.
- BELTRÁN GALLEGO, O. 2007. Yage, cognition and executive functions. In: Ronderos Valderrama, J. (ed.) *Revista Cultura y droga*, 12(14): 13-27.
- BIBLE 2009. *Písmo svaté Starého a Nového zákona. Český ekumenický překlad*. Praha: Česká biblická společnost. URL: [http://www.biblenet.cz/\[01-03-2010\]](http://www.biblenet.cz/[01-03-2010])
- BOWE, G. 1988. Psiquis y cuerpo en el Ayahuasca. In: *Anales de II Congreso Internacional de Medicinas Tradicionales*, 26. - 29. 6. Peru: Lima.
- BUSTOS, S. 2008. *The Healing Power of the Icaros: A Phenomenological Study of Ayahuasca Experiences*. California: Faculty of the California Institute of Integral Studies.
- CALLAWAY, J. C. 1994. Some Chemistry and Pharmacology of Ayahuasca. In: Fericgla, J. M. (ed.). *ACTAS. II Congreso Internacional para el Estudio de los Estados Modificados de la Consciencia*. España: Lleida.
- CÁRDENAS, M. M. Á. 2009. Madre ayahuasca (II). *Terapia contra las drogas. Entrevista con Jacques Mabit*. In: *El Comercio*, 15. 1. URL: [http://goo.gl/R5Qg2\[15-11-2009\]](http://goo.gl/R5Qg2[15-11-2009])
- CARRILLO AEDO, F. N. 2009. *Contribución de los estados modificados de conciencia facilitados por la experiencia con Ayahuasca en la rehabilitación de drogodependientes de la Comunidad Terapéutica Takiwasi*. Santiago: Universidad de Chile. Diploma Thesis.
- CONTRERAS ROMERO, A. T. 2001. Visiones sobre el Temazcal mesoamericano: Un elemento cultural polifacético. In: *Ciencia Ergo Sum*, 8(2). México: Universidad Autónoma del Estado de México, 133-144. URL: [http://goo.gl/zVV1N\[12-06-2013\]](http://goo.gl/zVV1N[12-06-2013])
- DE POLAVIEJA, L. G. 2000. *El Ojo Verde. Cosmovisiones Amazónicas*. Peru: AIDSESP.
- DE RIOS, M. D. 1972. *Visionary Vine: Psychedelic Healing in the Peruvian Amazon*. San Francisco, CA: Chandler Pub., Co.
- DE RIOS, M. D. 1990. *Hallucinogens. Cross-cultural perspectives*. Bridport: Prism Press.
- DE RIOS, M. D. ET RUMRRILL, R. 2008. *A Hallucinogenic Tea, Laced with Controversy: Ayahuasca in the Amazon and the United States*. Westport: Praeger Publishers.

- DOMENECH, S. 1996. Ayllu Tinkuy: Comunidad encuentro. In: *Revista Takiwasi*, 2(4): 17-27.
- ELIADE, M. 1997. *Šamanismus a nejstarší techniky extáze*. Praha: Argo.
- FIŠEROVÁ, M. 2003. Neurobiologie závislostí. In: Kalina, K. (ed.) 2003. *Drogy a drogové závislosti I. Mezioborový přístup*. Praha: Úřad vlády České republiky.
- FURST, P. T. 1980. *Los Alucinógenos y la cultura*. México: Fondo de Cultura Económica.
- GIOVE, R. 1992. Madre Ayahuasca. In: *Revista Takiwasi*, 1(1): 7-10.
- GIOVE, R. 1993. Acerca del "ikaro" o canto shamanico. In: *Revista Takiwasi*, 1(2): 7-27.
- GIOVE, R. 1995. Tai Tai Timbira. In: *Revista Takiwasi*, 2(3): 107-109.
- GIOVE, R. 1996. *Medicina tradicional amazónica en el tratamiento del abuso de drogas. Experiencia de dos años y medio (92-94)*. Lima: CEDRO.
- GIOVE, R. 1996. Materia el ikaro de la "M". In: *Revista Takiwasi* 2(4): 7-15.
- GIOVE, R. 1997. Descubriendo la cuadratura del círculo, el Ikaro de la "A". In: *Revista Takiwasi*, 3(5): 7-21.
- GIOVE, R. 2002. *La Liana de los muertos al rescate de la vida*. Tarapoto: Takiwasi.
- GROF, S. 1992. Addicción, espiritualidad y la ciencia occidental. In: *Revista Takiwasi*, 1(1): 71-85.
- GRÜN, A. 2005. *La Unción de los enfermos. Consuelo y ternura*. Buenos Aires: San Pablo.
- GUY, W. 1976. *ECDEU Assessment Manual for Psychopharmacology (Revised)*. Rockville, MD: US Department of Health, Education, and Welfare; Public Health Service; Alcohol, Drug Abuse, and Mental Health Administration; National Institute of Mental Health, Psychopharmacology Research Branch.
- HILL, M. D. 2001. *New Age in the Andes: Mystical tourism and Cultural Politics in Cusco, Peru*. Emory University: Institute of Liberal Arts. Dissertation.
- HOFMANN, A. ET SCHULTES, R. 2000. *Plantas de los Dioses. Las fuerzas mágicas de las plantas alucinógenas*. México: Fondo de Cultura Económica.
- HÖSCHL, C. 1999. Teorie deprese. Proč antidepressiva nemění náladu zdravých lidí. In: *Vesmír* 78, 607(11): 607-611. URL: <http://goo.gl/QMhn6>[17-02-2010]
- HÖSCHL, C. 2005. Neurotrofní účinky antidepressiv. In: *Farmakoterapie*, 1: 223-233. URL: <http://goo.gl/Yo8m2>[19-02-2010]
- KAVALÍROVÁ, J. 2006. *Pojetí duchů v peruánském šamanismu*. UK FHS: Katedra obecné antropologie. Bachelor Thesis.

- KAVENSKÁ, V. 2008. Možnosti využití halucinogenu ayahuasky při léčbě závislostí. In: *Adiktologie. Odborný časopis pro prevenci, léčbu a výzkum závislostí*, 1 (duben): 33-40.
- KAVENSKÁ, V. 2009. Smysl života v kontextu závislosti na alkoholu. In: *E-psychologie*, 3(1): 1-11. URL:<http://goo.gl/aYvpJ>[02-03-2010]
- KOOYMAN, M., DE LEON, G. ET NEVŠÍMAL, P. 2004. *Terapeutická komunita pro drogově závislé I. Vznik a vývoj*. Praha: Středočeský kraj.
- KUDRLE, S. 2003. Bio-psycho-sociálně-spirituální model závislosti jako východisko k primární, sekundární a terciální prevenci. In: Kalina, K. (ed.) 2003. *Drogy a drogové závislosti I. Mezioborový přístup*. Praha: Úřad vlády České republiky.
- LEÓN, B. 2006. Theaceae endémicas del Perú. In: *Revista Peruana de Biología*. Número especial, 13(2): 650 – 651. URL:<http://goo.gl/BeCzL>[16-02-2010]
- LÉVI-STRAUSS, C. 1963. The Effectiveness of Symbols. In: *Structural Anthropology*, 1. New York: Basic.
- LIEBMAN, M. 2005. *Art Therapy for Groups. A Handbook of Themes and Exercises*. New York: Taylor & Francis e-Library.
- LUNA, L. E. ET AMARINGO, P. 1984. *Ayahuasca Visions. The Religious Iconography of a Peruvian Shaman*. Berkeley: North Atlantic Books.
- LUNA, L. E. 1984. The Concept of Plants as Teachers among four Mestizo Shamans of Iquitos, Northeastern Peru. In: *Journal of Ethnopharmacology*, 11(2): 135-156.
- LUNA, L. E. 2002. *Vegetalismo: Šamanismus mezi mestickým obyvatelstvem peruánské Amazonie*. Praha: DharmaGaia.
- MABIT, J. 1997. Marihuana: ángel o demonio? In: *Revista Takiwasi*, 3(5): 63-77.
- MABIT, J. 1999. Ir y volver: El ritual como puerta entre los mundos ejemplos en el shamanismo amazónico. In: *Amazonía Peruana*, 13(26): 143-155.
- MABIT, J. 2001. *La sesión de Ayahuasca en Takiwasi: Conceptos, consejos y recomendaciones*. Tarapoto: Takiwasi.
- MABIT, J. 2002. Producción visionaria de la ayahuasca en el contexto curanderil de la Alta-Amazonia Peruana. In: Labate, C. B. et Araújo, S. W. *O uso ritual da Ayahuasca*. Sao Paulo: Mercado de Letras.
- MABIT, J. ET SIEBER, C. 2006. The Evolution of Pilot Program Utilizing Ayahuasca in the Treatment of Drug Addiction. In: *Shaman's Drum Journal*, 73: 23-31.
- MACK, N. ET AL. 2005. *Qualitative Research Methods: A Data Collector's Field Guide*. North Carolina: Family Health International.
- McKENNA, D. J. ET AL. 1986. Ingredientes biodinamicos en las plantas que se mezclan al Ayahuasca. Una Farmacopoea tradicional no investigada. In: Quintanilla,

- O. A. (ed.) *América indígena*. Mexico: Instituto indigenista interamericano, 73-99.
- MERCANTE, M. S. 2006. *Images of Healing: Spontaneous Mental Imagery and Healing Process of the Barquinha, a Brazilian Ayahuasca Religious System*. San Francisco: Faculty of Saybrook Graduate School and Research Center.
- MERTEN, K. 1995. *Inhaltsanalyse: Einführung in Theorie, Methode und Praxis, 2. Verbesserte Auflage*. Opladen: Westdeutscher Verlag.
- MILLER, W. R. ET ROLLNICK, S. 1991. *Motivational Interviewing*. New York: Guilford Press.
- NARANJO, C. 1967. Psychotropic Properties of the Harmala Alkaloids. In: Efron, D. (ed.) *Ethnopharmacologic Search for Psychoactive Drugs*. Washington, D. C.: U. S. Government Printing Office, 385-91.
- NARANJO, C. 1973. *The Healing Journey. New Approaches to Consciousness*. Toronto: Random House, Inc.
- NARANJO, P. 1986. El Ayahuasca en la arqueología ecuatoriana. In: Quintanilla, O. A. (ed.) *América indígena*. Mexico: Instituto indigenista interamericano, 115-127.
- NARBY, J. ET HUXLEY, F. 2001. *Shamans through Time. 500 Years of Knowledge*. New York: Penguin Group Inc.
- NARBY, J. 2006. *Kosmický had*. Praha: Rybka Publishers.
- NEŠPOR, K. ET CSÉMY, L. 2006. Spiritualita u návykových nemocí. In: *Zdravotnické noviny*, 27-28: 16-17.
- OCHOA ABAURRE, J. C. 2002. *Mito y chamanismo: El mito de la tierra sin mal en los Tupí-Cocama de la Amazonía Peruana*. Universidad de Barcelona: Facultad de filosofía. Dissertation.
- OKRUHLICA, L. 2009. Mýtus o tom, že závislosť je vždy chronickým ochorením. In: *Adiktologie* (9) Suppl.: 10-15.
- OTT, J. 1994. *Ayahuasca Analogues*. Kennewick: Natural Products.
- PALACIOS VACCARO, J. W. 2006. *Plantas Medicinales Nativas del Perú*. Lima: Imprenta alc.
- PRESCOTT, W. H. 1980. *Dějiny dobytí Peru*. Praha: Panorama.
- PTÁČEK, R. 2006. *Obecně psychologické a osobnostní souvislosti disociace*. Brno: FSS MU. Dissertation.
- RADIMECKÝ, J. 2009. Heroin – zázračný lék, jenž se (ne)změnil v jed, aneb některé oblíbené mýty a stereotypy o heroínu a jeho uživatelích. In: *Adiktologie* (9)Suppl.: 26-35.

- RAMÍREZ RAMÍREZ, R. ET AL. 2007. *Perfil sociodemográfico del Perú*. Lima: Dirección Técnica de Demografía y Estudios Sociales y Centro de Investigación y Desarrollo del Instituto Nacional de Estadística e Informática. URL: <http://goo.gl/XerfL>[25-02-2010]
- RIBA, J. 2003. *Human Pharmacology of Ayahuasca*. Barcelona: Universitat Autònoma de Barcelona. Dissertation.
- ROMERO, F. C. 1993. *Resultados lingüísticos del contacto quechua y español*. Trujillo: Editorial Liberad E. I. R. L.
- RUDGLEY, R. 2000. *The Encyclopedia of Psychoactive Substances*. New York: St. Martin's Press.
- SHANNON, B. 2002. *The Antipodes of the Mind. Charting the Phenomenology of the Ayahuasca Experience*. Oxford: University Press.
- SHANNON, B. 2003. Three Stories Concerning Synaesthesia. A Commentary on Ramachandran and Hubbard. In: *Journal of Consciousness Studies*, 10(3): 69–74.
- SHARON, D. ET BUSSMAN, R. W. 2007. *Plantas de los cuatro vientos. Las Plantas mágicas y medicinales del Perú*. Trujillo: Graficart.
- SCHEPER-HUGHES, N. 1994. Embodied Knowledge: Thinking with the Body in Critical Medical Anthropology. In: Rob Borofsky (ed.) *Assessing Cultural Anthropology*. New York: McGraw-Hill, 229–42.
- SCHULTES, R. E. 1986. El desarrollo histórico de la identificación de las malpigiáceas empleadas como alucinógeno. In: Quintanilla, O. A. (ed.) *América indígena*. Mexico: Instituto indigenista interamericano, 9–49.
- SCHULTES, R. E. ET HOFMANN, A. 2000. *Rostliny bohů*. Praha: Volvox Globator.
- SIEBER, C. L. 2003. *Enseñanzas y Mareaciones: Exploring Intercultural Health Through Experience and Interaction with Healers and Plant Teachers in San Martín, Peru*. University of Victoria: Department of Anthropology. Dissertation.
- STRASSMAN, R. 2001. *DMT: The Spirit Molecule*. Rochester: Park Street Press.
- ŠAFR, J. ET AL. 2008. Sociální koheze. Teorie, koncepty a analytická východiska. In: *Sociologický časopis/Czech Sociological Review*, 44(2): 247–269.
- ŠKRABÁKOVÁ, L. 2002. *Kmen Shipibo z povodí Ucayali, Peru – Animistická víra a šamanismus*. Praha: FHS UK. Bachelor Thesis.
- TORRES, J. 2009. Purgahuasca: Aportaciones de la Cultura Awajun al Tratamiento de las Adicciones. In: *Congreso Internacional "Medicina Tradicional y Salud Mental"*, 7. – 10. 6. Tarapoto: Takiwasi.

- TORRES, W. 2007. Huairasacha. In: Ronderos Valderrama, J. (ed.) *Revista Cultura y droga*, 12(14): 27-35.
- TOUSIGNANT, M. 1979. El Rol de las emociones dentro de las concepciones que tienen los indios de América sobre las enfermedades. In: *XVIII Congreso de la Sociedad Interamericana de Psicología*, 1. - 7. 7. Perú: Lima.
- TUPPER, K. W. 2008. The Globalization of Ayahuasca: Harm Reduction or Benefit Maximization? In: *International Journal of Drug Policy*, 19(4): 297-303. URL:<http://goo.gl/my6Yu>[28-02-2010]
- VAN GENNEP, A. 1997. *Přechodové rituály (systematické studium rituálů)*. Praha: Lidové noviny.
- WILCOX, J. P. 2009. *Ayahuasca. The Visionary & Healing Powers of The Vine of The Soul*. Rochester: Park Street Press.
- ZÁBRANSKÝ, T. 2003. *Drogová epidemiologie*. Olomouc: UP.
- ZULUAGA, G. R. 1997. El Chamanismo y los sistemas médicos indígenas de la Amazonía. In: *Revista Takiwasi*, 3(5): 115-135.

14. SUMMARY

This book illustrates how the drug addiction is treated in the Takiwasi Center (Tarapoto, Perú). There are for more than twenty years plant medicines applied in the drug rehabilitation program which combines the traditional indigenous medicine of the Amazon and psychotherapy. The Takiwasi model is based neither on total abstinence nor substitution. Its key component is the ritual ingestion of ayahuasca, psychoactive substance producing altered states of consciousness. The writer of this book is verifying if the drug addiction could be treated with this substance, and answers the question about its effectiveness.

KEYWORDS

ayahuasca, traditional indigenous medicine, drug addiction

RESUMEN

Este libro ilustra cómo la drogadicción está tratada en el Centro Takiwasi (Tarapoto, Perú). Por más de veinte años las plantas medicinales están aplicadas en su programa de rehabilitación que combina la medicina tradicional indígena de la Amazonía y la psicoterapia. El modelo Takiwasi no está basado ni en la abstinencia total ni en sustitución. Su componente principal es la ingestión ritual de ayahuasca, sustancia psicoactiva que produce estados alterados de conciencia. El autor de este libro verifica, si la drogadicción puede ser tratada con esta sustancia, y responde a la pregunta acerca de su eficacia.

PALABRAS CLAVES

ayahuasca, medicina tradicional indígena, drogadicción

SHRNUTÍ

Tato knižní publikace objasňuje, jakým způsobem se léčí drogová závislost v centru Takiwasi (Tapoto, Perú). Zde jsou již po více než dvacet let při rehabilitaci toxikomanů používány rostlinné medikamenty v rámci programu, který kombinuje tradiční domorodou medicínu Amazonie s psychoterapií. Model Takiwasi není postaven ani na totální abstinenci, ani na substituci. Jeho klíčovou složkou je rituální užívání ayahuasky, psychoaktivní látky vyvolávající změněné stavy vědomí. Autor v knize ověřuje, zda lze drogovou závislost touto substancí léčit, a zodpovídá na otázku, nakolik je to efektivní.

KLÍČOVÁ SLOVA

ayahuasca, tradiční domorodá medicína, drogová závislost

I. APPENDIXES

I.I. Takiwasi Plan



(1) entrance hall with a boutique and offices, (2) Center's administrative building, (3) football pitch, (4) lab, (5) patients' hostel, (6) crafts workshop, (7) gym, (8) bakery, (9) small maloca (*maloca chica*), (10) meditation hall (*maloca de meditación*), (11) chapel, (12) bathroom (*baño de Ignacio*), (13) rock chapel (*gruta*), (14) bathroom (*baño de plantas*), (15) big maloca (*maloca grande*), (16) wooden shelter under which ayahuasca is cooked, (17) solitary confinement unit (*casa de aislamiento*), (18) St. Martin de Porres's chapel, (19) solitary confinement unit (*casa de reinserción*).

I.II. Healing Plants

LAXATIVES			
#	Indigenous name	Scientific term	Family
1	agua con sal	Water, Sodium chloride	
2	leche de magnesio	Magnesium hydroxide	
3	ojé	Ficus macrocyse/F. insipida	Moraceae
Used part			
			sap

PURGATIVES WITH EMETIC EFFECTS			
#	Indigenous name	Scientific term	Family
1	ayahuasca + chacruna	Banisteriopsis caapi, Psychotria viridis	Malpighiaceae, Rubiaceae
2	azucena	Lilium japonicum/Lilium sp.	Liliaceae
3	habilla	Habilla leguminosa	Leguminosae
4	huacapú	Minquartia guianensis	Olacaceae
5	jengibre/kion	Zingiber officinale	Zingiberaceae
6	paico + piñón colorado + piñón blanco	Chenopodium ambrosioides, Jatropha curcas, Jatropha gossypifolia	Chenopodiaceae, Euphorbiaceae
7	purgahuasca	Banisteriopsis caapi	Malpighiaceae
8	rosa sisa + tabaco	Tagetes erecta, Nicotiana tabacum	Asteraceae, Solanaceae
9	saúco	Sambucus peruviana	Caprifoliaceae
10	tabaco	Nicotiana tabacum	Solanaceae
11	verbena	Verbena spp.	Verbenaceae
12	yawar panga	Aristolochia didyma	Aristolochiaceae
Used part			
			bark, fresh and dried leaves tuber seeds bark rhizome fresh leaves bark fresh leaves, dried leaves fresh leaves dried leaves fresh leaves fresh leaves

PLANTS USED IN DIETS				
#	Indigenous name	Scientific term	Family	Used part
1	acero huasca blanca	Paulina sp.	Sapindaceae	bark
2	ajo sachá	Mansoa stendlyi/ Mansoa alliacea	Bignoniaceae	root
3	ajosquiro	Gallesia integrifolia	Phytolacaceae	bark
4	bachufa	Cordia alliodora	Boraginaceae	bark
5	bolaquiro	Pouteria ucuqui	Sapotaceae	bark
6	bubinzana/bobinzana	Calliandra angustifolia	Mimosaceae	bark, leaves
7	came	Clusia rosea	Clusiaceae	bark
8	clavo huasca	Tynanthus panurensis	Bignoniaceae	bark
9	coca	Erythroxylon coca	Erythroxylaceae	fresh leaves
10	coco bolo	Schinopsis peruviana	Anacardiaceae	bark
11	huayusa	Piper callosum	Piperaceae	fresh leaves
12	chiric sanango	Brunfelsia grandiflora	Solanaceae	root
13	chuchuwasi/chuchuhuasi/ chuchuwasha	Maytenus macrocarpa	Celastraceae	bark
14	indano	Byrsonima crassifolia/ Byrsonima sp.	Malpighiaceae	bark
15	killuwiqui/quilluhuiqui	Rheedia acuminata/Garcinia sp.	Clusiaceae	bark
16	mucura	Petiveria alliacea	Fitolacaceae	root
17	tabaco	Nicotiana tabacum, Nicotiana rustica	Solanaceae	dried leaves
18	tambor huasca	Uncaria guianensis	Rubiaceae	bark
19	uchu sanango	Tabernaemontana sananho	Apocynaceae	root
20	ushpawasha sanango	Rauwolfia sp.	Apocynaceae	bark

PLANTS USED IN BATHS			
#	Indigenous name	Scientific term	Used part
1	ajo sachá	Mansoa stendlyi/ Mansoa alliacea	fresh leaves
2	albahaca	Ocimum basilicum	fresh leaves
3	ayahuasca	Banisteriopsis caapi	fresh leaves
4	bubinzana/bobinzana	Calliandra angustifolia	fresh leaves
5	canela	Alpinia zerumbet	bark
6	coca	Erythroxylon coca	fresh leaves
7	chiric sanango	Brunfelsia grandiflora	flower
8	malva	Monactis flaverioides	fresh leaves
9	mucura	Petiveria alliacea	fresh leaves
10	piñón colorado	Jatropha curcas	fresh leaves
11	rosa sisa	Tagetes erecta	flower
12	ruda	Ruta graveolens	fresh leaves
13	shapiyoja/shapilloja	Zanthoxylum fagara	fresh leaves
14	toé	Brugmansia suaveolens	flower

PLANTS USED IN SAUNA			
#	Indigenous name	Scientific term	Used part
1	albahaca	Ocimum basilicum	fresh leaves
2	eucalipto	Eucalyptus globulus	fresh and dried leaves
3	hierba luisa	Cymbopogon citratus	fresh leaves
4	limón	Citrus limon	fresh leaves
5	ruda	Ruta graveolens	fresh leaves
6	romero	Rosmarinus officinalis	fresh leaves

ADJUVANTS				
#	Indigenous name	Scientific term	Family	Used part
1	acero huasca blanca	Paullina sp.	Sapindaceae	bark
2	ajo sacha	Mansoa stendlyi/ Mansoa alliacea	Bignoniaceae	root
3	bachufa	Cordia alliodora	Boraginaceae	bark
4	bolaquiro	Pouteria ucuqui	Sapotaceae	bark
5	bubinzana/bobinzana	Calliandra angustifolia	Mimosaceae	bark, leaves
6	camalonga	Strychnos sp.	Loganiaceae	dried seeds, one pair (male and female)
7	came	Clusia rosea	Clusiaceae	bark
8	clavo huasca	Tynanthus panurensis	Bignoniaceae	bark
9	coca	Erythroxylon coca	Erythroxylaceae	fresh leaves
10	coco bolo	Schinopsis peruviana	Anacardiaceae	bark
11	huayusa	Piper callosum	Piperaceae	fresh leaves
12	chiric sanango	Brunfelsia grandiflora	Solanaceae	root
13	chuchuwasi/chuchuhuasi/ chuchuwasha	Maytenus macrocarpa	Celestraceae	bark
14	indano	Byrsonima crassifolia/ Byrsonima sp.	Malpighiaceae	bark
15	killuwiqui/quilluhuiqui	Rheedia acuminata/Garcinia sp.	Clusiaceae	bark
16	mucura	Petiveria alliacea	Fitolacaceae	root
17	romero	Rosmarinus officinalis	Lamiaceae	fresh leaves
18	tambor huasca	Uncaria guianensis	Rubiaceae	bark
19	uchu sanango	Tabernaemontana sananho	Apocynaceae	root
20	valeriana	Centranthus ruber	Valerianaceae	root
21	verbena	Verbena sp.	Verbenaceae	fresh leaves

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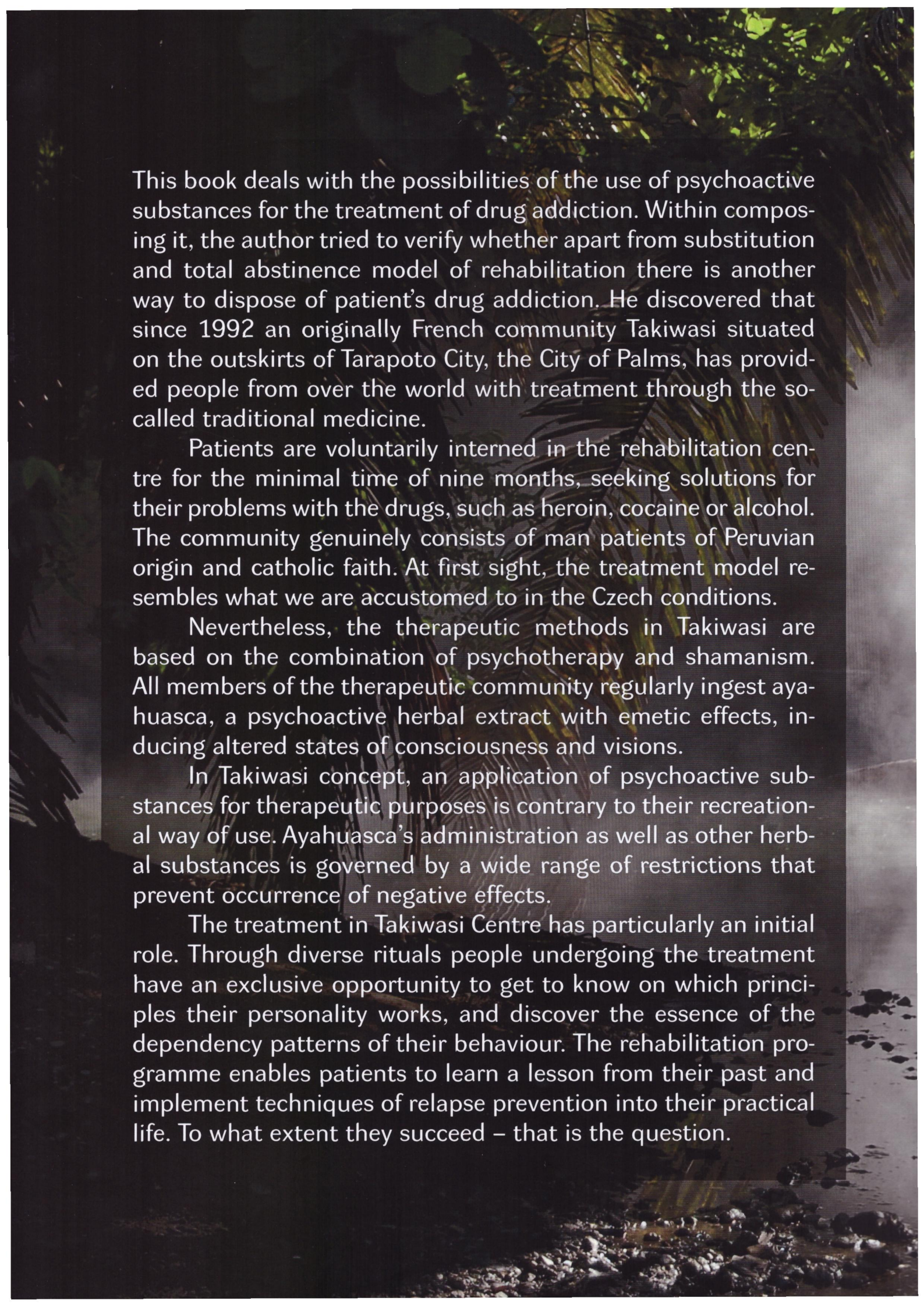


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This book deals with the possibilities of the use of psychoactive substances for the treatment of drug addiction. Within composing it, the author tried to verify whether apart from substitution and total abstinence model of rehabilitation there is another way to dispose of patient's drug addiction. He discovered that since 1992 an originally French community Takiwasi situated on the outskirts of Tarapoto City, the City of Palms, has provided people from over the world with treatment through the so-called traditional medicine.

Patients are voluntarily interned in the rehabilitation centre for the minimal time of nine months, seeking solutions for their problems with the drugs, such as heroin, cocaine or alcohol. The community genuinely consists of many patients of Peruvian origin and catholic faith. At first sight, the treatment model resembles what we are accustomed to in the Czech conditions.

Nevertheless, the therapeutic methods in Takiwasi are based on the combination of psychotherapy and shamanism. All members of the therapeutic community regularly ingest ayahuasca, a psychoactive herbal extract with emetic effects, inducing altered states of consciousness and visions.

In Takiwasi concept, an application of psychoactive substances for therapeutic purposes is contrary to their recreational way of use. Ayahuasca's administration as well as other herbal substances is governed by a wide range of restrictions that prevent occurrence of negative effects.

The treatment in Takiwasi Centre has particularly an initial role. Through diverse rituals people undergoing the treatment have an exclusive opportunity to get to know on which principles their personality works, and discover the essence of the dependency patterns of their behaviour. The rehabilitation programme enables patients to learn a lesson from their past and implement techniques of relapse prevention into their practical life. To what extent they succeed – that is the question.