

# Healing Traditions of the Peruvian Amazon: Ayahuasca Shamanism in Iquitos, Peru

N. Mason Cummings

**Abstract:** *Ayahuasca, a powerful psychotropic beverage commonly used among indigenous cultures across the Amazon Rain Forest, has long been an integral component to shamanic healing traditions in Amazon towns such as Iquitos, Peru. The brew causes profound alterations in consciousness, yet these universal physiological alterations are experienced in reference to specific cultural models. Cultural variables play a substantial role in framing the individual experience of illness, healing, and the revelatory nature of an ayahuasca-invoked altered state of consciousness. By analyzing the connections between models of efficacy and disease etiology, we can see that ayahuasca healing traditions encompass broader cultural models of experiential reality. In this paper I argue that cultural variables play a substantial role in framing the individual experience of illness, healing, and the revelatory nature of an ayahuasca-invoked altered state of consciousness.*

## Introduction

The upper-Peruvian Amazon has a long history of shamanic healing traditions that involve the use of a psychotropic beverage called ayahuasca. Ayahuasca is a brew that “causes profound alterations in consciousness, including changes in time and space perception, rapid mood change, synesthesia, depersonalization, and increased suggestibility” (Dobkin de Rios 1970:1420). Yet it should be noticed that these universal physiological alterations are *experienced* in reference to specific cultural models. In terms of healing, the brew is said to give the healer entry into a culturally important area of disease causality. Many anthropologists have argued that culturally how a problem is treated is how it is understood. In this sense, the way an illness is socially conceived seems to alter the way it is individually expressed and experienced (Lurhman 2001). Shore’s cultural models approach (1996) provides an analytical foundation for exploring the importance of cultural expectations and the contribution of belief systems in structuring the subjective experiences of both the healer and the patient. Cultural variables play a substantial role in framing the individual experience of illness, healing, and the revelatory nature of an ayahuasca-invoked altered state of consciousness.

Prior to detailed analysis, it is important to illustrate some basic background information regarding this tradition. The healing ceremonies under analysis take place in the rapidly developing Peruvian city of Iquitos, situated on the headwaters of the Amazon River system. Individuals ranging from urban poor to middle-class literate men and women participate in the healing ceremonies, which are generally performed several times a week in jungle clearings on the outskirts of the city (Dobkin de Rios 1970). Patients are generally selected by the healer, and in most cases both the healer and patients take ayahuasca together. It is also common for healers to whistle certain melodic tunes during the ceremony that are intended to induce culturally-specific visions among the patients. Furthermore, the “ritual activity includes a spirit exorcism by the healer, who utilizes tobacco smoke, which he blows over his patients’ bodies. He may also suck at the painful part of a person’s body, where illness is believed to have entered through spirit intrusion” (Dobkin de Rios 1979:1219). The efficacy and therapeutic role of these various practices, as we will soon see, is entirely subject to cultural variables.

Ayahuasca itself does not properly refer to one single plant species; rather, it is single mixture of at least two very different plants. Shamans, or *ayahuasqueros*, boil a mixture of indigenous psychotropic vines and leaves for several hours to prepare the hallucinogenic mixture. While the brews may contain variations of plant species, the psychoactive alkaloids are generally always the same. Beta-carboline alkaloids (harmine and harmaline) are usually obtained from the *Banisteriopsis caapi* vine. While tryptamine alkaloids (N, N-dimethyl-tryptamine, or DMT) are typically extracted into the brew from the leaves of the *Psychotria viridis* bush. DMT, in any quantity, is not orally active unless used in combination with a monoamine oxidase (MAO) inhibitor, which can be found in the harmala alkaloids of the caapi vine (DeKorne 1994). Thus simultaneous ingestion of the two alkaloids produces far more substantial perceptual alterations than would oral consumption of either one of the plants alone.

Despite the brew's pharmacological complexity, however, it is important to bear in mind that the hallucinogenic chemical components themselves are not seen as well-defined curative agents (Dobkin de Rios 1972). Rather, the state of mind invoked by these chemical agents is culturally framed into a revelatory diagnostic experience, one which enables the healer to identify the particular nature of a patient's illness. "People rarely focus upon ayahuasca by itself as a curative agent. The hallucinogen is a means towards an end – a way in which healing can begin" (Dobkin de Rios 1972:129). Before analyzing the efficacious nature of this particular tradition, however, it is important to properly ascertain some elements of the social context in which this tradition takes place; Shore's cultural models approach (1996) is a good place to start.

## Cultural Models

In addition to establishing an etic framework of analysis, a cultural models approach is essential to uncovering the emic perspective of disease experience and etiology. Under this notion culture can be seen as "a system of knowledge, beliefs, and values that exists in the minds of a society" (Casson 1994:120). Cultural models thus act to structure an individual's knowledge of objects and situations in everyday reality, as well as work to provide a subjective template for social and spatial orientation. Moreover, this broader notion of cultural models can be refocused more specifically on the analysis of disease etiology in reference to ayahuasca healing traditions. These conventional models, as a stock of shared cognitive resources of a community (Shore 1996), act as the basic components in the structure of etiological representations and subjective experiences of any particular illness. The intentional worlds (Schweder 1991) of any community consists of interdependent identities on both the public and individual level that act to construct an existential basis of understanding things such as disease causality.

Katz and Dobkin de Rios (1971) noted that a recurrent theme in drug using societies is the cultural patterning of hallucinatory experience; these patterns are structured by cultural variables such as beliefs, attitudes, expectations, and values. Proper analysis thus calls for careful observation of "cultural factors such as poverty, tension, inadequate medical care, the belief in magic (and evil wishes) as a cause of illness, and the long standing belief in the efficacy of the ayahuasqueros" (Cowan 1973:13). All of these particular patterns are integral constituents of cultural

models. These conventional models then become “institutionalized” when they are objectified through the publicly available form of a healing ritual (Shore 1996). Finally, these conventional (or instituted) models of disease etiology and healing efficacy seem to shape (or frame) the subjective experience of both the healer and the patient in this particular healing tradition.

### **Etic Analysis**

The initial step of this cultural models approach is to establish basic grounds of contextual analysis on the “etic” level. First and foremost, it should be noted that the particular illnesses in this context are generally those of a psychosomatic nature. Moreover, the maladies treated by ayahuasca rituals seem to be culturally framed as a direct product of social instability. In fact, Dobkin de Rios observed that “the daily life of the destitute, living in some twenty different slum settlements throughout the city of Iquitos, shows high incidences of social pathology” (1972:139). She went on to assert that these interpersonal referents come into sharp focus with ayahuasca healing. Again, it is important to stress that the maladies of this urban area, as well as surrounding rural settings, can be classified as emotional or psychological in origin (Katz & Dobkin de Rios 1971). Also, simple illnesses are rarely *treated* with the drug; herbs, plants, and store bought medicine are instead prescribed by the healer for any type of physiological affliction (Dobkin de Rios 1972).

Economic factors also play a role in the lack of availability of more modernized medical practices. Most poor urban or jungle residents cannot afford medical help from a local hospital. More surprising, however, is the notion that *ayahuasqueros* are seen as generally more effective in treatment than modern medical facilities, which have earned a local reputation of a place where people go to die (Dobkin de Rios 1970). This very notion illustrates the overall assertion that the local conceptions of disease etiology are not entirely compatible with a Western analytical framework, thus the inherent conflict of cultural models must again be recognized.

In further reference to the role of economic forces, Kleinman and Csordas argue that a more macro-political understanding of therapeutic process begins when one recognizes the existence of broader economic and social regulatory constraints on the structure of a therapeutic system (1996). The economic problems that face these slum residents do indeed seem to be one of the main driving forces behind elevated levels of social tension and anxiety, yet it has been observed that the ayahuasca-induced hallucinatory experience has been used in similar ways throughout time, even prior to the advent of contemporary economic situations (Dobkin de Rios 1972). Thus while social forces of uncertainty and tension may have evolved alongside economic penetration, the local conceptions and experience of the contextually precipitated illnesses seem to remain somewhat consistent. The socially-prescribed functions of the ayahuasca healing tradition thus adhere to an ostensibly rigid local framework of disease etiology.

### **Psychoanalytical Perspective**

Some of these pervasive functional roles of the ayahuasca healing tradition can be uncovered by applying a psychoanalytical perspective to the fundamental notion of

cultural models. In a psychoanalytic sense, the altered state of consciousness invoked by ayahuasca ingestion acts mainly as a culturally-sanctioned mediation between the primal and functional mental systems of consciousness. Moreover, “in considering the role that relearning plays in ayahuasca healing, we see that such therapy is of a short-term nature compared to the much longer periods of counseling in Western-type psychotherapy” (Dobkin de Rios 1972:138). This is a central concern especially in regards to the cultural models of disease etiology, which will be discussed in further detail in a later part of this analysis. More importantly here, however, is that the socially-framed efficacy of the psychoanalytic process can provide a means of cross-cultural comparison regarding the therapeutic effects of psychotropic drugs. Katz and Dobkin de Rios (1971:326), for example, pointed out that even “in Western society, LSD-like substances have been utilized in psychotherapy, often by Freudian oriented analysts.” In these Western settings, however, LSD-25 is administered with the intended outcome of “self realization” (Blewett & Chwelos 1959). Ayahuasca ingestion, on the other hand, is culturally framed by the notion of more existentially-oriented revelations, which will also be discussed in further detail later in this analysis. The main assertion here is that this contrast of intended outcomes between the two therapeutic traditions is a very important distinction that emphasizes the significance of cultural models in shaping the individual experience of both illness and healing.

Dobkin de Rios also mentioned that common trends in the therapeutic use of LSD-like substances were “vomiting and nausea, which ... have occasionally be related to the inability of individuals to deal with anxiety generated by rapid access to the unconscious” (1971:132-3). Here we see what seems to be a physical manifestation of emotional intensity, somewhat similar to Kleinman’s notion of somatization (1986). The same general patterns can be seen within the ayahuasca rituals as well. Patients frequently report cases of vomiting, nausea, and a rise in blood pressure; this experience, commonly referred to as “the purge,” is culturally framed as a cleansing process that takes place just prior to peak hallucinatory effects (Dobkin de Rios 1970).

### **Emic Analysis**

Although these patterns of somatic transformation in which emotional states are converted into physical sensations seem to be cross-cultural, the subjective experiences of these physiological reactions are entirely subject to cultural patterning and manipulation. Moreover, “the pharmacologically generated suggestibility acts mainly to intensify the effects of these and other factors bringing out the change in belief that leads to cure” (Cowan 1973:14, *see also*: Krassner 2004). Social factors such as symbolic representation, disease etiology, and a long-standing belief in efficacy hold substantial implications on the actual experience of both illness and the healing tradition in itself. Surely a Western participant in an ayahuasca session would expect to experience these profound alterations in consciousness – which are indeed guided to some extent by the shaman – but their beliefs regarding illness origins would likely negate any revelatory experiences consistent with participants who adhere to the cultural model of this particular context.

By now it is clear that an emic perspective of disease etiology plays a fundamental role in both understanding and representing the cultural models of efficacy

in regards to any particular healing tradition. Accordingly, Dobkin de Rios (1970:1420) insisted that “cultural beliefs about illness are of paramount importance in understanding the use to which ayahuasca is put.” Furthermore, the etiological framework of disease in this context reflects some of the broader implications regarding cultural models of general experience. External rather than internal forces are seen as responsible for disease and misfortune. Especially in cases of socially precipitated emotional stress, for example, Dobkin de Rios (1972) noted that the impacts of external forces are commonly represented in discourse regarding disease causality. Moreover, Dobkin de Rios went on to observe that these psychosomatic problems are rarely, if ever, attributed to personal maladjustment: “explaining illness as individual responsibility for misfortune or citing chance as a major factor does not occur” (1972:139).

Considering this notion of external disease causality, “most infirmities are attributed to magical origin, resulting from the evil will of others or else arising from the punishment by some natural spirit” (Dobkin de Rios 1970:1420). In this sense, individuals are absolved from any sense personal responsibility when it comes to the manifestation of particular sicknesses. Instead, illness causation is generally attributed to offended spirits of nature or even the malice of an evil individual (Katz & Dobkin de Rios 1971).

Both healer and patient are crucially concerned with identifying the nature of the illness, which in psychosomatic disorders may be very generalized pains and aches throughout the body. When people known to the patient or even total strangers appear in his visions, a skilled healer will attribute his patient’s illness to such apparitions (Dobkin de Rios 1972:134)

The healer’s general expectations, then, are that the patient will suffer from socially precipitated illness as a direct result of the actions of others. In this sense, interpersonal referents are more important to the healer than organic symptoms. Subsequently, the healing process itself is directed towards identifying the evil person or spirit responsible for the patient’s particular illness or malady. The ineffable sense of generalized free-floating anxiety is thus converted into a tangible sense of fear induced by the extreme alteration in consciousness (Dobkin de Rios 1972). This fear, in turn, is culturally framed as a subjective experience of the evil forces responsible for illness or misfortune. In addition, the brew’s hallucinatory effects also play a substantial role in structuring the overall experience. These visions, likewise, are translated into cultural symbols: subjective representations of the broader etiological framework.

Csordas and Kleinman argue that the “therapeutic process begins with the particularization of mythic symbols to the level of person – in effect, that healing makes sense of individual distress in terms of broader cultural meanings” (1996:12). In this context there is significant focus placed upon the guardian spirit of the hallucinogenic vine, which participants often conceptualize as a boa constrictor. Cowan (1973) notes that ayahuasca informants commonly report intense visions of serpent like creatures which climax in the visionary discovery of the force responsible for illness. He goes on to argue that the lack of such reports in Western hallucinogenic practice points to strong evidence of the cultural determination of these experiences. Furthermore, the symbolic nature of these visions assumes meaning on both the personal and public levels. Through the therapeutic process it can be seen that the *public* symbol of a serpent figure becomes absorbed by *private/experiential* meaning to become a *personal* symbol (Obeyesekere

1983). The expressive behavior of these personal symbols is then translated directly back to the process of healing. “Peoples’ expectations that they will, in fact, be visited by such a boa or snake, as well as their beliefs in the curative prediction of success anticipated by that snake’s appearance provides them that reassurance that healing is indeed occurring” (Dobkin de Rios 1972:136).

Music, usually in the form of whistling incantations, also plays an integral role in structuring the culturally-patterned subjective experience of the healing ceremony. Common belief holds that these whistling incantations evoke the spirits of nature, and even the guardian spirit of the vine itself (Katz & Dobkin de Rios 1971). “The healer will point out that the mother spirit of the vine has entered into each person’s visions and has instructed the people in her special ayahuasca songs” (Dobkin de Rios 1970:1421). Katz and Dobkin de Rios (1975) also note that the implicit mathematical structure of the music is purposefully chosen by the shaman to serve specific cultural goals, which of course are to identify the responsible cause of illness. In this regard, emphasis must be placed on the importance of “serving specific cultural goals.” Here it seems that the interpretation of this intensified auditory experience is framed into specific cultural models that evoke specific emotional states. One would thus inquire whether a Western participant would have the same emotional reaction to the whistling incantations (even in the same setting), or perhaps the conflict in personal models would generate an entirely different subjective experience of the rhythmic patterns under such a substantial alteration of consciousness.

The primary role of the healer is that of a “guide” who “frames” the patients’ experience through these whistling incantations, among a myriad of other things. Another common ritual activity includes blowing tobacco smoke over the patients’ body for diagnosis, then occasionally sucking at particularly painful areas as a means of purification. Furthermore, the implications behind these ritual activities can be seen as representative of broader models of disease etiology. In addition to this diagnostic use of ayahuasca, “the healer’s empirical medical kit or the particular techniques he uses, such as suggestion, reassurance, and counseling must also be stressed” (Dobkin de Rios 1970:421). Moreover, ayahuasca (as with other psychotropic substances) heightens the suggestibility of the patient, and the healer uses this heightened suggestibility to mold the experience into culturally-specific goals of revelation (Krassner 2004). Woblerg further illustrated this notion of cognitive malleability in reference to the psychotherapeutic process:

Cultural symbols and values are the medium through which the individual patient approaches what is offered to him in a psychotherapy situation and that his response to strategies of the therapist will be circumscribed to the meaning they have for him in terms of his general life view (1966:173).

This notion draws striking similarities to Ehrenwald’s (1966) theory of “doctrinal compliance” to explain the phenomena of patients devoutly adopting the framework of efficacy employed by their doctor. “The patient in many ways complies with the therapist’s unconscious (culturally-framed) wishes and expectations in order to validate his analyst’s theories” (Dobkin de Rios 1972:137).

Efficacy, in this respect, should be documented in terms of patient satisfaction from an emic perspective in regards to the broader scope of disease etiology (Anderson

1991). Should the patient be able to control his fears and possible panic reactions when frightening creatures appear, it can be taken as a sign that the spirit vine has decided to protect and to heal him (Dobkin de Rios 1970). Here again it is important to note that this notion of curing is consistent with the broader patterns of disease etiology. The culturally efficacious elements of ayahuasca use are mainly revelatory and diagnostic in nature. The healer is enabled to identify the person or agent responsible for illness, “which is seen as an essential first step before any counter magic remedies can be introduced” (Dobkin de Rios 1970:1420). There is clearly a sense of mutuality between the models of efficacy and disease etiology, both encompassed within broader cultural models of experiential reality. “Just as the therapeutic process extends beyond specific events into the broader social world of the participants, so also the world is embedded in the therapeutic process” (Csordas & Kleinman 1996:11).

## **Conclusion**

By now it is clear that “cultural variables such as beliefs, attitudes, expectations, and values structure the patterning of drug-induced hallucinatory experience” (Katz & Dobkin de Rios 1975:66). On a more macro level of analysis, these same variables also structure the broader “emic” etiology of disease and even the social experience in itself. Here it can be seen that “the conceptual system by which healing practices are formed is closely linked to cultural world views” (Krassner 2004:304). Cultural variables clearly remain intricately related to personal responses, and these responses are consistent with the etiologies of a certain cultural model. Furthermore, “the way we understand these illness affects not only they way they are treated but they way they are experienced, their outcomes, and our sense of responsibility towards those who suffer” (Lurhman 2001:20). In summary, cultural models frame the individual experience of illness, healing, and the altered state of consciousness invoked by ayahuasca.

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