

# Healing With Plants and Spirits

A Phenomenological and Ontological Perspective of the  
Treatment Practice of Patients and Visitors in Takiwasi, Peru.

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Figure 1: The entrance to Takiwasi. Photo: Roger Håland

**Roger Håland**



## Abstract

My fieldwork was conducted in Takiwasi, Centro de Rehabilitación de Toxicómanos y de Investigación de Medicinas Tradicionales in Tarapoto, Peru. The center combines psychotherapy with traditional medicine in treating in-patients with addiction problems to narcotic substances. The length of treatment for the patients is normally up to nine months. They also receive visitors coming to the center for a shorter period lasting from days to a few months. Most of the visitors I spoke with did not have addiction problems, but often had other motives for coming to Takiwasi. Most of my informants came from Europe or The United States. I have a phenomenological perspective in this thesis, and my focus was to see how with their occidental background adhered, adapted to and experienced the treatment in Takiwasi. I also investigated how they understood and adapted to the ontology related to the treatment which is different from conventional treatment in the occidental world. The traditional medicine used in Takiwasi is plant based, where the clients and patients ingest plants often in ceremonies conducted by curanderos (shamans). Some of the plants have psychotropic properties that induce vivid visions and where the participants in the rituals experience forming bonds with spirits associated with the plants. I argue that Patients and visitors enter into a personalized relationship with some of the medical plants received in Takiwasi, and that the visions and experience the individual patients and visitors have with plants motivates them to make positive life changing steps, promoting their own health. At least the short term positive changes for some of the patients can be seen in forms of ending drug abuse and destructive behavior, increased respect for themselves, other people and nature, and an increased spiritual awareness.

Key Words: ANT, spirituality, ayahuasca, plants, spirits, phenomenology, animism, medical anthropology, ontology, ritual, transformation.



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## Chapter 1: Introduction

In this thesis I will present the fieldwork I did in Takiwasi, Centro de Rehabilitación de Toxicómanos y de Investigación de Medicinas Tradicionales in Tarapoto, Peru. The theme of the thesis is medical anthropology. I also touch on ANT and the ontological turn within anthropology. I argue that Patients and visitors enter into a personalized relationship with some of the medical plants received in Takiwasi, and that the relationship is experienced through ingesting medical plants from the Amazon, in which the properties of some of the plants induces visions. Most of the time the plants are ingested in a ritual context, led by shamans, curanderos or ayahuasqueros. The visions and experience the individual patients have with plants motivates them to make positive life changing steps, promoting their own health. At least the short term positive changes for some of the patients can be seen in forms of ending drug abuse and destructive behavior, increased respect for themselves, other people and nature, and an increased spiritual awareness.

I distinguish between three groups in Takiwasi. These are patients, visitors and staff respectively. I concentrate mainly on the patients and visitors. Most of my informants are from Europe. I'm interested in describing and analyzing how they, with a European background, adapt to, and understand an Amazonian treatment. According to some of the informants, the treatment they receive in Takiwasi is qualitatively different from the treatment they usually would receive in an occidental conventional medical system. In Takiwasi psychotherapy and shamanistic healing with plant medicine goes hand in hand. A central part of the informants experience is linked to plants with psychotropic or hallucinogenic properties. This is also partly the reason for focusing on their experience, or the phenomenology of their healing process, but also the reason for focusing on Actor-Network Theory (ANT) and ontological perspectives found in the cosmology in parts of Amazonia and in Takiwasi specifically. In addition to focus on the relationship between people and plants in Takiwasi, I also discuss this relationship in Amazonia in general.

My stay in Peru lasted altogether six months. Not knowing Spanish very well, I chose to spend the first month in Cuzco, learning as much Spanish as possible before going to Takiwasi. Although I obtained a good basic understanding of the language during my stay in Cuzco, I did not speak the language fluently. As a fellow student in the language school and former English teacher pointed out to me; "there is a difference between learning a language

and acquiring a language”. He argued that a non-Spanish speaking person who learned speaking the language fluently had acquired the language and not only learned it. Although I managed to learn Spanish sufficiently to have basic conversations, there were limitations as to how complicated a conversation could be before I had challenges following what was being said. In other words, I have at best learned the basics of Spanish, and not acquired the language. My limited language abilities made me choose informants who had some ability to speak English. Although I learned more and more Spanish over time, it was difficult to engage in interviews with informants who only spoke Spanish. One can argue that I should have chosen a different field where I could understand the language better. However, my fascination for this specific and unique field made me decide to do my fieldwork in this context. In retrospect, I have no regrets. I believe I have managed to collect a body of data sufficient to write a decent thesis.

In this chapter I will present the background for my thesis. I will also present the different chapters and the academic literature and theory I have chosen to base my thesis on. I will also present some concepts used, and clarify my understanding of them, and how I have come to use them in this thesis. I also present some basic geographical facts about Peru and Tarapoto, and some basic facts about Takiwasi. I will also present ethical considerations made before, during and after my field work, and how I have adhered to them while writing this thesis.

## **Geography and facts of Peru**

Peru has a population of 28.2 million inhabitants, and the average age of the population is 26 years (Miranda, Dowl, Shorthouse, Waterson, & Williams, 2010, p. 17). Peru is the third largest country in South America with an area of 1,285,215 square km. The geography of Peru is very varied, ranging from deserts along the coastline to the high mountain ranges of the Andes, to the rainforest in the eastern part of the country.

The *Selva*, or jungle is located on the slopes of the Andes to the east, and the parts of the Amazon Basin. The jungle occupies almost two-thirds of Peru’s territory. Over 70 percent of the planet’s flora and fauna can be found in there (Falconer & Quek, 2006, p. 9).

The vast numbers of rivers running through the jungle are also used for transportation, as roads are relatively undeveloped in the more rural areas. *“The area is rich in timber, rubber, coffee, tropical fruit and medicinal plants. Besides natural gas, 80 percent of Peru’s oil reserves are located in this region, [...]”* (Falconer & Quek, 2006, p. 9).

## **Tarapoto**

Tarapoto is a jungle city situated in the “selva alta” or the high jungle in the San Martín region in northern Peru. It is a 60 minute air trip north east from the capital Lima. The city can also be accessed by road from Lima. The road trip takes about 24 hour depending on the state of the road. The city rests 356 meters above sea level, and has approximately 65,900 inhabitants (Miranda et al., 2010, p. 453). It was founded in 1782 by Baltasar Jaime Martínez de Compañón y Bujanda (Silva, 2005, p. 3).

It is important to distinguish between the growth of coca leaves and the production of cocaine. Cocaine is illegal in Peru, but not the growth of coca leaves. “*In 2004 Peru’s coca crops covered about 124,294 acres [...] –approximately the same area of land under coca cultivation in 1998*” (Falconer & Quek, 2006, p. 39). Today the city’s economic activities are centered on agriculture with the production of coffee, rice, banana, beans and corn. Livestock is also bred. The city also has a commercial Centre with several markets, supermarkets and shops (“Información del Aspecto Económico de Tarapoto,” 2013).

## **Background**

Being a nurse by profession, I felt drawn to focus on medical anthropology for my master thesis in social anthropology. I have previously worked for Médecins Sans Frontières (MSF) a medical humanitarian NGO. During my field experience with this NGO, I came across many different local understandings of disease, what caused diseases and how they could be cured. In some instances, people’s notions of disease and treatment were radically different from the more conventional western medical treatment we were offering. The notion within the teams I worked with was that the local understanding of disease and treatment is based on superstition and belief, whereas our own medical practice is based on science and evidence. We often received patients who had used traditional medicine before coming to our clinic. The traditional medicine had clearly not worked, and in some cases the patients’ conditions had deteriorated even more. In one extreme case I experienced, a small child died. I don’t know to this day if the child died as a direct result of the use of traditional medicine, or because of the delay coming to our clinic. Cases such as these seemed to confirm the notion among my colleagues that there was a non-existent therapeutic effect in traditional medicine. Personally, I couldn’t help wondering how many people actually did benefit from treatment with traditional medicine we simply never heard about. I became curious, and wanted to investigate more on this topic. My experiences with MSF gave me a new interest, the interest for other cultures, ontologies and practices. In other words, my experience gave me an interest

for Social Anthropology, and more specifically medical anthropology. Although I decided that the theme for my master's degree would be medical anthropology, I did not have a clear idea of which topic to choose.

### **Choosing a direction**

Some years ago, I was taking a walk with a good friend of mine. As usual, we were conversing about different topics that interested us. Our conversation drifted into the practice of meditation and people having visions and religious experiences. My friend told me about the experience of a friend of hers. Apparently, he had a revelatory experience when drinking a special brew or tea in the Amazon jungle. Her friend had visions after drinking this brew, visions that had taught him valuable lessons about life and himself, which he now tried to implement in his own life. My friend could not remember the name of the brew at the time, but nonetheless said she was curious and wanted to try it sometime if the opportunity presented itself. I immediately became very skeptical. To me it sounded like a type of drug induced experience. Being a nurse, and having seen drug overdoses and the problems drug addicts were struggling with, I was afraid that using this would lead to nothing but problems for anyone using it. I advised my friend not to pursue drinking this brew any further before I had looked into it. I must admit that I was intent on finding as much negative scientific information about this brew as possible. Although I did not yet know the name of it or anything else about it, I had made my mind up that this was a dangerous drug. Like all dangerous drugs, there had to be some scientific information advising against the use of it. I was determined to find it. I hoped finding clear and objective information, and present it to my friend, would deter her from trying it.

I started by googling “Amazonian brew” and “hallucinations”. It didn't take me long before the word “ayahuasca” popped up on the screen. I also typed words like “dangerous” and “overdose” in connection with ayahuasca. Strangely, not much information came up about this. Instead, I found a lot of information on how ayahuasca was a traditional brew, and had been used for centuries by different tribes and communities in Amazonia. I also found a lot of anecdotal stories of how people had health benefits from using the brew. Paradoxically – at least for me at the time – this plant brew was apparently used to treat drug addictions. This intrigued me, because it was counter intuitive to me. How could a hallucinogenic drug treat drug addiction? Ayahuasca was also referred to as a medicine and a teacher. The notion of plants being used as medicine was nothing new to me, but that plants could act as teachers was a thought I had never come across before. I read as much as possible, and at the time I

could find very little convincing information stating that taking ayahuasca was dangerous or bad for people. When I started researching this topic, I was a bachelor student in social anthropology, and I still hadn't found a topic to write about for my master thesis. Being introduced to this ontologically new world, I felt inspired to investigate more to see if it could be possible to derive a thesis from the practice surrounding this brew.

I wanted to know more about this – to me – fascinating topic, and I decided to go to Peru to get a practical insight into the world of plants and shamans of the Amazon. In an ironic twist I had ventured out to find reasons for my friend not to take ayahuasca. Instead I ended up persuading myself to experiment with these plants. I told my friend about my plans, and she immediately wanted to join me. We ended up being three friends who were planning to go to Peru. Perhaps somewhat naively we searched on the internet trying to find a decent retreat we could go to. We ended up picking out one retreat we all agreed looked ok. Judging from the information on the internet, we felt this was run by serious people, and they were less expensive compared to many other retreats. The retreat was located near Pucallpa in the Amazon basin in Peru. The decision to go there, made us part take in a growing form of tourism of people going to South America to experience the traditional use of plants inducing psychedelic experiences. We arrived in Pucallpa airport, and were met by two of our hosts for the coming nine days. Most of the other participants arrived at the same time we did. We were all excited and perhaps a bit nervous. Some had previous experience with ayahuasca. Others - like me and my two friends – had no previous experience with any psychedelic substances. Although I had read as much as possible about ayahuasca before going to Peru, I really did not know what to expect. I simply trusted that our hosts knew what they were doing.

The retreat center in Pucallpa always referred to ayahuasca as a medicine, and the use of it was not for recreation and had to be taken seriously. Prior to coming to Peru and the retreat center, We were asked to fill out a form, stating our reasons for wanting to participate in an ayahuasca retreat, any medical conditions we might have had and medications we might have been using. Since they asked for this information, it gave me a sense of confidence that they knew what they were doing, and could be trusted.

The participants had been encouraged to take specific flights. I imagined it was because the logistics of picking us up became easier that way. After all the retreat center was located a 10 minute trip with a motor taxi and a 20 minute boat ride away. We stayed in the retreat center for eight or nine days. We had altogether four rituals with ayahuasca, conducted by Shipibo shamans. The Shipibo community is an indigenous group living alongside the Ucayali River in Peru. Some of the shamans of the Shipibos use

ayahuasca in their practice to access the spirit world (Eakin, Lauriault, & Boonstra, 1986, p. 46). The rituals conducted by the Shipibo shamans always had the presence of the staff of the center to assist people who had challenging experiences. As I learned shortly before leaving for Peru, anyone participating in the ayahuasca rituals need to adhere to a strict diet some time before, during and after the rituals have taken place. This meant to avoid among other things sugar, salt, greasy food etc. I will go more into detail on this later in the thesis. Before arriving to the retreat center and after having left, this was a challenge to me, because few restaurants had food adjusted to an ayahuasca retreat. This meant that I always had to be conscious about what I could or could not eat. During the retreat, the staff prepared all the food, and it was easier to adhere to the food restrictions.

The rituals were conducted during the night. We were in total around 17 participants not counting the shamans and center staff. We gathered in an oval spacious jungle building called a maloca around dusk. Mattresses had been laid on the floor in a circle along the wall of the building for us to sit or lie on during the ceremony. The ceremony was conducted in darkness. After we had drunk our carefully measured dose of ayahuasca, the lights were turned off. The only sound was the jungle sounds and the chanting of the shaman. Because of limited space in this thesis, I will not describe the phenomenological experiences I had with ayahuasca here. I will go more in detail about this later in the thesis, and then linked to my experience in Takiwasi. The next day, we usually had a gathering where we shared our experiences from the night before. The shamans and staff were present to give their interpretation of the experiences. Although the shamans often function as a therapist in their own community, none of the other staff had a background as a psychotherapist as far as I know. One of the staff had a nursing degree. I don't think the interpretation sessions were meant as therapeutic work, and they didn't last very long. Overall, we were left to ponder and interpret our own visions by ourselves. My overall experience with this retreat center was good, and it strengthened my interest in the topic, and became convinced I could have this as a topic for my thesis.

Doing research on this topic before going to the field, I came across Takiwasi on the internet. What caught my attention were not only the use of medical plants in treating people with drug addictions, but also their combined use of modern and traditional medicine, and the fact that people came from all over the world to receive treatment. In my mind it seemed like a cultural meeting point on different levels; between people with different cultural backgrounds, medical systems and also different spiritual understandings. I gathered from Takiwasi's web-page that the spiritual aspect also seemed to play an important factor in

peoples healing process. The importance of the spiritual aspect for patients in the process of regaining their health was not new to me. It is also an aspect taken seriously in conventional care for patients – at least in theory. I remember when I was training to become a nurse in Norway; we were drilled in the importance of addressing four main aspects linked to a person's health. These were the physical, psychological, social and spiritual sides we all have as human beings. In my own experience as a nurse having worked in different hospital wards, I usually see that spirituality is somewhat neglected. It is usually limited to not breaking any food taboos, religious patients adhering to such taboos might have, or to inform patients about church services when the patient shows an interest. When a patient and/or relatives experience a life crisis, a priest may be called to help comfort and alleviate psychological and spiritual pain. Of course, I don't mean to say spirituality is not taken more seriously anywhere else in the conventional treatment, but in Takiwasi my impression was that spirituality was used actively to promote healing. This caught my interest, and I decided to ask Takiwasi for permission to do my fieldwork there.

### **Conceptual clarifications**

I have made use of certain terms in this paper which may not be familiar to most readers. Other terms or expressions may be familiar, but perhaps the meaning of these words in this context can be slightly different than the usual meaning of the word. To avoid any confusion, I will clarify some of the words and expressions that can lead to confusion because of the way they have been used in this paper.

#### **Maloca**

Maloca is a Spanish term that means “longhouse”. It refers to a construction often found in small villages, functioning as a community house. Schultes and Raffauf (2004) who did ethno botanical work in the Colombian Amazon describe the significance of the maloca among the Makuna tribe:

[...] [I]t is believed to represent the universe. The main posts that supply the thatched roof are the mountains supporting the sky; the smaller posts are interpreted as representing the descendants of the original sacred anaconda that came from the depths and became a human being. The beautifully fashioned roof represents the world, and the apical ridge signifies the limits of the universe itself, whilst the floor represents the earth (Schultes & Raffauf, 2004, p. 236).

In Takiwasi most of the rituals performed with plants take place in the maloca. I'm not aware if the symbolic significance of the maloca in Takiwasi is the same as for the Makuna tribe, but



it does have an important function for the rituals, and I will argue that it has a status as a sacred building.

### **Emic terms referring to shamanism**

I write about practices performed by healers using traditional methods, like plants, rituals, and techniques associated with shamanistic practice. In fact much of the literatures addressing these techniques refer to the practitioners as “shamans”. According to Barnard and Spencer (2010) “[t]he term ‘shaman’ was taken from Russian sources in the seventeenth century, the word itself coming from the language of the Evenks (Tungus), an eastern Siberian people. A century later the term ‘shamanism’ was coined” (Barnard & Spencer, 2010, pp. 504 - 505). Despite large geographical distances, there are commonalities between shamanistic practices around the world. “*He or she is the mediator between the human world and the world of spirits, between the living and the dead, and between animals and human society*” (Barnard & Spencer, 2010, p. 505). The Shipibo shamans living along the Ucayali River in Peru may have much in common with the Yukaghir shaman in northeastern Siberia. Although these similarities exist, I have chosen to use the terms normally used in Amazonia to address initiated individuals performing shamanic practices. The most common terms used for people engaged in these practices in the Amazon are “Curanderos” and “Vegetalistas”. Maduro (1983) refers to curanderismo as a “*general term for a folk healing system that, while characteristic of Latin America as a whole, shows considerable regional diversity. The system involves folk healers called curanderos*” (Maduro, 1983, p. 868). Vegetalistas on the other hand indicates a more specific relationship between the healing practitioner and the tools used in the practice. In practice, there doesn’t seem to be any significant differences between the two terms.

“Among mestizos in the Peruvian Amazon, the term vegetalismo is often used to distinguish mestizo shamanism from that of indigenous peoples. Other of these terms are used as well. [...] Doña María and Don Roberto describe themselves as curanderos, healers, which they oppose to brujos, sorcerers. [...] Throughout the Upper Amazon, the three most important psychoactive plants are the three hallucinogens mapacho, toé, and ayahuasca [...] Thus there are three primary shamanic specialties, based on which of these plants the shaman uses to diagnose sickness and to contact the healing and protective spirits – tabaquero, toero, and ayahuasquero” (Beyer, 2009, pp. Kindle location 2693 - 2703).

Since ayahuasca rituals were performed regularly, I often came across the term “ayahuasquero” during my fieldwork. Since people often referred to “shamans” by these

emic titles, I will alter between using the terms *curandero/a*, *vegetalista/a* or *ayahuasquero/a* instead of using the term “shaman”.

### **Informants**

The majority of informants used during my fieldwork, have been patients and visitors coming to the center. I have also interviewed one therapist at the center. When not referring to individuals with pseudonyms, I refer to these groups as “Informants”. Sometimes it has been necessary to distinguish between the informants due to the specific therapeutic process they go through. I then distinguish between “patients” and “visitors”. Although many of the visitors coming to the center also fall under the category of patients, the process they go through have some qualitative differences compared to that the patients staying in the center for a longer period. For this reason, I distinguish between patients and visitors. Patients coming to Takiwasi are *inpatients* in the sense that they are admitted to the center and undergo a lengthy treatment, often lasting nine months for drug and alcohol addiction among other things. The patients live on the center ground in a community during their treatment, and they also adhere to a strict treatment regime including psychotherapy and plant medicine. Visitors on the other hand, often come to the center with health issues or existential issues slightly different to the patients, and they stay for a shorter time. Most of the visitors I spoke to did not have a problem with addiction to drugs or alcohol. However, they did undergo some of the same aspects of treatment as the patients did, only less strict, lengthy and less in depth. A visitor goes through a shorter therapeutic period usually lasting from days to a few months.

There are two persons connected to Takiwasi whom I refer to by their real name. These are *Jacques Mabit* and *Jaime Torres Romero*. Jacques Mabit is a French medical doctor. He is also the founder president of the Takiwasi center. He has the overall responsibility for the activities in Takiwasi. He also functions as a curandero in Takiwasi, and was always leading the ayahuasca rituals I participated in. Jaime Torres Romero is a psychologist. He is executive director of Takiwasi and also functions as a therapist for the patients in the center, and as a curandero. The reason I have not anonymized them is because they are two public figures in Takiwasi who have published articles and provided information to the public about Takiwasi. During my fieldwork they were two rather remote figures in the sense that they often were difficult to get close to outside a ritual setting, due to their busy schedule. I had one short informal conversation with Mabit towards the end of my fieldwork, but I didn’t have an opportunity to speak with Romero, mostly due to language difficulties on

my part. Whenever I refer to them, it is often during direct observations in rituals, or because someone else is referring to them.

### **Plantas maestras or master plants**

Within Amazonian ontology, some plants hold a special status compared to other plants. They are regarded as sacred with special properties and abilities. They are also thought to harbor particularly powerful spirits that can either cure or harm. Special preparations need to be made before working with these plants, because they demand respect from the curandero as well as the patients intending to use the plants. These plants are known as “plantas maestras” or “master plants”. “*‘Master plants’ [...] with psychotropic properties, handled specifically or preferentially by shamans, facilitate the opening of ‘doors of perception’ as tools for diagnosis and also in the treatment of sickness*” (Freedman, 2012, p. 135). Another term used for this category of plants is “teacher plants”.

### **Spirituality**

Defining the word spirituality is somewhat challenging. It’s a term that can mean different things to different people and traditions. It can be used by both atheists and people of faith. “*The word spirit comes from the Latin spiritus meaning breath, and is defined by the OED [Oxford English Dictionary] as the animating or vital principle of a person, which links to the idea that God breathed the spirit of life into Adam, the first man [...]*” (Fontana, 2003, p. 11). I remember being interviewed by one of the therapists in Takiwasi before going on a *dieta* in the jungle; I was asked what spirituality was for me, and what it meant to be spiritual. It was one of those questions I hadn’t thought through, and I answered something like “being conscious about one’s actions, and how you have an impact on people and environment”. I don’t think I impressed the therapist with my definitions, and she asked me if I believed in a spiritual dimension, clearly hinting to me having left out a significant aspect of spirituality, namely the world of spirits. In Takiwasi the *spirit* in *spirituality* was very important. I’m sure that most people have their own understanding of spirituality because it is one of those terms not only linked to orthodox religion, but also to a personal dimension, where people have their own understanding of what spirituality means to them.

Thus a belief in spirituality, as with religion as a whole, in theory places certain responsibilities upon the individual such as the practice of compassion and understanding toward others, but for the spiritual person these responsibilities are defined by personal convictions rather than by formal religious doctrine (Fontana, 2003, p. 12).

In Takiwasi the belief and experience of spirits are linked to spirituality. Takiwasi also has a Catholic feel to it in the sense that one sees Catholic icons placed on the center ground. The center also has a Catholic priest who performs Catholic masses in a small chapel or outdoors. All this is mixed with portraits of shamans and spiritual beings associated with curanderismo and traditional medical practice. In this context nature spirits and religious spirits comes together. Patients and visitors coming to the center are exposed to both formal and informal spirituality, and at the same time having their own inner understanding of the term.

### **Illness, disease and sickness**

The concept of illness and disease is well known within medical anthropology. In short Pool and Geissler (2005) defines disease as “[a]bnormalities in the structure and function of organs and body systems, as defined by biomedicine”. Illness is defined as “[t]he patient’s subjective experience of physical or mental states, whether based on some underlying disease pathology or not” (Pool & Geissler, 2005, p. 52). The definition of disease seems to be linked to a somatic notion of disease as opposed to a psychiatric notion. In this context where patients present with addictions to narcotic substances, the term disease may not be an accurate term to use (although some drug addicts consider the addiction in itself a disease). Instead I will use the terms illness and sickness. “Some medical anthropologists use the term ‘sickness’ to refer to both illness and disease. Others give ‘sickness’ a more specialized meaning, using it to refer to the process in which illness and disease are socialized” (Pool & Geissler, 2005, p. 53). In Takiwasi I often heard therapists say that addiction and mental health problems go hand in hand. In general, for many people having an addiction to drugs also lead to secondary problems like diseases and social difficulties. For this reason, I think the term sickness and illness are useful terms in this context.

### **Ethical considerations**

While writing my thesis I have adhered to the Norwegian Research Ethical Guidelines for Social sciences, Humanities, Law and Theology. When conducting fieldwork and presenting data that may be sensitive, it is important to protect informants sufficiently in order to avoid them being identified. In the context I have worked, this has been particularly important. The reason for this is that Takiwasi can be considered to be a hospital. The informants I have had contact with have been patients regardless of them being admitted to Takiwasi for nine months or just visiting for a short time period. Many of my informants found themselves in a vulnerable period in their lives. In spite of this, they have chosen to trust me with personal information for me to use in my thesis. They have trusted me to use

this information in a mature and responsible way. My responsibility then has been to protect the informants by anonymizing them, and to use the information they have provided me with as truthfully as possible. To be as transparent as possible, all my informants have been sent a copy of the part of my thesis where they have been referred to. This will be given as an opportunity to correct misunderstandings, give more information about specific topics, express disagreements, and also to withdraw as informants if they so choose. Not all the informants replied and three of the informants had changed their contact information they gave me, and because of this I was not able to come in contact with them.

I also contemplated to anonymize Takiwasi. However I found this to be more complicated since the descriptions of their methods are well known for many people. Takiwasi is also a very much public center in the sense that they are promoting their activities through their web-site, and distribution of plant medicines produced in their own laboratory on the center ground.

All recordings of interviews were deleted after the thesis was written and approved. No photos were taken of informants or visitors to the center.

## **Methodology**

My intention before and during my fieldwork was to gain access and insight into the informants experience with the treatment in Takiwasi by participant observation. I had four priorities that I wanted to pursue; first, my primary intention was to partake in everyday activities with both patients and visitors to the center. This meant having the same responsibilities as they had in terms of cooking, cleaning, working in the garden etc. Second, was to conduct semi structured interviews with patients, visitors and therapists. The interviews would center on personal experiences with different aspects of the treatment, and the immediate impact the treatment had in terms of personal changes. Third, I had an intention to observe some of the activities and routines of the psychotherapists, to better understand principles and philosophies around the therapeutic treatment. Fourth, I wanted to experience at least part of the treatment process the patients and visitors go through with plants, rituals and psychotherapy. I hoped this would help me better understand and relate to the phenomenological experience people have. I wanted to have an “experience near” (Geertz, 1974) approach to the field.

Not all the priorities were fulfilled to the extent intended initially. Some limitations were put in place from Takiwasi’s side. When I first arrived, I was told by a member of the staff that I could not approach the patients or speak with them whenever I wanted. If I wanted

to have an interview, I had to get permission from the respective therapist responsible for the particular patient. I also interpreted that I could not participate in the everyday activities with the patient. The reason for these restrictions I was told was that my presence could interfere with their therapeutic process. For this reason I have not been able to do participant observation with the patients in many of their normal every day activities. The areas I have been able to do participant observation in is mostly ritualistic situations. I have been able to do interviews with some of the patients without any restrictions towards research questions. The interviews with the patients have been done with individuals who spoke English. The reason for this choice was that my Spanish skills were basic, and I wanted to limit potential misunderstandings during and after the interview. Later, towards the end of my fieldwork, I was told that I could have participated more in the patients every day activities if I wished to do so. Apparently, there had been some misunderstandings before related to this issue during my fieldwork.

My approach to the visitors was less restricted. I was free to do participant observation with them as much as I wanted, as long as they were not in a situation where they were required to be undisturbed as part of their personal process. I could freely interview them and participate in daily social activities. If I wanted to collect data in a ritual setting, I had to participate in the ritual myself. I could speak with people up until the ritual started, and after the ritual had finished, but not during the ritual.

In relation to the therapists and the psychotherapy, I did not have the opportunity to participate in different sessions, because of confidentiality surrounding the patients and visitors. There were some situations where the patients and some of the therapists were having collective meetings where I could and did participate.

My personal experience with the treatment in Takiwasi was very similar to the visitor's treatment. I went through the same process as many of the visitors coming to the center.

### **Takiwasi**

The center is located in the outskirts of Tarapoto. The center opened in 1992, and its objective is to “*revalue the human and natural resources of traditional medicine, and to develop a true therapeutic alternative to face drug addiction*” (Takiwasi, 2011b). The aim is also to save and preserve traditional knowledge of Amazonian healers, and to do research on these issues (Mabit, Giove, & Vega, 1996). The center was established in a time when cocaine paste was produced around the Tarapoto area. It was also a time when Sendero

Luminoso – a guerrilla movement - was active around the area. Many local people had problems with addiction to cocaine paste due to the high production of this in the area. The aim for Takiwasi was to offer treatment for the population with this type of addiction. Although the cocaine production has been reduced the last decade or so, it is – according to locals – still easy to get cocaine in the city.

Patients coming to Takiwasi often stay for nine months, and the therapeutic model is threefold. First, the patients live in *cohabitation* where they partake in “daily life and domestic chores”. Second, they receive *psychotherapy* to address the challenges faced while living in cohabitation and receiving medical plants. Third and final is the treatment is with *medical plants*. It is not only patients and visitors who ingest plants; “*It is a tradition in the Center that every therapist goes through a process of initiation and self-exploration with Amazonian traditional medicine. This ensures a true therapeutic relationship and empathic accompaniment in the patient’s personal healing process*” (Takiwasi, 2011a).

### **Presentation of some important therapies in Takiwasi**

The therapy has different structure depending on whether the person receiving the therapy is a patient or a visitor to the center. For the patients who live at the center for up to nine months, the treatment is more extensive, and they go deeper into the therapy compared to visitors who usually just stay for a few weeks or months.

#### **The patients therapy**

According to Takiwasi’s web page (14.11.2013), the patients go through five stages during their treatment process.

1. **Preliminary stage** is where the patients request treatment at Takiwasi. The patients go through a medical evaluation. This evaluation is repeated after one month and six months. The evaluation is also done when it is considered necessary. There are also done basic psychiatric evaluations.
2. **Physical Detoxification** is “*a stage of purifications from drugs through the intake of depurative plants, baths with plants, saunas, massages and physical exercises.*” The patients also have to follow a diet. The patients spend eight to ten days in isolation. According to Takiwasi “*These techniques can greatly reduce the withdrawal syndrome and avoid the use of medications.*” The patient’s hair is also cut, including beard, mustache. Other forms of decorations are also removed like piercing. “*It’s not about an act of humiliation but a symbolic sign of change acceptance, cleaning, and ruptures with the past and certain patterns of behavior.*”

3. **Psycho-emotional and existential restructuration** *“The unveiling and resolving of psychological and emotional burdens last about 4 months. The therapeutic work will focus on finding and bringing to surface emotions or repressed experiences that unconsciously support the dependence structure.”*
4. **Reinsertion** is about *“reincorporation of familiar, labor and social spaces. [...] No patient is released from the treatment without knowing what is he going to do when he comes out of the center, without a project that point to a change in lifestyle.”*
5. **Monitoring and reinforcement.** *“When possible it is recommended to the ex-patient to assist minimum once a month to a personal interview with a therapist, and, eventually, to participate in a plant ingestion. Then those therapeutic encounters can take place less often, depending on the pace and the needs of the person.”*(<http://www.takiwasi.com/eng/ttetapas.php> 14.11.2013).

The center follows a therapeutic model with three main areas they call “Therapeutic Tripod Model”. These three areas are plants ingestion, cohabitation and psychotherapy. Takiwasi also states that “[t]he fundamental criterion for admission will be the patient’s own level of motivation.” (<http://www.takiwasi.com/eng/tt01.php> 14.11.2013)

### **The visitors therapy**

Takiwasi does not present a therapeutic model for the visitors coming to the center in the same extensive way they do for the patients. The visitors follow part of the same models the patients use. They follow therapeutic models were plant ingestion and psychotherapy is dominant. Visitors to Takiwasi do not live in community the same way the patients does, although they often form smaller, informal groups consisting of people they randomly meet or arrive together with during their stay in Takiwasi. The bonds formed between the visitors can be strong while they are in treatment, and they may continue after the treatment ends.

When coming to Takiwasi, the visitors have to fill out a medical form where they give information about their physical and mental health condition and if they use any forms of medication. Before the therapy begins, they also have to speak with one of the centers psychotherapists. Overall the preliminary procedure and therapy itself is more limited compared to the patients.

### **Outline of the thesis and a literary orientation**

In chapter two I look closer on the rituals performed in Takiwasi. The rituals are different from each other, depending on the purpose of the ritual. Rituals permeate most of the



activities in Takiwasi, and they constitute an important element in patients and visitors healing process. I draw on Arnold van Gennep and Victor Turners notion of rites of passage, liminality and *communitas* when understanding some of the rituals patients and visitors goes through during their treatment in Takiwasi. I also draw on Thomas j. Csordas understanding of the processes linked to ritual healing. Therapists from Takiwas have also written about the intentionality behind the different rituals performed in Takiwasi. The narratives of the rituals are largely based on my own experiences through observations and participation, but also on interviews conducted with informants.

Chapter three focus on the phenomenology of the informant's experience with the treatment. In this chapter I draw on the theoretical framework of Thomas J. Csordas and his notion of the healing experience as a way of being-in-the-world. Through narratives of informants experience with the different plants as well as my own experiences with plants, I try to put into words an experience that often seems to go beyond words. The phenomenological experiences also help to understand how plants can act as teachers and healers. The experiences also give an insight into a spiritual world that is ontologically very different from people's everyday experience.

In chapter four, I take a look at how plants and humans form a relationship that goes beyond the mere physical aspect of the plant. Plants and humans in the context I am writing from enter into a bio-social-medicinal-spiritual relationship. Some of the plants used have a spiritual dimension which patients and visitors in Takiwasi encounter when ingesting the plants and partaking in rituals. The plants, or rather the plant spirits display anthropomorphic qualities. The theoretical framework, which inspires this chapter, is the ontological turn found within social anthropology, and actor-network-theory. These theoretical frameworks gives an understanding of the ontology related to the relationship between plants and humans that from my perspective and understanding preserves "the native's point of view" (Geertz, 1974; Malinowski, 1922), without reducing it to an irrational "belief system" where peoples experience and practice can be explained on the premises of an occidental ontology. Within the ontological turn, I have chosen to draw on Eduardo Viveiros de Castro's Amerindian perspectivism, and Jon Henrik Ziegler Remme's four main directions within the ontological turn. I also refer different anthropologists who have experience with the idea of plant ontology and anthropomorphic aspects of plants such as Luis Eduardo Luna, François Barbira Freedman and Stephan V. Beyer. I also draw on Marianne Lien's understanding of ANT when linking this theory to the people-plant relationship in Takiwasi.

The fifth chapter focuses on the long term effect of the treatment in Takiwasi. What happens when the patients have to leave the environment of the center in which they have lived during the nine month stay? What happens when they are about to return home to face the ordinary world, the temptations, and old problems? In this chapter, I will draw on Takiwasi's own statistics on the treatment outcome for the patients.

## **Summary**

In this introduction chapter I have tried to give a sense of the process I went through leading up to the fieldwork I conducted in Peru. Due to a series of coincidences and conscious choices I initially experienced the effect of some traditional plants while visiting Peru in the end of 2011 and beginning of 2012. This experience intrigued me and brought on an increased interest for the medical practice surrounding the use of medical plants in Amazonia.

There are five chapters including the introduction. I have given an overview of the different chapters both in terms of topic and theoretical framework used. I have also given some conceptual clarifications of key terms used throughout the thesis. This is to avoid any confusion of the meaning in this specific context.

Ethical considerations have also been addressed to make transparent my own thoughts about the anthropologist's responsibilities concerning the protection of informants and people or practices that can be considered fragile or vulnerable. I have tried to be clear on how I have adhered to the ethical aspects while conducting my field work. I have also presented some general facts about Peru and Tarapoto.

I have also presented some important therapeutic principals used in Takiwasi. This will hopefully give a better understanding of the medical context of Takiwasi.

## **Chapter 2: Rituals as a pathway to healing and connecting with spirits**

In this chapter I'm going to examine the role of rituals in the healing process patients and visitors go through in Takiwasi. I will show how ritual practices in the center have elements of both religious/spiritual and medical dimensions and aspects embedded in them when they are performed. I will show how rituals constitute an important aspect of patients and visitors healing process, and some phenomenological experiences of these rituals. I will also present some typical rituals performed in Takiwasi, and discuss their significance for the individual participants, and view them against the background of spiritual and medical philosophy that is predominant in Takiwasi. In my theoretical framework, I draw on Thomas J. Csordas's idea of phenomenology in connection to ritual healing. Csordas is describing phenomenology, ritual performance and healing processes that take place in settings that are very similar to Takiwasi.

I will not be able to describe every ritual that takes place in Takiwasi partly because of limited space to describe them in this chapter, and partly because I did not have an opportunity to witness or participate in all rituals taking place in the center. I will therefore describe some of the more common and perhaps more important rituals being performed in Takiwasi.

### **Healing rituals**

In anthropological literature, it is evident that rituals serve many purposes in different contexts. According to Bowie (2000) rituals can play a role in expressing emotions, reinforcing behavior, and have an important role in healing (Bowie, 2000, p. 150). At the same time there are many different definitions of what a ritual is. Many of them may not fit the frame of rituals performed everywhere, but most of the definitions have elements one can find in most rituals performed. Victor Turner defines rituals as; "*Prescribed formal behavior for occasions not given over to technological routine, having reference to beliefs in invisible beings or powers regarded as the first and final causes of all effects*" (Turner, 1982, p. 79). This definition seems emphasizes the mystical aspects one can find in rituals with a religious or spiritual context and purpose. Other ideas about rituals emphasize the transformative effect the ritual may play in addition to having a mystical aspect to it. Bobby Alexander states that; "*Traditional religious rituals open up ordinary life to ultimate reality or some transcendent being or force in order to tap its transformative power.*" (Bowie, 2000, p. 153).

In my experience, the rituals performed in Takiwasi have three main aspects in most if not all rituals that are being performed.

1. First, they have a healing purpose, where the aim of the rituals is to promote a healing process of the patient's sickness. Especially in rituals where plants are being ingested.
2. Second, there is a spiritual or religious aspect to the rituals, where one often addresses nature spirits and divine spirits, saints and God for guidance and help in the healing process. One can perhaps view this aspect in connection to symbolism, where spirits represent both the cause and cure of some illness, but at the same time, the emic notion of spirits, are that they are a real existing phenomenon, not a metaphor for physical and psychological illness or disease.
3. Third they have a transformative component, where the participants who go through the rituals, over time with intention creates a transformation in attitude and lifestyle that promotes personal health and healing.

The healing aspect and purpose of the ritual then becomes evident. It's feasible to distinguish between three types of rituals in Takiwasi.

1. First there is a type of ritual performed by the patients, where they are physically performing a ritual. This type of ritual is sometimes guided by a curandero or psychotherapist, but no plants are ingested. Some of these rituals often resemble rites of passage.
2. Second there is a type of ritual where a curandero is acting, and where the participants are more passive. In these rituals plants are often ingested by the participants.
3. Third there are types of rituals where both the curandero or psychotherapist and the participants play an equally active role. In some of these rituals, no plants are ingested, but the ritual still has a healing purpose in relation to inner traumas connected to specific events that took place in the past.

In an interview with one of the psychotherapists working in Takiwasi, the philosophical idea of the significance of the rituals as a tool in healing was discussed; *“Takiwasi understands addiction as the longing of the soul for the encounter with creator, God, divinity, the divine within. So it's a false path where there is this longing [...] Consuming drug gives you the sensation that you are opening your individuality to something larger, but it's regressive, not progressive. It [the ritual] is fundamental in the treatment to address the spiritual dimension. That's why the plants [are being used], because you just access that dimension so quickly and so easy with all the challenges it entails. So the ritual*

*has symbolic archetypal depths, it helps in the processes of transformation. You can do a ritual just like that, but it all depends on your preparations. Normally it has an energy from doing it over and over again with many people who have been doing it, so you may not be totally convinced, but if you go to the circle of stones that is outside [a circle used in a transitional ritual that will be described later], and you transition from isolation to up there [the house where the patients live together] there is an energetic or psychic force accumulated there that makes it significant even if you don't want it. Many rituals are social. There is a presence of community there, and you are witnessed in that. So it marks something inside you, commitments with yourself. There are transitional rituals, to go to different stages of the treatment, and that require more personal engagement. There are rituals you can take on individually like the "misa de liberacion" that are within a particular Catholic frame. And people who are not Catholic or not convinced may take it too, because that's what's available. That's a private ritual that you opt to do or not, but you're encouraged to. And then there are rituals that are within an earthbound tradition that have been received or reviled to different people throughout the years, like the "ichanga" or the ritual of earth, where you are buried and breathe through a straw or "ritual del niño no nacido" is not mandatory and are not significant for the treatment. Those rituals were received through ayahuasca sessions or dreams. They were approved by Jacques [Mabit], and they started doing them, and they saw they worked. So all the ritual aspects have to do with marking symbols of transformation that can reverberate into deeper aspects of your psyche, and help you move on."* In the interview the therapist also distinguishes between the rituals performed by the patients or clients and rituals performed by curanderos. The question was asked if the rituals are a form of communication with the spirit world, and the reply was; *"In the "purge" rituals and ayahuasca rituals the clients are not the main protagonists although they are in a way when they are in ayahuasca ceremonies and in purge. In plant work they participate in rituals held by the curandero. They surrender to the relationship the curandero has with the other forces. There are degrees of surrender, like when you are in the stone circle over there, it's like a rule. It's something everybody does, and I [the patient/client] have to do it too. In ayahuasca ceremonies I surrender to the rules, but I also surrender to this mystery that is going to take me very deep, and the curandero knows about it. The levels of autonomy, directions and clarity of what you're doing [is different]. Here you're like a baby. You are very vulnerable. For many [the idea] of how the spirits work is mediated by Jacque and Jaime. They give them*

*the structure of understanding*<sup>1</sup> *what happens to them at that level. There is no other referent. They are not allowed to read anything on ayahuasca while they are in treatment until they are in their sixth month. Most of what they build on a spiritual level is what they see and what they experience and what they hear from them [Jacques and Jaime].”*

The rituals performed are one part of the therapeutic processes both patients and visitors go through when they are enrolled in the treatment in Takiwasi. The information that came from the interview with the therapist seems to show the complexity and the fundamental significance and meaning of rituals. One focus that is stressed is the significance of transformation, where the participants in the rituals are transformed from a person with illness or sickness, into a person with good or better health. This transformation takes place through spiritual growth. In other words, spiritual growth is a necessity for the healing process in Takiwasi's philosophy. (Csordas, 2002) has done studies on Catholic Charismatic healing and Navajo healing, where he has looked at the therapeutic process and embodiment as two aspects that are closely linked. In his work he points out three conditions that need to be present for transformation in ritual healing. These are *predisposition*, *empowerment* and *transformation*. *Predisposition* means that the supplicant is persuaded that healing is possible. *Empowerment* means that the supplicant is persuaded that the therapy is efficacious. *Transformation* means that the supplicant must be persuaded to change (Csordas, 2002, p. 27). Although there are differences between Catholic Charismatic healing and the therapeutic techniques in Takiwasi, these conditions surfaces in the treatment in the Takiwasi center. In relation to *predisposition*, just by taking the decision to come to Takiwasi for treatment, show that there is already a belief with the patient or visitor that healing is possible. But the patients seek out the center with the purpose of being healed. This is in contrast to the Catholic Charismatic healing where; “[...] *the prayer meeting is the first ritual setting to which most Catholic Pentecostals are exposed, and only with deepening involvement do they experience the forms of healing described here*” (Csordas, 2002, p. 27). In relation to *Empowerment* many of the patients are persuaded that the therapy is efficacious. By ingesting plants in rituals, one experiences physical and psychological change that can be interpreted as a sign of healing. Through the experience gained in rituals and other aspects of the treatment, the patients are persuaded to change their attitude, lifestyle and other aspects that have had a negative impact on their lives. The therapeutic process the patients go through is helping to

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<sup>1</sup> I understand «structure of understanding» as a framework of reference. In this context I understand it to mean that Jacques and Jaime are providing patients with their understanding of how the spirits can be interacted with. The patients often only have these two persons as a reference during the treatment.

move an abstract mental idea of the need to change personally, into becoming embodied. With this embodiment the patients have a stronger motivation to change, and in this change healing may occur. This process is heavily aided by the rituals performed and participated in.

### **Rituals in Takiwasi**

In a sense, at least for the patients who live in Takiwasi for nine months, the process they go through, have some similarities with the rite of passage as it is described in anthropological literature, with what Arnold van Gennep calls a *preliminal*, *liminal* and *postliminal* phase (Gennep, 1960, p. 11). Before the patients arrive in Takiwasi, they have a condition or illness that needs to be healed. This phase represents the *preliminal* phase. The patients are separated from society, and integrated in to what Victor Turner calls a *communitas* (Turner, 2008, p. 96), with other patients who are in the same situation. This period represents the *liminal* phase. This phase is also up to nine months long. I heard a comment from one of the visitors to the center I found to be an interesting perspective. He said that the nine months could be seen to have a symbolic parallel to the nine month long pregnancy. In other words the nine months in Takiwasi could be seen as a time for healing, maturing and becoming complete as a person before a “re birth”. When the treatment is completed nine months later, the person is again reintegrated into the society. This period represents the *postliminal* phase, and can symbolically be paralleled to the birth of a new person.

One important preparation the participant needs to do before a ritual is his or her intention for the ritual, in other words what patients and visitors wants to achieve by taking part in the ritual. Through the ritual, the intention to heal is changed from a cognitive thought where the patient or visitor is thinking that he or she wants to heal, to an embodied feeling of inspiration and motivation to heal through the participation in rituals. The immaterial thought is materialized through the ritual, and the individual have something more concrete to adhere to when going through the treatment process. The motivation is made stronger and becomes embodied through the ritual.

Another significance of the ritual is the communication with the spirit world that is very much present in Takiwasi. Spirits have an influence on people that can be either malevolent or benevolent. They can cause sickness in people, and they have the power to heal. They can guide a person in his or her life, or they can cause confusion and corrupt people. In an interview done with the magazine “Inter Culture” in April 2007, Mabit states that “*With the perspective of 25 years, I am simply amazed to see to what extent we rational*

*westerners who deny or ignore this dimension are “infested” by malignant spiritual forms, which are frequent and the source of pathologies”* (Apffel-Marglin, 2007, p. 33). In a conversation I had with him during my fieldwork, he stressed that not all illnesses were due to “infestation” of spiritual form. He also told me he was able to detect who was infested based on the story of their illness or problem the patients presented when coming to Takiwasi. Contact with the spirit world is essential for having an influence on the spirits that causes illness in some way. Through rituals, both contact and communications with the spirit world is made.

Types of rituals vary, depending on the purpose of the ritual. For example, there is a ritual functioning as transition ritual new patients have to go through to be allowed to be integrated into the *communitas* with the other patients. Before this ritual takes place, the patient has spent between eight and ten days in seclusion on Takiwasi’s ground, where he has gone through a purification process by drinking plants and vomiting toxic substances from his body that have built up from years of drug abuse. This period also show the patients commitment to stay in treatment for nine months. During this time the new patient is not allowed to make contact with anyone besides the assigned therapists. Not all patients make it through this phase. Some who wanted to be treated in Takiwasi found it too hard, and left. On one occasion I accidentally walked past the small house where one patient was being isolated. He was standing outside the house raking the ground of leaves. When he saw me, he called out to me, and walked over. At the time, I was not aware that he was not allowed to make contact with other people, so I spoke with him for a while. He told me this was his second attempt to go through the isolation. He had tried once before, but found it too hard. He decided to leave Takiwasi. Soon after leaving, he had regrets and came back, asking Mabit for a second chance. He was granted this second chance, and was now determined to finish his isolation. Although there is a practical reason for this isolation, a parallel can also be drawn to the silent monastic practices. Fermor (1957) has studied the value of living in silence and seclusion in monasteries. In his introduction he writes;

For, in the seclusion of a cell – an existence whose quietness is only varied by the silent meals, the solemnity of ritual and long solitary walks in the woods – the troubled waters of the mind grow still and clear, and much that is hidden away and all that clouds it floats to the surface and can be skimmed away; and after a time one reaches a state of peace that is unthought of in the ordinary world” (Fermor, 1957, p. 7).

This isolation is the first of several that the patients will have to go through. In chapter three I will describe more in detail about these retreats during “la dieta”. When the purification-



period is over, the patient is ready to be integrated with the other patients, but first he has to go through a transition ritual. I was fortunate to witness such a ritual take place on one occasion. I was able to speak with the patient before the ritual took place. He told me he had spent eight days in seclusion. He was happy to go through with the ritual, and to be integrated with the other patients. *“I almost went mad, spending so much time alone. If I had been forced to be isolated for much longer, I would have left.”* He told me he had been drinking plants and vomiting every other day. He said he was addicted to alcohol, and that he changed personality when he was drinking. *“I became like a demon when I was drinking.”* He was sitting on a bench outside the administration building in Takiwasi, waiting for the preparation of the ritual to finish. The preparation was going on only a stone’s throw away. A circle of small stones was prepared. First a big circle was made, then a smaller circle inside. In the middle, a bonfire was ignited. When the preparation was done, the patient was called to the circle. The ritual was led by Jamie. From the distance I was not able to hear what was said. I could see Jaime saying a few words, before – with a hand gesture – signaling that the patient should step into the circle. The patient was holding some papers in his hand, and started reading from the paper while walking backwards. While he was doing this, someone was playing slow beats on a rhythmic box. All the other patients were standing outside the circle, watching. The man walking backwards, the rhythmic beats from the box, the bonfire and the people standing in a circle around the individual, created a mystical atmosphere. When the patient was done reading, he put a shirt on the fire in the middle of the circle. Then he started to walk forward, while reading from the paper. When this was done, one of the other patients removed a stone from the circle, which seemed to symbolize that there was a way out for the patient. He stepped out of the circle, and was greeted with applause from the other patients. Another patient said some words that I could not hear, and the new patient received hugs from the other patients.

Later I learned from a former patient, who was now only visiting Takiwasi for a short time, that when the initiate was walking backwards, he was reading and saying out loud all the things he wanted to leave behind of drug abuse and bad behavior. He burned the shirt as a symbol of burning the old bad part of his past and himself. *“He has to choose a shirt to burn, that he is attached to, and is going to miss.”* When walking forward, he expresses his wishes, and what he wants to achieve during his time in Takiwasi. When the ritual is completed, the patient is integrated into the community with the other patients. He can now continue his therapeutic process in communion with the other patients instead of alone.

Other rituals are connected to the use of plant medicine. This means that when medical plants are ingested, it is done in a ritual setting. It may not always be the case. Sometimes patients receive bottles of liquid plant medicine which has been “blessed” by a curandero, and the patient drinks the medicine according to the prescription from the curandero. I will describe two such rituals, which seem to be dominant at Takiwasi. These two types of rituals are the “purga” rituals and the “ayahuasca” ritual.

### **Preparations for the rituals**

In rituals where plants are ingested - especially plants that are considered to be “plantas maestras” or master plants - the participants need to make preparations before participating. These preparations are often connected to avoiding certain types of food before, during and sometime after the ritual. In other words there is a food-taboo connected to working with plants. It also consists of avoid using some cosmetic products such as shampoo or soap with a perfumed smell. It’s also important not using perfume on the body. One must also avoid any sexual activity including masturbation during this period. These restrictions are put in place to avoid interference with the plants effects on a physical, psychological, energetic and spiritual level (Mabit, 2001). In rituals where plants are not ingested, the preparations aren’t equally strict.

### **Purga rituals**

“Purga” is Spanish, and means to purify. It can also refer to something that works as a laxative (Aarli, López, & Nilsson, 2004, p. 463) . Purifying and laxative are both good words to describe the essence of the therapeutic effect. I participated in four purga rituals in total during my stay in Takiwasi. Before partaking in these rituals, one has to go through a personal cleansing procedure at home. I received a concoction of coconut milk and magnesium, which has a laxative effect. I also had to give myself an enema to do a “proper cleaning”. On the day of a purge session I was allowed to eat a light lunch, but no more. The session usually took place in the afternoon. In three of the sessions, I was together with several other participants, and in one session I was alone with the curandero. The first purga I participated in was with a plant with the emic name Sauco. This plant had - according to information listed in the hallway of the administration building – an effect on one’s respiration, and other things. It was not specified which other things. Later I found out it also has a therapeutic effect on cough and excessive secretions (Giove, 2010, p. 203). The other plant I drank was called Azucena, and besides having a cleansing effect on the body, worked on one’s sexual parts and

“other things”. Again it was not mentioned what other things it had an effect on. I also received a plant called Rosa Sisa twice.

Usually the participants arrived one by one before the designated time for the rituals. We were all seated according to which plant we were going to ingest. All the participants ingesting Rosa Sisa were grouped together; all the participants ingesting Yawar Panga were grouped together etc. A small stool with a bucket in front and some toilet paper next to it indicated the space the individual had at its disposal during the ritual. It also signified the intense vomiting that was about to take place. We were all sitting in a maloca in a semi-circle with our backs against the wall in a squatting position on the small stool. Before the session started, some people were chatting with the person sitting next to them. Some of the patients were joking with each other, asking their friend not to vomit so loud this time. Other people went through a personal process were they sat quiet with their eyes closed, not talking to anyone. One or two people who I had seen working in the garden at Takiwasi were present helping prepare the ritual by filling up chars of water that was to be drunk by the participants later on. A table in front of us was filled with plant concoctions and remedies used by the curandero in the ritual. After a while the curanderos who were going to lead the ceremony arrived to the maloca. They were two this time. One of them spoke some words with the two people helping them prepare the session, before sitting down in a chair facing the participants. He started by asking if everyone understood Spanish. All the participants nodded. Then he went on to explain the procedure of the ritual. He explained that everyone had to drink minimum two chars of lukewarm water after ingesting the plant designated to each individual. The participants drinking a specific plant, named Yawar Panga had to drink minimum three chars of cold water. Each char held two and a half liters of water when filled. This meant that each individual had to drink minimum five liters of water. The ingestion of water also had to be done relatively quickly to provoke vomiting, instead of letting the water be digested by the body. The curandero then went on to prepare the different plant liquids. He measured the exact quantity to each individual. He then called forward each participant one by one. Before handing over the cup of plant liquid, he blew cigarette smoke from a mapacho cigarette on the plant brew, made a cross sign with his thumb over the plant brew, and blew smoke again. This blowing of cigarette smoke is called *soplada*, and is done to “*enhance the physical and spiritual power of the medicines*” (Bustos, 2006, p. 34). The participant then drank the cup or glass while standing in front of the curandero, before returning to his or her seat. Eventually I was called forward to receive my medicine by the curandero. He sent me a signal by looking at me and nodding his head. I stepped forward to the table where he was doing his *soplada* on

my glass of plant brew. I had been prescribed to drink a mixture of two plants. One of the plants was called Rosa Sisa. Previously I had read about the effects of Rosa Sisa. On a corkboard in the hallway of the administration building in Takiwasi, information with the headlines; “Preparado de purgas vomitivas” was available for all to read. It was information about the effects of the different plants. According to this information, Rosa Sisa was prepared from the leaves of the plant. It was described as a; “[...] *purge depurative que facilita una limpieza especialmente de la cadera hasta la cabeza, y al mismo tiempo da una concentracion y una vision mas clara.*” In English it means that it has a cleansing effect by functioning as a purge, cleaning the body from the hip to the head. It also improves ones concentration and makes one’s vision more clear. I was not sure what “to make one’s vision more clear” meant. Did it mean one’s physical vision or a more spiritual or psychic vision? Rosa Sisa had been mixed with tobacco. According to the information on the board, tobacco was prepared from the leaves of the plant. It had an effect on people who were smoking a lot, had problems with the nervous system, and had an effect on the body in general. The warning was not to use it with people who had heart problems or high or low blood pressure. Most – but not all - of the participants I spoke with, received this plant mixture. When the curandero was finished with his *soplada*, I started drinking the plant brew. The taste was dominated by one of the plants; it had the flavor of tobacco. It wasn’t a good taste, but it wasn’t particularly bad either. I returned to my seat. This process continued until everyone had been served a portion of their prescribed plant medicine. The curandero then started to protect the room, by blowing tobacco smoke into the air in all directions including directly above and below where he was standing. Then he indicated to us that we could start drinking the water we had in front of us. He then proceeded to go to each individual and blow tobacco on the top of everyone’s head. Both shamans took turns in singing the *icaros*. According to Susana Bustos; “*Ikaro, icaro or ícaro is the regional name given the ritual song employed by Peruvian Amazon curanderos in their healing work*”(Bustos, 2006, p. 33). The songs were beautiful, and created a mystical atmosphere in the room. At the same time, the sun was shining through the window, and the sunrays tried to penetrate the smoke from the *mapacho* that was filling the room. The collision between the sunrays and the smoke, made the illusion of distinct sunrays penetrating the smoke, and hitting the floor. The effect added to the mystical atmosphere in the room. The *icaros* seemed to be guiding the process everyone was going through. While singing, the curanderos were rattling a fan called *shacapa* (Bustos, 2006, p. 34) which is basically a bundle of leaves bound together. A normal rattle can also be used by some curanderos instead of the leaves. They mixed between standing singing for everyone, and

going to each individual doing the *soplada* and singing the *icaros*. This was repeated several times while the participants were drinking their *chars* of water. After the ritual had started, I lifted the *char* of water to my lips. The water was lukewarm. I started drinking as much as I could. At first it was easy. Then it gradually became more and more difficult to accommodate the amount of water in my stomach. People around me started vomiting into their buckets. It was difficult for me to vomit at first. Nothing came out, at the same time I was adding more and more water to my stomach. I remembered having spoken to a visitor who had participated in this ritual before me. He described having the same challenges I experienced. He then said that while drinking the water, he could see the emblem of a sun at the bottom of his *char*. He said he had visualized the sun rising, and that this image helped him somehow in the process. I tried to do the same, but I didn't feel it helped me in any way. Then finally a part of the amount of water I had been drinking came up together with the plant brew I had drunk before. It felt like a relief. I had by then gone through two *chars* of lukewarm water. In the bucket in front of me, perhaps only one third of the water had come up. One of the assistants came over to me and asked if I was alright. He looked into my bucket and probably saw that I had not been able to vomit everything. He asked me if I wanted to drink more to be able to get the rest out of my stomach. I politely declined. I could not drink another sip of water. Eventually everyone finished their process, and the *curanderos* completed the ritual. Everyone brought their buckets outside and behind the *maloca* to a hole in the ground nearby, and poured the contents of the bucket into the hole. The buckets were then cleaned under running water. Before going home we were advised to take a shower, go to bed and not to eat anything until the following morning.

### **Ayahuasca ritual**

I had decided that I wanted to participate in the Ayahuasca-rituals, to be able to understand more of what patients and visitors experience, and how it affects their healing process. The ritual was being held twice a week, usually every Tuesday and Friday. Every Monday a list of the week's activities at the center was put on a board in the hallway of the administration building on the center ground. The list also included the names of people who were to participate in the different rituals. One of the previous days I had asked Jacques if it would be possible for me to participate in one of the Ayahuasca-rituals for that week. He told me he had to first see if there was room, and that I could see if my name was listed later. I spotted my name. I was listed for the Tuesday ceremony. I was one of 15 or 16 other people who were to participate. I recognized most of the names. Most of the others were patients or

visitors, but also therapists. Even the center's Catholic priest was going to participate. This was nothing new. He participated in almost every Ayahuasca-ritual. I found it a bit strange to see a Catholic priest participating in these rituals. I would have imagined that the Catholic Church would be skeptical to any ritual practice that did not have its origin in the doctrines of the Catholic Church, especially when psychotropic plants were being used in the ritual. The ritual was going to start at eight in the evening. A Catholic mass was going to be held shortly before the ritual, open for anyone who wanted to participate. I woke up Tuesday morning, feeling a bit anxious for the evening's events. I knew from experience that the Ayahuasca-brew could be quite strong. There is an emic and ethic notion that ayahuasca brewing and rituals originated deep in the jungle of Amazonia, dating back thousands of years. This notion has been disputed by some anthropologists, at least concerning ayahuasca in the form it is used to day. For example Gow (1996) argues that “[...] *ayahuasca shamanism has been evolving in urban contexts over the past three hundred years, and that it has been exported from these towns to isolated tribal people [...]*” (Gow, 1996, p. 91). Also Glenn H. Shepard (2014) argues similarly when he examines two indigenous groups use of ayahuasca in the Manu River region in southern Peru. The scientific name of ayahuasca is *Banisteriopsis caapi* (Schultes & Raffauf, 2004, p. 22). It's a wine that is mixed with the leaves of chacruna or as it's known under the scientific name; *Psychotria Viridis* (Schultes & Raffauf, 2004, p. 31). The preparation of the brew is a lengthy process which includes hours of boiling. When the process is done, one is left with a concentrated brown liquid that is to be drunk in the ritual. It is often stressed that one must show great respect to the plants and the brew, by preparing oneself individually before the ceremony. Part of the preparation is in the form of avoiding certain kinds of food. Mabit (2001) states that before a session one should adhere to “[...] *a total exclusion of pork, alcohol, strong spices (pepper, strong mustard, etc.) In general, it is preferable to a moderate feeding on flavors, neutral quality without excess salt in sugar, fat, animal protein in starchy [...]*” (Mabit, 2001, p. 5 My translation). I couldn't help wondering if the Food-taboos were linked to - or similar to - religious food-taboos. Douglas (1992) illustrates how adhering to food taboos listed in the Leviticus is related to holiness. She says the following about clean and unclean meats; “[t]o be holy is to be whole, to be one; holiness is unity, integrity, perfection of the individual and of the kind. The dietary rules merely develop the metaphor of holiness on the same lines” (Douglas, 1992, p. 54). The food-taboos in Takiwasi may not so much be about *being* holy as it is to prepare the body for *meeting* the holy, meaning meeting the spirits. In chapter four I describe more the preparations necessary before meeting the spirits of the plants. Mabit points out that “*On the physical plane, the*

*stricter the diet the day before the session, the more intense the effects will be, and ayahuasca will be metabolized more easily”* (Mabit, 2001, p. 5 My translation). In addition to this, one has to avoid any sexual activity, including masturbation. It is also advised that one prepare mentally, by having one or several intentions for the ritual. This means that if there are some particular questions one wants to find the answer to during the ritual, the focus should be on these, by meditating on them or just have them in one’s mind before the ritual takes place. By doing this, it is more likely to find an answer to the questions during the ritual. I prepared myself by eating a light breakfast, and a light lunch. I thought about my motivation for putting myself through this – sometimes very frightening – ordeal. The apparent reason was the academic, data-collecting reasons, and there was the curiosity of the phenomenological effects produced by the plant. But there was also a more personal reason. Personally I was torn between my academic education and background as a nurse. What should I do when I finished my masters in social anthropology? Should I pursue a career in anthropology or should I go back to working in healthcare? Perhaps I could do a little of both. Perhaps I could use my knowledge and skills from the two professions to explore the secrets of plant medicine more in detail. Perhaps I could explore the discipline of ethno botany. Should I ask the plant about these issues? The very notion of asking a plant how I should organize my life seemed ridiculous.

Later in the afternoon I went back to the center. I walked in the direction of the chapel between the laboratory and the main administration building. The chapel is made of wood with a roof made out of palm leaves. Outside the main entrance, there is a porch with fence along the side. Parallel along the rails, benches have been put in place. This is where people take off their shoes before entering the chapel. The entrance has double doors with a square window in each door. Inside, on the opposite side of the door, a crucifix is placed on an altar. Along the walls, benches are placed. It’s a small chapel with room for only 15-20 people. This afternoon the chapel was filled to its limits with people. Everyone was going to participate in the ritual later that evening. One by one people came through the door. When inside, most of them stopped and knelt with one knee in the ground while making a crucifix from head to the middle of the chest and from the left shoulder to the right shoulder with their right hand. Then they kissed their right thumb while the hand was closed in a fist. Before sitting down, many participants placed an amulet for protection against evil spirits at the altar. During the mass, people were praying with intense sincerity. Their eyes were closed, their hands folded and their faces had a serious drag. Some were on their knees. There was an atmosphere of seriousness and focus before the ritual was to take place later that evening. Some of the

patients were convinced they were possessed by demons, and that they could encounter these demons during the ritual. This could perhaps explain the atmosphere and the intense focus of the participants before the ceremony. As the mass drew to an end, the amulets were blessed and each individual participating was blessed. The mass ended with everyone giving each other a hug. The catholic priest seemed almost desperate to give someone a hug. If he had been standing for more than two seconds without hugging someone, he flapped his hands desperately in front of him as if signaling “give me a hug NOW”. It was a funny sight. Every one left the chapel with the same solemnness and respect they had when they first came.



**Figure 2: The chapel on the center ground. Photo: Roger Håland**

The evening had deepened. In the absence of daylight, the surroundings seemed to have changed. The forest around the center ground seemed to hide secrets in its shadows. Perhaps the spirits were waiting to be revealed in time, or perhaps my imagination was running away with me. Some people had gathered in small groups. The conversations seemed light. I heard laughter. Jokes were passed around, maybe to reduce the seriousness that seemed to underlie the atmosphere. I went to the Maloca. Inside cushions had been placed in a big circle. In front of each cushion a bucket and some toilet paper had been placed. The bucket was to be used in case of vomiting. Ayahuasca tend to produce vomiting, sweating and sometimes diarrhea. It's considered to be cleansing, and for this reason the Ayahuasca-ritual is also known as “the great purge” (Bustos, 2006, p. 36). Close to the maloca was a



small building situated with toilets and showers. Inside one of the showers, a large tub was filled with water with added flowers and agua de florida (perfume water). A ladle was placed in the tub to be used for pouring water over the body. The water smelled of flowers and perfume. It was a pleasant smell. I poured some of the water over my head. It was cold, and my body reacted with the usual initial shock when exposed to cold water. When it was done, I felt refreshed. I returned to the maloca and sat down at my seat. I had chosen a seat close to the exit, so that I easily would be able to find my way to the door in the dark in case I had to make it to the toilet during the session.

The Maloca slowly filled up with participants. The conversations between the participants were light. Some people were joking with each other. Others talked about intentions for the session and had a slightly worried expression in their faces. Later all the seats were filled up, and the curanderos entered the room. The catholic priest was also with them. They were all dressed in white, except for one, who also wore blue gym pants. Some of the other participants were also dressed in white, but most of us only had a white T-shirt on. It was important to wear white in the session. I had asked why this was important, but I received different answers from different people. Some people said it had to do with practical reasons. It would be easier for the curanderos to see each individual during the ritual when the light was off. The curanderos went around to each individual several times during the ritual to sing the icaros for them, and to bless them and protect and guide them through the experience, and for this reason needed to locate each individual. Other people said wearing white had to do with avoiding attracting negative spirits or energies. I started a conversation with “Kjartan”, a former patient and one of the participants of the ritual that evening – he told me that “brujos” or witches often used other colors when they were performing black-magic rituals. Red and black are colors preferred by brujos in their ceremonies.

In the ceremony this evening, there were two curanderos. Jacques and Jaime. They took their seats, and began to prepare for the ritual. They had brought with them several plastic bags of remedies important for performing the ritual. Necklaces, a plastic bottle with the brown liquid of ayahuasca, agua de florida, and other things I was not able to identify. They started preparing themselves for the ritual by smearing their bodies with a type of liquid or oil, putting on their necklaces. In the meantime one of the patients participating in the ritual had been given a special task for the session by walking around with something looking like a frying pan with charcoal and some pieces of wood placed on top that produced huge amount of smoke. The patient first walked outside and around the maloca with the smoking frying pan. He then returned inside the maloca, and thoroughly walked around the entire room with

the smoke. He ended his tour by visiting each individual participating in the ritual. The patient was sitting in front of each individual with the smoking frying pan. The person he was sitting in front of used his or her hands to envelop his or her body in smoke. First the arms and armpits, then the head and the chest, and lastly the back. When this was done, the patient moved on to the next person who did the same as the previous one. When it was my turn, I copied the movements of the others. The smoke made my eyes sting. This continued until everyone was done. He then sat down at his place – every person who had this role had his own designated place in the circle – where the person sitting next to him took over the frying pan, and gave the assistant the opportunity to envelop himself in smoke.

The assistant was now finished with his duty, and it was the curanderos turn to start his protection ritual. In every ayahuasca ritual I participated in (a total of four), it was always Jacques who performed the protection ritual before drinking the ayahuasca. He started by sprinkling water with his fingers. He sprinkled water along the walls inside of the building. I could feel the cold droplets hitting my face as he passed me by while doing this procedure. I remember having seen a bottle of blessed water in the maloca on an earlier occasion, and I assumed the water he was using now was this same water. He then went on to sprinkle grains of salt around the circle the participants made. Then he filled his mouth with a fluid, and sprayed it from his mouth in all cardinal directions as well as directly above and below himself. He also went to each participant and sprayed water on top of their heads. When he came to me, I felt the fluid hit my head, making it wet. I could also smell the perfume of the liquid. I could then feel him making a cross with his finger on the top of my head.

After the ritual for protection of the room was done, the curandero sat down in his chair, and started to pour the ayahuasca liquid into a small cup. One by one we were called forward to receive our portion of the potion. When it was my turn to receive the brew, I stepped up to the curandero. I knelt before him, and waited for him to give me the small cup. Everybody was drinking from the same cup. The curandero measured the dose very carefully. He then went on to blow a few puffs of mapacho tobacco smoke over the cup. Then he put the palm of his hand over the cup, and closed his eyes, as if he was making a blessing of the contents of the cup. He also made a hand gesture in the air over the cup, symbolizing a cross before giving it to me. There were similarities between what the priest did in masses with the cup of “the blood of Christ”, and what was being done with the cup with ayahuasca. This to me suggested a form of religious syncretism, although I had previously read that Mabit strongly opposed this idea of syncretism in ayahuasca rituals in Takiwasi (Apffel-Marglin, 2007). I paused for a few seconds before drinking the content. I closed my eyes, trying to

remember my intention and focus for the ritual. What was it that I wanted to get out of this ceremony with this very powerful plant medicine? I tried to form a clear thought which I addressed to the ayahuasca spirit or “mother ayahuasca” as is also the name the spirit is known by. The foul smell of the content reminded me of the unpleasant taste of the brew that was to come in moments. Before drinking, I said “salut por todos” out loud, as I had heard every other participant say before drinking. There was a unanimous reply from all the participants that I did not understand. The small expression seemed to demonstrate the fundamental hope of every participant, namely that this was a healing ritual that hopefully would have a positive effect on everyone’s health. I drank the liquid quickly. It had a rather thick consistency. The taste was horrible. The content of the cup was no more than 30 or 50 milliliters, but I had to struggle to be able to swallow it without throwing it up again. After drinking the brew, I stood up and returned to my seat. To remove the bad taste, I had to flush my mouth with some water I had brought with me. When everyone was done drinking their dose, the curandero stood up, and started saying something that sounded like a prayer. He was speaking incredible fast, and it was in French. Later I spoke with a few people who spoke French as their native language, and they told me they had difficulties understanding everything he said, because he was speaking so fast. The light had also been switched off in the room, so I was not able to see anything, only to listen. He then started singing the icaros. He was singing at least some words in Spanish, and I could understand that the song seemed to be addressed to God and “mother ayahuasca”. We were all sitting and listening to the songs. At the same time, we were waiting for the brew to take effect. Usually the brew is expected to take effect after 30-60 minutes. The lively chatting between some of the participants earlier had ceased, and the only sounds were the sound of the jungle outside (although we were only a ten minute walk from the Tarapoto city), a distanced dog barking and the song from the curandero. The room was dark. Every now and then the sharp light of one of the curanderos igniting their mapacho cigarette broke the cover of darkness, and I got a glimpse of the other participants for a short second. Most seemed to have their eyes closed. After a while – it’s difficult to estimate how long – one or two of the participants started convulsing. Others started moaning. This was a sign that the effects of the brew had started to take effect for some. I was sitting on the floor on a cushion, with my back against the wall, and a cushion as a backrest. It was strenuous position for my back, and I felt some discomfort. After a while, the aches and pains of my back seemed to have disappeared. I had a strange sensation in my stomach. It was as if something was alive down there, and moving like a snake. It then seemed to move up through my chest. It was as if it reached my heart, and I

could feel a loving sensation flowing from my heart. It then moved up towards my head. I could feel a tingling sensation or numbness in my jaws and cheeks. It spread upwards towards my head. I had my eyes closed, and suddenly it was as if the whole world had changed. Bright colors and geometrical patterns filled my perception. I could see colorful entities that looked like nothing I had ever seen before. They seemed to have a kind of intelligence, and they seemed to take an interest in me. It was as if they were crawling on my body, examining it somehow. In the background I could see something resembling a landscape with a dim lighting, but still very colorful. Everything was moving and constantly changing. Through the experience, I was confronted with my own shortcomings. I had an embodiment of the experience in the sense that I could feel the effects my actions had on other people in the past. Not only my actions, but also lifestyle, and how it affects my own body. I felt an incredible strong motivation to become a better version of me with this experience. All the time while having this experience, I could hear the curanderos singing their icaros in the background. At one point I could hear the curandero saying it was time for the second dose of ayahuasca for those who wanted it. We were already half way through the session. About four hours had passed. I couldn't believe time had passed so quickly. I was still a bit influenced by the brew, but decided to go for a second dose. There was a queue of participants going for the second dose. I waited in line. When it was my turn, the curandero asked me if I was having an effect. I responded "yes, a little". He then poured my second dose, blessed it like last time, and handed me the cup. I drank it, and returned to my seat. The effect kicked in much faster this time. I had just sat down when I again was emerged into this mysterious world (the experience will be described more in detail in chapter 3).

When the session ended, and the effect wore off, people were sitting for a while in their seats, recovering from their experience, spontaneously talking with their neighbor about their experience. The challenge is to find words to describe the experience, and to remember every little detail. In some ways it's like a very strong and vivid dream, where one is grasping for some parts of the experience when waking up. Other parts, perhaps the important parts of the experience remain as a memory. Slowly people started leaving the maloca and returning to their beds at home or wherever they were living.

## **Summary**

In this chapter I have argued that rituals play a key and central role in both the healing process of the patients, and in the process of connecting to plant spirits. The rituals that take place in Takiwasi have three important aspects in the process mentioned above. They have a

healing aspect where the patient's sickness is addressed, they have a spiritual aspect where a connection with plant spirits is established, and finally they have a transformative aspect that aims to motivate the participant to improve one's life.

There are also rituals where plants are not being ingested. The activity of the participants also changes depending on the type of ritual being performed. In some rituals only patients are active. In other rituals the curanderos are active. These are in rituals where plants are ingested. There are also rituals where both patients/visitors and curanderos are active.

I also address the importance of preparations for becoming a patient in Takiwasi, and the importance of preparation for rituals. I also describe two important rituals taking place in Takiwasi, namely the purga rituals and ayahuasca rituals.

### Chapter 3: Phenomenological experiences of the treatment process

In this chapter I intend to explore the phenomenological embodied experience of the two groups who go through the treatment experience, the two groups being patients and visitors to the center. One might ask the question what is to be gained in a scientific sense by focusing on the phenomenological aspects rather than having an analytic distance to the agents in focus. My reason for having this point of view in focus is related to the nature of the treatment in Takiwasi. By only focusing on an experience distanced view and observation; one would lose an important aspect of the informants experience. I will argue that one would not fully grasp the significance and impact the treatment process has on the individual person by only having a distanced analysis of the process. The value of an experience near description is first that it brings the field to life in a way a distanced analysis cannot. Second that it demonstrates that there is more to a spiritual healing process than symbolic representation. Third the individual's inner experience may reflect the impact the community has on the individual. Csordas (2002) argues that;

Understanding healing in terms of representation is not adequate because, even though concepts such as performance and persuasion have substantial experiential force, ultimately representation appeals to the model of a text. [...] The missing ingredient is supplied by the notion of being-in-the-world, from phenomenological philosophy, insofar as it speaks of immediacy, indeterminacy, sensibility – all that has to do with the vividness and urgency of experience. (Csordas, 2002, p. 3).

Much of the treatment in Takiwasi is unconventional compared to a mainstream western treatment approach to patients presenting with similar sickness. It is unconventional in the sense that spiritual aspects are addressed as a central aspect the patients' needs to – or are encouraged to - relate to in one way or another. Through the treatment the patients are confronting this spiritual aspect in a very direct way through using different plants. For the individual who takes these plants, the experience is no longer only a symbolic representation. It becomes very real, and very personal and very sensuous. For this reason a phenomenological, embodied focus seems reasonable to capture important elements of the treatment. Stoller (1994) argues that “[...] *embodiment is not primarily textual; rather, the sentient body is culturally consumed by a world filled with forces, smells, textures, sights, sounds, and tastes, all of which trigger cultural memories*” (Stoller, 1994, p. 636). By not participating fully as an anthropologist in the sensuous, by not experiencing the nausea induced by the plants, the smell of the “agua de florida” that triggers feelings in rituals, or

experiencing the fear and bliss of the plant spirits, important dimensions are left out, and only the “dry” description of the text remains.

Anthropologists who have lost their senses write ethnographies that are often disconnected from the worlds they seek to portray. For these anthropologists, tasteless theories are more important than the savory sauces of the ethnographic life. That they have lost their senses of the smells, sounds, and tastes of the places they study is unfortunate for them, for their subjects, and for the discipline itself (Stoller, 1994, p. 636).

### **Phenomenological notions on plant therapies in Takiwasi**

Plant therapy is one of the most important aspects of the treatment in Takiwasi. The plants used in the therapeutic process have been known and used by curanderos for generations. In Takiwasi the plants are used in three main therapeutic activities. These are in so called “purga rituals”, in the “dieta”, and in ayahuasca rituals. Plants can also be administered to individuals outside a ritual context. This is often done as a continuation of the plant treatment after the main therapeutic activities are over.

In this section I have chosen to focus on participants’ experience with plant based therapy in the “purga rituals”, the “dieta” period and the ayahuasca rituals. The reason for this is because these therapeutic settings represent the core of the treatment in Takiwasi, and both patients and visitors go through these experiences during their treatment.

#### **La purga**

La purga, or “the purge” is a central and important part of the treatment in Takiwasi. One may experience a purging effect with several different plants in different rituals. The purge I’m referring to here consists in specific rituals where plants are ingested, and where part of the aim of the ritual is to purge, to vomit. Some may also experience diarrhea as an effect of the therapy. It’s often the first plant based work people coming for treatment at the center face, and it’s continued throughout the treatment for the patients. The visitors often go through this therapy before going to the jungle and participating in the “dieta” later in their therapy. The aim of the treatment is to clean the body of toxins. For patients, they also help reduce withdrawal syndrome (Mabit, 2007, p. 10). Each plant has a specific medical property, and they are prescribed by the curandero or doctor similar to conventional medicines.

The participant’s phenomenological experience with the purge has some similarities. In an interview with “Hans”, a patient at Takiwasi who had been struggling with depression, alcohol and cocaine addiction, and who was now coming to an end of his nine month long

stay, told me about his experience with the “purga” treatment. *“At first it is difficult to vomit. After a while I no longer have any need for alcohol, smoke or other substances. It’s a good feeling. At the same time, there are many suppressed feelings that surface. I had emotional pain like anger and hate. I was crying a lot. I became like a three or four year old hurt child. The plants help cleansing out negative thoughts and feelings.”*

The emotional aspect of the experience is a recurring theme with many of the informants. The treatment brings many suppressed feelings to the surface. With the feelings surfacing, feelings also becomes easier to deal with, because they become embodied and more concrete, more reachable and more confronting than they may have been in the past.

“Atle” was a visitor who came to the center to participate in the “dieta”. He – like everyone else who were going to be isolated in the jungle - had to partake in a “purga” session. “Atle” then goes on to tell me about his “purga” experience; *“The “purga” was very important to me. It was a hard experience. I was the last one to vomit. I drank four liters of water, and I could not manage to vomit. I purged with tobacco and Rosa Sisa the first time. I received a new glass of tobacco, but I could not vomit. I was crying because I didn’t feel well. I had things to think about, so I felt bad. In Spanish I thought “botalo, botalo malo”, you know, get it up. Don’t hold on to it any longer. I was crying a lot before I vomited. I saw the bottom of the jar, and the bottom has an emblem of a sun. I looked at the sun, drank and a thought “come on”. I thought I had been swallowing too much. I had been keeping things inside because I have a strong willpower, I am a warrior, I could take it. I didn’t have to express it. I’ve had it like this since I was a small child. One knows about it, but here one experiences it. I think that’s very important. Everything one learns here, one can learn with a psychologist, but one doesn’t experience it. I was thinking “tracaderas”. Tracaderas means that one can swallow much. When one says that someone has a big tracaderas, it means that one can do anything with them without them reacting to it. They are swallowing everything, and keep going on with life. Eventually, they gave me a tobacco leaf, and I had to provoke vomiting. I felt better, but I didn’t feel I had done everything. But I felt it was enough. I felt better than before, and when the ritual was over, I didn’t manage to provoke myself vomiting anymore, so I left the place. I was in a way a bit dizzy when I left the place. I felt weak, but I had a strong sense of humbleness. When I was vomiting, I felt I came here to learn humility. It is important to lower you head. That [the head] is in the way. Its five minutes from here to Runakay [the hostel where he lived], and I felt it was clear this was the way. Humility is the way. Where do you go if you think you are important? You have your degrees and things we think of as very important, and that it is these things that makes you to you in an important*



*way. So it was an important lesson. Then I came home. I could not sleep much. I made a process where I said mentally “sorry” to everyone I had hurt. I also made a process out of thanking people.”*

### **La dieta**

“La dieta” is Spanish, and In English it simply means “diet”, and refers to a period of eight to ten days were the participants are isolated in the jungle, and drink plants that have been prescribed in advance depending on the aim of the therapeutic process. The term may be simple enough, but the therapeutic potency behind the term is very strong. According to an information sheet received in Takiwasi before participating in the diet;

[...] when used in Amazonian herbalist traditions that deal with the more powerful and often reality altering and visionary varieties of plants known as plantas maestras or teacher-plants, the word comes to mean much more than that. It then describes dietary and behavioral regimens that allow one to move most safely and effectively into working relationships with such plants. These relationships can bring about profound transformations, and the dietas are designed to best facilitate them (Takiwasi, p. 1).

According to the same information sheet, the therapeutic effect of the diet is as follows;

1. They modify states of consciousness and purify the body
2. They allow one to more easily deal with the strong emetic, cathartic, and visionary effects commonly associated with the plantas maestras. The resulting changes need to be carefully protected, as rearrangements in body biochemistries and identity patterns leave the patient or initiate for a time sensitive and vulnerable. In this way dietas can be typified as preparation and recovery technologies that attend this sort of phyto-spiritual “surgery”.
3. They stimulate the body’s innate ability to self-heal (Takiwasi, p. 1).

In practical terms, patients have to go through a period of cleansing and preparation, were the body is prepared for the diet in the jungle. First they receive a concoction of coconut milk and magnesium. This mixture has a very laxative effect on the intestine system. The participants drink this without having to go through rituals. It’s prepared by a nurse working at the center. One usually starts feeling the effect after a few hours. The importance of proximity to a toilet is stressed. Later, it can be a few days after drinking the coconut milk mixture, the participants also have to drink “three fingers of olive oil”, before going to bed. The next day they have to give themselves an enema after waking up. The emic rationale for using olive oil is to loosen

up or lubricate the intestines to make the enema go smoother. The participants also have to follow a diet where specific food types are avoided.

“Sugar, salt, chilies, certain meats (especially pork), acidic fruits, fermented foods, alcohol, and stimulants are avoided, as well as excessive exposure to sun, rain, fire, and unpleasant smells. Social interactions that involve ill individuals, sexual activity, and speaking of outside concerns, are likewise eschewed. In this way the dietas loosen the hold of human cultural traits – the understanding being that by doing so humans are more open to guidance and power from the natural world. In addition, its ritualized structure values and inspires self-discipline. Such traits are shared with vision quests, and the dietas can be approached in this way” (Takiwasi, p. 1).

The participants then undergo one or several purge rituals as described above. The following section is a description of our group’s journey to Takiwasi’s chacra in the jungle; the time had come to leave for the jungle. The group left for the chacra together (chacra is a Spanish word used to describe a ranch or a private area). The participants went by car to the jungle path that was to take them to the place they would spend the next eight to ten days. The route included crossing a river on several points. The water level in the river could sometimes be high, and on this particular day it was. The participants had to help each other safely over to the other side. The walk in itself to the chacra took about one to two hours. In some ways resembled a pilgrimage where the aim was to reach a place of spiritual significance. The group was led by assistants from Takiwasi who knew the way, and helped everyone across the river on the way. The group was notified that they were getting closer to the destination, by passing signs on the path that warned trespassers that they were entering a private area owned by Takiwasi. A maloca then manifested in front of the group. Everyone sat down and received water mixed with lemon to alleviate the thirst. The Maloca was similar to the maloca on the center ground. The river was passing the Maloca a few meters away. From the maloca paths were going in several directions into the jungle. The paths were leading to small shelters, where each participant was going to spend his or her time more or less alone in the coming days. Before each individual was guided to their respective shelters, information was given about the events taking place that same evening. Everyone was encouraged to take a bath in the river before coming back to the maloca for an information meeting and the first ayahuasca ritual. Then, everyone was guided to his or her shelter in the jungle. The shelters were scattered all over the chacra, and alongside the slopes of a hill. They were simple with walls made of sticks of bamboo, and roof of banana tree leaves. There were no doors, just an opening into the shelter. The floor was a simple dirt floor. There was a bed on stilts inside with a

matrass and blankets. A mosquito net hung over the bed. Beside the bed, a hammock was tied to the walls.

This was going to be my home for the next eight to ten days. My shelter was on top of a small muddy hill. I had two other shelters close to mine, one just below my own and another behind. I had brought a small waterproof backpack with some essential belonging for my stay in the jungle. I had a towel, a book to read, a torch, a note book to write my experience in and my camera. I was not allowed to bring with me any kinds of food, computer, soap or watch. Our focus was going to be out inner processes, and any object that could interfere with this process was prohibited. Initially, I was a bit skeptical to live in the jungle in a more or less open shack because of all the insects and snakes lurking around. Fortunately I had the



Figure 3: Typical shelter in the diet. Photo: Roger Håland

possibility to hide underneath the mosquito net, and very soon it became obvious that I had to make use of it right away because of the mosquito nuisance. After having relaxed a few minutes underneath the mosquito net, I decided to walk down to the river to take a bath. I reached the river, and waded out to a spot where the water was waste deep, and water was pouring like a shower from a ledge above me. The water was chilly, but refreshing.

After having returned to my shack, I made myself ready to go and meet the others in the maloca further down the hill. When I reached the maloca, most of the other participants had arrived, and were sitting inside the maloca. Seats had been prepared alongside the walls. I found a seat, and sat down. Later the curanderos arrived. There were three of them. Jacques

started the evening by explaining the purpose of the diet, and how to adhere to the treatment and therapeutic process throughout the week. He also listed which plants the different participants were going to drink during the diet, and the effect of the plants. He spoke in Spanish and French. He then went on to explain the ritual for the evening, which was the ayahuasca ritual. He stressed that it was important that people leaving the circle asked for permission before leaving, and waiting to be cleansed by the “soplada” or blowing of Tabaco by one of the curanderos. The reason for this cleansing was to avoid bringing negative energies from the outside into the circle. After having explained everything thoroughly, the ayahuasca ritual started (for detailed description for the ritual, see previous chapter).

After the ritual had ended, everyone went back to their respective shelters, and went to bed. The next morning I woke up early. It had been a somewhat strenuous night with all the different sounds of the jungle. Later that morning, one of the curanderos came walking towards my shack on the jungle path. He had two assistants with him. They had brought with them the morning dosage of the medicine I was going to take twice a day during the diet. The medicine was in the form of a plant brew that was known as Ushpawasha. According to information I had read about the brew earlier and heard from therapists, the brew had the effect of opening the heart, and help the person drinking it to access childhood memories. The plant brew had been prescribed to me twice a day for the duration of the diet. The curandero explained to me that it was not going to taste very good, and that I had to drink it quickly. He then went on to blow tobacco smoke on my head before giving me the medicine. The assistants had with them a bottle of the brew. A cup was filled, but before drinking, the curandero blew Tobacco smoke into the content of the cup. I put the cup to my lips, and started drinking. It had a terrible taste, and I had to pinch my nose to be able to swallow everything. The whole ritual was done in two minutes, and they then proceeded to the next participant. The rest of the day was spent in the Shack, relaxing, and waiting for the brew to take effect.

In an interview I did with some of the participants later in my fieldwork, I asked about their experience with the diet. “Kjartan” came to Takiwasi to receive help for his cannabis problem. Initially he didn’t think his problem was serious since his addiction was only to cannabis, and no other stronger substances like heroin and cocaine. *“When I first started speaking with the people here, they said; no, cannabis is a big problem, and you have a big problem. I said; no, I don’t take heroin, I don’t take cocaine, I’m not an alcoholic. [...] The first two months in Takiwasi was hard. I did the diet, and for the first time I started to realize*

*many things. I realized that they were right. I have a big problem. Cannabis is a problem, but there are also other problems beside it. I made the decision to do the treatment.”*

Did the diet help you to understand your problem?

*Yes, I never spent so much time alone. I took the plant Ushpawasha for the memory. I realized I had forgotten many good things about my life. Many good memories came back. I could watch my past with patience, tranquilidad, I could understand where I was right now and what I needed to do. So it helped me very much. Each “dieta” is very very different. It’s different because of your motivation, the plant you’re taking. Just like each ayahuasca is different, each “dieta” is different. Before when I was in the diet, I was obsessed with food. I needed food, I felt hungry all the time. I needed food, and I needed to do something also. Just staying, and doing nothing was horrible. This last one [diet] was very different. I was without eating for three days, which I could never have done before. I didn’t even have dreams about food. I didn’t read one book. Before I would bring two books, and three times I would read the books. This time I didn’t even want to read. I just stayed in my hammock and waiting to go inside [meaning to go inside himself]. [...] Even if you do mistakes again, you won’t lose what you won here.*

So it’s like becoming aware of the strength and the resources you have inside?

*“Yes, exactly. And so it helps you all the way even though I was going bad in [his country], I still had these resources inside. So it’s very helpful”.*

*“Atle” describes his experience he had in the jungle one of the first nights; “I woke up in the middle of the night. I don’t know what time it was. First I didn’t know where I was. I felt trapped like in a coffin. I was sitting inside the mosquito net. At the same time I could hear this sound [he is pointing to the trees outside the maloca where we are having the conversation. A very penetrating noise made of beetles living in the trees can be heard.] Only five hundred times stronger [he is making a hissing sound with his mouth while covering his ears with his hands]. I had to get out. I couldn’t sleep, and I couldn’t breathe properly. I went outside, and it felt like I was in an alien world. I saw strange lights; I then knew where I was. I recognized the feeling I had as an anxiety attack. I wet my head with water, and tried to relax. I told myself; breathe, breathe, focus on the breath. Then I started to pray, because that was also a part of the process. With this vulnerability and need for humility from the purge, a*

*gate of protection from God was opened". "[...] One of the things I learned here, but which is not a part of the linear process, is that the process with the diet and the purge, to be humble, and not to see the same landscape all the time, destroys the ego. This is something I feel clearly. It's like the marines in the American army; they break you down and build you up in a good way".*

The sense of having one's ego destroyed or an ego-loss is a common experience many people have when taking psychedelic substances. Many people refers to the experience as both somewhat frightening, but also necessary for the therapeutic process. Winkelman (2014) refers to Roberts and Winkelman (2013) who argue that one of the main purposes of psychedelic, high dose therapy is *"to produce a powerful, mystical experience in the client. Typically in mystical experiences, this includes a sense of ego-loss and self-transcendence. The mystical, peak experience is itself psychotherapeutic"* (Winkelman, 2014, p. Kindle location 887). This may be what Atle meant by being broken down and built up in a good way.

Further Atle continued explaining; *"The plant won't let you be who you are. [...] one of the lessons I got there was that this is the only way, and I remember things like "only the purest of heart can see God", "kids can see God", many things from many traditions, like the "purity of heart" from Hinduism. [...] it's another dimension. The dimension lies in the heart or in the right hemisphere of the brain. It opened. [...] it wasn't a revelation, it was more when you connect with the heart, an disconnect to the rational thoughts, you come in contact with nature and who you really are, and you come in contact with God who is exactly that; who you really are"*.

These experiences seem to demonstrate the potency of the plants used, and how it affects the personal healing process, and the experience of receiving lessons from the plants. Participants come to terms with problems in their lives, and starts to reflect on profound spiritual questions related to their lives. The combination of taking plants and being isolated from distractive elements one is usually exposed to in the everyday world has a therapeutic value.

Taking ayahuasca is also a part of the diet-week. It is done the first evening after arriving to the jungle. But many of the participants in the diet continue taking ayahuasca after the week in the jungle is over. Many participant feels that the ayahuasca rituals has a stronger and more efficient effect on their healing process compared to many of the other plants taken during the treatment. When first arriving to Takiwasi, I remember a central staff member told

me that ayahuasca is just one of many plants used by the center. It may not even be the most important one. This contrasts some of the participant's experiences.

### **The Ayahuasca experience**

The phenomenological aspect of the ayahuasca experience can be overwhelming to people. Especially for people who are having their first experience of the brew. But also experienced ayahuasca drinkers can have strong, terrifying or good experiences. One may ask what the therapeutic benefits are by putting oneself through such an intense and potentially terrifying ordeal. Mabit (2007) lists twelve advantages of using ayahuasca in treating people who are addicted to drugs. I will only highlight a few I think is particularly important. In the second point he says;

“Ayahuasca allows patients to go beyond verbal expression and verbal limitation. Those patients with low capacity for symbolization and for whom verbal therapies are less effective, benefit from the visionary induction without requiring immediate verbal explanation. [...] becoming conscious of their problems through the “seeing” provides them with direct access to their interior world.” (Mabit, 2007, pp. 6-7)

“Atle” describes his experience. Before the first ceremony, he is nervous for the potency of the brew, and doesn't know what to expect. Previously he tried some mushrooms in Ibiza with a friend. But that is his only experience with psychoactive/psychedelic substance. *“From the point of view of the experience, I was very scared. [...] I knew I had to be humble with this, and I said “teach me”, “help me”, “I don't want to control this”. No matter what happens, it is ok, it's healing. [...] I didn't have a bad experience. I had my first shot. I felt a lot of energy in my stomach. [...] It was like it opened adherences [in the gut]. [...] I felt it coming up, and then I felt it touching the liver. Then it felt like something was emptied. Like the gall bladder was squeezed. Then I had to pee right away. [...] I interpreted this as anger I had carried for many years against myself, my parents, and the world for not treating me right”.*

So it was things that had accumulated inside?

*“That's right. [...] From a Chinese point of view the liver is an emotional area. This is where the emotions are kept. [As far as I know, the concepts of Chinese medicine, is not practiced in Takiwasi]. [...] Then I started to have visions, patterns. I couldn't make contact with any of the visions. They were moving fast, and I saw them from below. I saw the snake several times. It moved up and down. I saw its face twice, looking at me. One time it was like a real green snake. First I thought it was a crocodile, but then I changed into a snake. Then I saw another*

*snake. Like a 3D-snake. Like it was made by a computer. So she was there. I was not scared or anything. It was as if we were playing. It was a friendly thing “I’ll show you that I’m here”, but we weren’t in contact. That was my feeling”.*

When you say “she”, would you say it was a feminine presence?

*“Yes. I don’t know if it’s because it’s the snake which translates as “la serpiente” in Spanish, or because they call it “mother ayahuasca”. But yes, I will call it a feminine energy. [...] I’ve always had a feeling of carrying something that really belongs to my father, or that belongs to another generation. A kind of suffering that is not mine. [...] I felt a very clear numbness on the right side of my head. Like I had a 20 cm thick layer of ... I don’t know, [...] Like I had half a helmet on. [...] Then I experienced the thing [the helmet] dissolving. The important thing is that it started to dissolve from the inside and out. When it melted, it still had a few points where it was stuck. [...] So it was a process where I felt pain and numbness in concrete points that wouldn’t let go. [...] step by step the ayahuasca cleaned them, and forced them away. I felt I couldn’t perceive reality with this shit [the half helmet] on. It’s like I’m half dumb or something. I was very happy, because I felt that this wasn’t mine. Mabit (2007) points out that;*

“[i]t is of special interest to note that in the process with ayahuasca, there is potential for discovery of trans-generational memories and therefore the understanding of problems that go beyond the biography of the patient, and that are due to the inheritance of problems not resolved in past generations, including for example, “family secrets””. (Mabit, 2007, p. 6).

I haven’t come across other scientific observations or descriptions similar to this in the literature on ayahuasca, but it may be a phenomenon linked to the spiritual aspects connected to the use of the brew. In my own experience with ayahuasca, I remember seeing faces of people I recognized as my own grandparents. And also faces of people I didn’t know, but felt belonged to my family or ancestors in the past. I remember seeing a black tar flooding and covering other family members still alive. The tar trapped people in my family. I felt that this was family related things that had been transferred from previous generations to present generations, and causing challenges for members of my family living to day. I didn’t know specifically what the black tar represented, but perhaps psychotherapy combined with research into family history could reveal what this represents. This is just a speculation though.



“Kjartan” is of the opinion that although other plants, psychotherapy, and other aspects of the treatment are important, the ayahuasca has a significant place in the treatment.

So the ayahuasca sessions are the most important treatment now?

*“For me yes”. “[...] It’s physically very hard. It’s a lot of pain. I don’t feel like I need more purges, although I like to take plants. But the real work now is done with ayahuasca. I feel like she knows my body. She knows where she has to go, and she goes with no pity. She knows what I need and she knows what she has to do. So I have much confidence in [the] plant although I suffer. Not the last time, but the time before... I’ve taken ayahuasca forty times, but that last one was my worst experience. I felt like I was in hell. I experienced hell, physically, mentally... it was hard”.*

What did you learn from that?

*“Although it’s so hard, I know how it works, so it’s a positive experience. I threw up a lot, so I cleaned up a lot. What I learned depended on the intention before the session too. In this session is asked; show me my real way. She showed me where I was going if I kept on doing the same. I was going to live a hell with all the symbolism she gave me. She showed me; you’re going to hell. You’re going to suffer a lot. You’re going to lose many things. After that I had some good visions. I saw me with a jaguar on my shoulders with the confidence and strength to go on. I saw the mountains where I live [...], very peaceful and nice. She showed me the road from hell to there is a long road. I received many teachings but very symbolic. It’s hard to describe, and to be sure of what you see and feel. Sometimes it can be tricky”.*

Does it give you a motivation to work with yourself?

*“Yes. Although it was the worst, I was very motivated after. I have many things to clean. And I have stairs to climb. I’m down, I’m in hell, but it’s ok. I have to climb the stairs. That’s my teaching. Every time after I have taken ayahuasca, I have great motivation”.*

As the two experiences demonstrate, there is a lot of symbolism in the ayahuasca experience. It is also clear that it can be somewhat difficult to interpret these symbols and to understand the significance of the symbols for the individual versus the significance for the

collective. Psychotherapy offered in Takiwasi helps facilitate the translations of these symbols for the individual patients and visitors.

### **Psychotherapy**

Before starting the therapy in Takiwasi, patients and visitors receives a personal therapist that follows the individual through the therapy period. The patients and visitors go through an interview with the therapist before participating in any treatment. In these sessions the motivation for participating in the treatment is made clear. Experiences are interpreted and tried integrated into the patient and visitors life.

“Ingunn” describes the significance of the therapy sessions with the psychotherapist;

Were the conversations you had with your therapist important to you?

*“ Yes they were. In the first two interviews she didn’t speak so much. She just listened to me. [...] The last conversation I had with her was interesting, because she was more open. She talked a lot, and she stayed for a long time with me. [...] It was very nice.”*

Do you think your experience had been less good if you didn’t have your conversations with the psychotherapist? Would it have been helpful just to take the plants without speaking with a psychologist?

*“I think the combination is important. They are guides. I heard that some people didn’t have a good experience with the psychologist, but I had a very good experience with it and the plants. I think that if I didn’t have a psychologist, I would have had the same emotions”.*

If you didn’t have the plants, and only the psychologists, would it have helped you the same way?

*“No, because I don’t think the psychologist had helped me write many songs in just a few days [Ingunn had an inspiration to write songs while staying in the jungle]. The psychologists are important guides. But if I didn’t have the psychologists, I would still have had the same feelings. [...] They don’t have that much influence on the feelings”.*

“Kjartan” gives a rather small importance to the psychologist impact on his healing experience;

Here it is important to combine the psychotherapy with the plant work. How do you experience the psychotherapy?

*“I would say it helps, but for me it’s about 5 – 10 % of the work is coming from the psychotherapy. When you first come here, you are not used to speak about your problems, so in the beginning it can be very helpful. For me, the more time is passing, the less useful the psychotherapy is. Then the plant work and diet is more useful. Right now it is like I have come to the limit of the psychotherapy. Maybe the limits of myself, I don’t know.”*

So it’s helpful to a certain point, and after that the plant work is more important?

*“Exactly. For me I fell like this yes. In the beginning to understand your inner mechanism, how to look at things, yes it’s useful. But it has its limits unlike ayahuasca and the diet, where I can’t imagine any limits. Anything can happen. You go deep in the diet spiritually, physically too. It’s a big process.”*

Based on the statements of the patients and visitors, the psychotherapy has a place, but it is the plants that facilitate the main part of the healing process. The psychotherapy helps to put phenomenological experiences into perspective, and to implement these experiences into everyday life. In my own experience with the psychotherapy, it helped me to make abstract thoughts and experience more concrete and manageable. The psychotherapy was a support that helped me to understand how to live my experiences. This aspect is very important in terms of being able to continue the healing process after leaving Takiwasi. It is easy to adhere to the treatment while living in an environment that supports the healing process. The challenge arises when leaving the center and returning home, where old problems may be waiting. The psychotherapy helps finding mechanisms to cope and to remember to adhere to the continuation of the healing process after returning home.

## **Summary**

Although the patients and visitors go through some similar processes by participating in the plant therapies and psychotherapies together, it is important to note that the patients go much deeper into the therapy compared to the visitors. The patients go through the purge

several times a week almost every week. The diet is done five times during the nine months in treatment. The ayahuasca rituals are participated in almost every week, and the psychotherapy is also done regularly.

The plant work is central to the healing process for both groups. The patients may in time experience that the psychotherapy has limited therapeutic value compared to the plants. But both groups think that the whole of the treatment – including psychotherapy - is important.

The experiences helps the patients understand their personal issues in a different way by taking plants compared to only going through psychotherapy with a psychologist. The combination of conventional psychotherapy and plant work has a very potent effect on the patient or visitor's health issues.

## Chapter 4: Plants with Spirits and Agency

In this chapter I will explore the plant ontology in Amazonia and in Takiwasi. I suggest that patients and visitors to Takiwasi— being exposed to some of the plant medicines - enter into a bio-social-medical-spiritual- relationship with the plants that is sometimes mediated by the curandero. The spiritual aspects of the plants become anthropomorphic and personified through the perceived interaction between human and plant. I also suggest that “master plants”, “teacher plants” or “plant medicine” have a “spiritual agency” when the patients, visitors or curanderos are under their influence. A deep respect occurs from the user’s side, and the users often seek to implement the *teachings* they receive from the plants in their lives.

I begin with a narrative of a personal experience with the plant brew Tobacco to demonstrate a phenomenological aspect that is typical but not identical to the experience many people have when under the influence of this particular plant. Tobacco<sup>2</sup> has a long shamanic tradition in Amazonia. In a western tradition, we are most familiar with tobacco being smoked, chewed, used as snuff where the tobacco is snuffed in through the nose or as “snus”, where tobacco in loose form or in small bags are placed under the lip. In Amazonia however, the plant is being used in several different ways. For example it is used for chewing, drinking, licking, as an enema, for snuffing, and for smoking (Wilbert, 1987). In Takiwasi, the most common ways of using tobacco was for smoking and drinking.

### **Drinking tobacco – a masculine experience**

My own experience with tobacco came when I participated in “la dieta. It’s not a diet to lose weight as is often associated with the word in the west, but rather a retreat into the jungle for eight to ten days, to ingest plant brews. “La dieta” is a period where the participants are removed from outer influence and impressions to allow for inner processes and reflections about their own lives with the aid from master plants. This retreat helps the individual to connect with nature, and the plant spirits that will aid in the therapeutic process. Every morning the curandero came to my simple shelter with the plant I had been prescribed to take twice a day every day for the duration of my stay in the jungle. The plant I usually ingested was locally known as Ushpawasha sanango (*Tabernaemontana undulata*) (Sanz-Biset & Cañigüeral, 2012). The curandero and his two assistants came to my shelter every morning

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<sup>2</sup> “Tobacco-producing plants are exclusively of the genus *Nictiana*, and *nicotianas* belong to one of the largest genera of the nightshade family (*Solanaceae*)” (Wilbert, 1987, p. 1).

carrying plastic soda bottles with the plant brew I was supposed to drink. One morning however, I did not receive my usual plant brew. They came to my shelter as usual, but the bottle they brought didn't have the usual colour. Instead of having a light, whitish colour, it was now dark brown. I had been informed in advance that half way through the diet, I would be served a different plant brew that was tobacco. The curandero stood in front of me, and looked at me intently as if he was formulating in his head what he wanted to say to me. Usually he just did the *soplada* – blowing tobacco smoke - on my head and into the plant mixture, handing me the brew to drink before moving on. This time he said “*today you will drink tobacco. Just try to swallow it, let it hit your stomach and try to keep it down for at least one hour*”. The way he expressed himself made me suspect that drinking tobacco would probably be more challenging than drinking my usual plant brew. A small cup was filled with the tobacco, and the curandero did the *soplada* into the cup before giving it to me. As I gazed into the cup I braced myself for what was to come. I pinched my nose to reduce the intensity of the flavor. Judging from the flavor, it was no doubt that it was tobacco I was drinking. I could almost feel the fluid moving down my esophagus and landing in my stomach. Similar to ayahuasca it had a foul taste but very distinct from the ayahuasca brew. The struggle to keep it down was harder than with ayahuasca. The curandero encouraged me to lie down in my shelter, because I could experience dizziness while under the influence of the tobacco. I lay down on my mattress feeling nauseous. The content of my stomach was insisting on coming up again, and I had to find a position that was least likely to provoke vomiting. Keeping it down for an hour was going to be a challenge. From the surrounding shelters, I could hear people vomiting. Everybody received tobacco this day. I could even hear one person shouting out loud like a cry of disgust and aggression. I could hear him hit something sounding like a wooden board several times, while crying out. In a way it was like he's masculinity was provoked and expressed. His aggression didn't seem to be aimed at any person. He seemed to be going through an inner process of some kind.

For me, the experience was a test in discipline and self-control, not to vomit too soon. I focused on my breath, trying to breathe calmly. The plant knocked me out. I spent the whole day working with it. Slowly the sun light bathing the green canopy around my shelter, turned into a golden shimmer. I had been linked to the bed all day. At one point, one of the curanderos aids came by and asked if I was ok, and if it was the first time I had any experience with the plant. He also offered me something to eat. I refused the food. This was unusual for me, because I usually looked forward to eating something. We were only served a portion of overcooked rice and a boiled banana. None of which had any taste at all. But I still

looked forward to it every day. Just to fill my stomach with something. After drinking the tobacco, I had lost all my appetite. It had been hours since drinking the tobacco. I could no longer hold it down. I managed to grab a bucket nearby, and I started vomiting intensely. It came through my nose and mouth with the effect of tasting and smelling tobacco for several hours after. I also felt dizzy, but still it was a relief. I stumbled out of my shelter with my bucket towards a hole in the ground close by – my toilet – to pour the content of the bucket into the hole. Physically it had been an exhausting experience, but the reward was beyond expectations. Coming back to the shelter, I started having insights into my own life. The insights were qualitatively different from that of the ayahuasca. The insights I received were clear, logical and sober. They made sense, and I had a feeling I would find peace if choosing these options. Other complicating factors that before had influenced the decision-making process seemed to have vanished. The perspective I seemed to have received was uncomplicated and straight forward. I had the opportunity to take control over my own life and to be in charge of my own life. I had an experience of being strong without any doubt of which decisions to make in my life. For many, this kind of experience illustrates a masculine “energy”. I often hear comments like “tobacco is masculine because it goes straight to the point or to the core of a problem”. Perhaps this idea is contributing in building up under a stereotypical idea of gender qualities and roles. I will address the idea of gendered plants later in the chapter.

### **Relationships between people and plants**

Humans cultivate plants for many different reasons, ranging from food to biofuels. Perhaps one of the most important areas of plant cultivation is linked to medical use of plants. It is well known that some plants found in the Amazon jungle have medical properties that have been used by the pharmaceutical industry to develop medications to help treat diseases. Often chemical extracts shown to have an effect against specific diseases, are taken from the plants. One well known example is quinine used as treatment against malaria (Wood & Habgood, 2010, p. 76). The focus for the pharmaceutical industry – rooted in western scientific traditions - when developing new medicines has been the physical aspects of the plants, extracting chemical elements or compounds that can be used in medicine. Also in other aspect of plant cultivation, the focus has been on physical aspects of the plant, for example using wood for building houses or a fire to keep warm, harvesting plants for food, or just for decorations. If one can speak of having relationships with plants, it is one where humans are in control, and where the relationship is on human’s terms.

A somewhat controversial theoretical approach within social anthropology is the link between anthropology and Actor-Network-theory (ANT). Can non-human things have agency? Where is the place for humans in the vastness of nature? These are some of the questions within ANT. According to Lien (2012), ANT shifts the focus of one of the fundamental questions from what nature “is” to what nature “does”. She refers to Barad (2003), who states that this is a shift from representation to performativity. Lien also points out that a consequence of using concepts like “actor” and “agency” is that they implicitly are linked to “intentionality”, “rationality” and “consciousness”. This implies that things may act with intention. This notion challenges the western understanding of the unique place of humans in nature sometimes called “*human exceptionalism*”. This – according to Lien - is where some of the tension between ANT and anthropology may lie (Lien, 2012, p. 308). Although ANT-theory is controversial, it is also a useful tool when trying to understand ontologies that break with the western notion of rationality and reality. One may avoid the ethnocentric trap of classifying other ontological realities simply as “*belief*”. For example, regarding the curanderos understanding of plants both physical and spiritual can easily be classified as a belief, because their understanding of what certain plants are differs greatly from the western biological and scientific point of view. Science and belief can be seen as opposites or dichotomies, and the Cartesian duality clearly comes into view with the western scientific approach. From a western point of view science connotes rationality and perhaps also reality, whereas beliefs do not. Good (1994), problematize the concept of “belief”. He shows how Old English words which evolved into the modern word “belief” used to mean “to love”, “to hold dear”, “to cherish” etc. Through a process of changes, the verb “*to believe*” had come to connote doubt, and today it suggests outright error or falsehood. [...] From my initial explorations, it would appear that the term “belief” as it is employed in anthropology does indeed connote error or falsehood, although it is seldom explicitly asserted” (Good, 1994, pp. 15-17). By using the term “belief”, one may maintain the occidental human exceptionalist view without ever really having this view challenged by other ontologies. For this reason I choose to avoid using the term “belief”. Instead I find it much more useful to use the term “ontology”. To move beyond a view where humans take center stage, and try to obtain a more egalitarian perspective between humans and non-humans, may open up new perspectives and ways to understand the human experience in a broader context. This brings us into the “ontological turn” within anthropology.



## Amazonian ontologies

According to Remme (2013), there has been an increasing interest in ontology within anthropology since the 1990's. He distinguishes between four different perspectives on ontology within anthropology. He states that a central question within this debate is; "*are there many different views on one common reality, or rather are there several different realities?*" (Remme, 2013, p. 8 my translation). The four main views within the ontological turn are according to Remme;

- The moderate perspective
- The radical perspective
- The dynamic perspective
- The ANT-inspired perspective (Remme, 2013, p. 9 my translation)

He acknowledges that there are no strict boundaries between the different views, and that they often overlap.

The Brazilian anthropologist Eduardo Viveiros de Castro (1998) use the term "*Amerindian perspectivism*" when referring to the cosmology of many Amazonian cultures. He argues that within many of these cultures there is an understanding that animals see things as people do.

[...] [B]eing people in their own sphere, non-humans see things *as* "people" do. But the things *that* they see are different: what to us is blood, is maize beer to the jaguar; what to the souls of the dead is a rotting corpse, to us is soaking manioc; what we see as a muddy waterhole, the tapirs see as a great ceremonial house (Castro, 1998, p. 288).

Further he also argues that it is the type of body the spirit or soul inhabits that makes the individual – being human or animal – have different perspectives. In other words, because animals have different bodies from that of humans, they have a different perspective on their surroundings. "*Animals see in the same way as we do different things because their bodies are different from ours*" (Castro, 1998, p. 288). This view is supported by Eduardo Kohn (2013), who states "[...] *what we share with jaguars and other living selves – whether bacterial, floral, fungal or animal – is the fact that how we represent the world around us is in some way or another constitutive of our being*" (Kohn, 2013, p. 5). This type of view is according to Remme (2013) an example of a radical ontological perspective. "*Whereas we are used to think of a world constituted by one natural world and many different cultures, perspectivism represents an alternative: one culture and many different natures*" (Remme, 2013, p. 11 my translation). According to Ween and Flikke (2009), Willerslev critiques Viveiros de Castros

perspectivism “*for being abstract and theoretical grounded, and argues that perspectivism must spring from informants actual bodily and sensual interaction with the world*” (Ween & Flikke, 2009, p. 11 my translation). I would argue that “Informants actual bodily and sensual interaction with the world” is demonstrated through people’s interaction with plants in Amazonia and Takiwasi.

### **Plant ontologies**

In some cultural contexts in the Amazon, many – if not all – plants are perceived to have other aspects beside the physical. A type of consciousness is recognized, acknowledged and interacted with. For the curandero the physical aspects of the plants are only one of several. The curandero enters in to a relationship with the spiritual aspect of some medical plants. These relationships with the plants are important to enable the curandero to treat illnesses and sickness. “[...] *[T]here are those called vegetalistas or plant specialists and who use a series of plants called doctores or plant teachers. It is their belief that if they fulfill certain conditions of isolation and follow a prescribed diet, these plants are able to “teach” them how to diagnose and cure illnesses, [...], and how to use medical plants*” (Luna, 1984, p. 135). The curandero enters into a bio-social relationship with the plants, which goes beyond the mere physical aspects. Instead of speaking of a bio-social relationship, one can speak of a type of bio-social-medical-spiritual- relationship. In other words, this type of relationship goes beyond the mere physical aspect of the plants, and it is not one where the plant is dominated by the human. Instead the curanderos often have to prove themselves worthy of entering into these kinds of relationships. It appears that a curandero has to attain the spirits benevolence before he or she receives knowledge from the plant spirit. This may suggest a degree of hierarchy where the spirit is situated above the curandero, and that the spirit displays a degree of pride, not letting just anyone close. In my own experience with partaking in rituals, ingesting plant brew of master plants, I often experienced the spirit of the plant making it absolutely clear to me that I was just an immature human, and that I did not fully understand the powerful potential behind the master plants.

On the walls in Takiwasi, patients have made paintings seemingly representing important visions. In some ways it seems using art will convey the experience better than using words. I tried myself to draw some of my visions. Unfortunately my drawing skills are somewhat limited, so my drawings became a bit childish in comparison to some of the patients and visitors drawings. On other occasions the powerful effect of master plants were “channeled” through the ayahuasca spirit in a way I could feel their potential power on my

body. It was an overwhelming experience which made me understand the potential of the plants, and made my respect for the plants even deeper. These experiences also seemed to imply a hierarchy between the spirits and myself, where the spirits were situated above me, and where I had to make myself worthy to interact with them. I had a conversation with a visitor who had drunk Ayahuasca over forty times, and now had found a curandero outside the center, which was willing to take him on as an apprentice. He said he got an invitation from “her” to pursue and strengthen their relationship. *“She told me she could teach me things that are more important than what I can learn at university. She showed me that she could also teach me black magic if I wanted to. I told her that I didn’t want to learn black magic. She said “ok, that’s good”, and closed that opportunity for me.”* The conversation he was referring to was not with the curandero he had met outside the center, but with the plant spirit of ayahuasca. He referred to the spirit as “she”. *“She knows me now, and I took it as an invitation to be initiated. I’m not sure if I want to go down that path, because I have to renounce many things in my life that are important to me.”* In other words, the plant spirit demanded certain sacrifices from the human before revealing occult knowledge. One can argue that in some ways plant spirits have the same characteristics a human do. It has a personality, in terms of demanding respect, being seductive, angry, comforting, giving advice and sharing wisdom amongst other things.

From what the informants told me, the more one is exposed to the effects of the plants, the more they developed a perception of going into a relationship with the plant spirit. Some informants – mostly visitors with less experience – often did not have very strong and intense visions. They often did not tell about intimate relations with the spirits they encountered. This may be an indication that time is needed for human and spirit “to get to know each other” before one can talk about a “relationship”. Benny Shanon (2002), is a psychologist who has done research into the “*structural*” - not a “*contentual*” - point of view of ayahuasca experiences. He ranges these structures in degrees of intensities ranging from “*visualization without semantic content*” where the visions contain visual elements without content, to “*virtual reality*” where the person is transported to another realm which is experienced as real. He also argues that there are different degrees of interaction with the visions, “*where the first and simplest case is that of no interaction. [...] Finally, there are scenes in which the drinker has control over what is happening*” (Shanon, 2002, pp. 18-19). In Takiwasi, the experience of the spirit of the plants knowing the person, often – not always – depends of the number of times the person has drunk the plant brew. The more times the brew is drunk, the deeper the experience. The deeper the experience the more the spirit “knows” the person.

In Amazonia plants are powerful spiritual agents with consciousness and intentionality that can work on behalf of- or against people, for example treating or causing illness, used as tools by curanderos, vegetalistas and brujos (witches). Françoise Barbira Freedman (2012) states that;

While all *plantas maestras* have souls, some culturally important plants, such as manioc and maize, are also endowed with souls. ‘Simple plants’, however, do not have souls. The training of Upper Amazon shamans aims to identify those ‘master plants’ that will give them access to spirit ‘allies’ [...] in vision and dreams. These allies, with a connotation of ‘helpers’ or ‘assistants’ (Spanish: *ayudantes*), confer agency on shamans for the purpose of healing or harming humans (Freedman, 2012, p. 143).

The plants thus have an anthropomorphic aspect by them, which are necessary for allowing an interaction between people and plants. People enter into a relationship with plants which is not theoretical, but bodily and sensual. The relationship is not only physical but also spiritual. It is no longer anthropocentric, but allows for a hierarchy where the plants and plant spirits set the conditions and terms for interaction. This interaction between people and plants in Amazonia constitutes a very different ontology, where plants have attributes that goes beyond the mere physical aspects of the plants, and that they have agency. This ontological view is very different compared to the typical occidental scientific ontology and perhaps occidental religious ontologies as well.

This ontological perspective seems to come through in the interaction between people and plants in Takiwasi too. It is important to note that the medicinal and therapeutic practice in Takiwasi is in sense a syncretism between an occidental understanding of psychotherapeutic principals and indigenous knowledge and use of medicinal plants. Not all informants I spoke with accepted the existence of spirits. One visitor coming to Takiwasi expressed skepticism toward the idea of animism related to the plants. He participated in some of the ayahuasca sessions, and had experiences that shook him, but did not conclude it had anything to do with spirits. It is possible that what I call a “*syncretic gap*” occurs in the interphase between the two traditions, where elements from both traditions are lost or modified to fit the present practice. In the syncretic gap, certain differences may occur in the understanding of plant ontology between a “pure” indigenous or western tradition and a syncretic knowledge. In the syncretic therapeutic practice, one holds on to a western understanding of symbolic representation of the experience, while also giving room for a more concrete acknowledgement of the existence of spirits harbored by the plants. By giving this space to spirits, what is lost in the syncretic gap is the “rational” western scientific

approach in the therapy. By giving room to spirits, one also leaves the individual patient to determine for him or herself whether spirits exist or not. What is then potentially lost in the gap is the spirits authority over the human or person. It may be possible that some moderations have been done to fit patients also coming from the west for treatment in Takiwasi. Judging from informants' statements in Takiwasi, and my own experience, it seems the plants, or rather the "master plants" displays a humanly features and "personalities".

First, at least the spiritual aspect, the plant is often gendered. People taking the plants in a ritualized setting, often experience interactions with spirits described as being feminine or masculine. For example, Ayahuasca is often referred to as "she", or "Mother Ayahuasca", and tobacco is often thought of having a masculine quality. Second, some plant spirits seems to display emotions, which come through as compassion, love, anger, pride and jealousy. In other words, the emotions the plant spirits display are often the same emotions one associates with being human. Third, some plant spirits display a degree of moral, and acts as moral guides for people who comes into contact with them. This teaching or guiding has a great impact on people, often leading to personal change in terms of improving lifestyle, attitude towards life etc. Thus the plant and the plant spirit become *agents for change*. In the next section I will elaborate on these three points.

### **Plant gender**

The gendering of the plants in general – at least in the Upper Amazon – seems to have two perspectives. First there is the perspective people have of the physical appearance of the plants. Second is the perspective or impression the individual curandero or patient has of the spiritual aspect of the plants when ingesting them. Freedman (2012) points out that in the Upper Amazon, plants are "*paired and contrasted as male and female [...] on the basis of descriptors associated with gender categories*" (Freedman, 2012, p. 151). She goes on to show on which bases plants are categorized as either masculine or feminine;

The gendered complementarity of paired plants in the Upper Amazon is rationalized in a number of ways that include observed aspects such as contrasting habits: crawler versus climbing plant (*Mansoa alliacea sp. ajo sachá*); shapes of leaves (*Petiveria alliacea sp. mucura*); [...] and sexual attributes (Spanish: *buceta*). Besides visible features, explanations are also offered in terms of associations with cosmic domains (wet lowlands/upland forest, Spanish: *del agua/de la altura*) (Freedman, 2012, p. 153).

Also the colour indicates the gender of the plant. Some colours are associated masculine and feminine properties respectively.

[...] *White and white/red are mostly associated with the female gender, and black and black/red with the male. There is an overlap with healing for white and red, harming with sorcery for black, and shamanic ambivalence of healing and harming for black and red* (Freedman, 2012, p. 152).

In Takiwasi the notion of gendered plants were not so much emphasized by the curanderos in the center. The information received about the plants generally centred around the effects of the plants on common health problems. When the gender aspect of the plants became a topic, it was usually brought up by the patients or visitors coming to the center. However, in some of the literature produced by Takiwasi the effects of the plants are described in the terms of yin/yang. Giove (2010) distinguishes between Ajo sacha macho and Ajo sacha hembra . This distinction is also made by Freedman (2012, p. 165). Giove classifies the effects of the plants as; “[y]ang/ *tonifica, reumatismo, afirma la voluntad*” (Giove, 2010, p. 205). Some plants, like coca, Giove describes as neutral in terms of gender, and some do not have any gendered description.

When patients and visitors described their phenomenological experiences with some of the plants, they often stated that they felt the spirit encountered were either masculine or feminine. The plants most frequently regarded as gendered by the patients and visitors were ayahuasca and tobacco. Other plants were not spoken of in terms of gender. Ayahuasca were often referred to as having a feminine spirit. This was the subjective experience of the patients and visitors. Some of the popular literature about ayahuasca addresses the spirit of the plant as “Mother Ayahuasca”, or as having feminine spirits attached to the plant, thus giving the spirit feminine personae. See for example Luna and Amaringo (1999), Tasorinki (2010), and Campos (2011). One may argue that this may have a suggestive effect on people reading about the plant before drinking it, and then experiencing the plant spirit as being feminine. On the other hand, the experience of a feminine perception of the spirit seems to be relatively consistent. One of the therapists in Takiwasi who has much experience with the plant and who also receives training in using plants from a curandero described the plant as having both masculine and feminine qualities. Fotiou (2014) states that; “*First, it is very important to remember that the ayahuasca brew consists of at least two plants, ayahuasca and chacruna. One of the shamans with whom I worked in Iquitos told me that ayahuasca is most definitely a male spirit, while the spirit of chacruna is female*” (Fotiou, 2014, p. 175).

Tobacco is another plant often referred to with gendered qualities both in Takiwasi and in literature. Although ayahuasca in Takiwasi often was the plant most patients and visitors

referred to as having the greatest impact in their lives, tobacco is viewed as the most important plant in the Amazon.

Throughout Amazonia, tobacco (*Nicotina rustica*) is the main shamanic plant tool used for acting on body boundaries as a male catalyst of ‘master plants’ owned/controlled by ‘mother/guardian spirits’ (Spanish: *madres*; Quechua: *mamakuna*); these are generically conceptualized as female although some of the spirits can be male or have both male and female personae (Freedman, 2012, p. 135).

The impression in Takiwasi – at least among the patients and some of the visitors I spoke with - was that the spirit of tobacco had a masculine quality or personae, which would help obtain a clear focus in life, helping to get a perspective of important issues and to make the right decisions in important life choices. In an interview with a patient, I asked if he had any philosophy of what the “purga” or purge in general is doing for him in terms of healing. He replied;

*“The first purge I had, I didn’t feel much. I vomited, but I didn’t know why I vomited. It was absurd. The first time I had a god effect with the purge, was [when I purged with] tobacco. You take this purge, you vomit. After this you go to bed, switch off the light, and you start to have “mareo” (dizziness). But the effect is very good, because you don’t have doubt, and you are not lost in thoughts. You know what you have to do [in life]. You have a responsibility, and you don’t hesitate [in your decisions]. It’s very masculine. This is very good. What was a bit disturbing to me was that It’s impossible to think about feminine things like my mother or female friends or my ex [girlfriend]. You can only think about masculine things, like your father, the men in your family [...].”*

According to Giove (2010), the psychological effects of tobacco are; “[one can experience] a *sense of elimination of drug memories (associated with the consumption of snuff), then clearer and more orderly thoughts are Fortified. It also draws attention to the similarity in relation to dreams. [One can experience] elements [related to]sensation of flight, speed and lightness*” (Giove, 2010, p. 71 my translation).

In general, the gendering of plants or plant spirits may also affect the gender display of the curandero. Freedman (2012), argues that

[...] male shamans need to transcend their ordinary male identity in order to enter into relationships of both seduction (quasi-affinity) and taming (quasi-consanguineal closeness) with plant spirits as allies in the cosmos, and that in order to achieve this

they display behaviors and engage in activities consigned to the female gender in the visible human world (Freedman, 2012, p. 136).

In other words, in order to be able to master both female and male plants, the gender roles are repealed to allow for interaction with the plant spirits. The same cannot be said for the patients and visitors coming to the center. But some of them experienced teaching from the plants encouraging them to live out masculine or feminine sides of themselves. In a conversation with a visitor to the center –who had taken ayahuasca, and camalonga (*Strychnus* sp.) (Giove, 2010, p. 205) for the duration for his stay - it was clear that through dreams, he was encouraged to embrace the masculine sides of himself. *“It can give me strength to become more energetic in life, and to be able to act. This will help me make decisions in life. I have to become more aggressive. Before I viewed aggressiveness as the same as violent. This may be because my mother was aggressive at times. I felt discomfort with aggressiveness, and I preferred to suppress it”*. He viewed aggressiveness as an aspect of masculinity. *“Aggressiveness is a force for action”*. He describes a dream he had where he saw himself as a young boy, speaking with his mother. The atmosphere in the dream is good and calm. Suddenly it changes. Light becomes dark, his voice in the dream changes in a way which makes it sound like he’s talking in a cave. His perspective also changes from first person view to third person view. He sees himself or the boy from a distance. He experiences that he can read the boy’s thoughts. The boy accuses his mother for almost forcing him to kill his father. It was the mother’s fault according to the boy.

In a later conversation with the visitor we’re sitting in Takiwasi library. We are chatting about the dream he had. Suddenly his eyes are wide open and stare into the empty air in front of him. *“When the boy in the dream accuses the mother for making him almost kill his father... I think the father represents my own masculinity. The boy is accusing his mother for almost having forced the boy to kill his own masculinity”*. He then smiles and seems content with having this revelation.

### **Plant spirits display of emotions and personalities**

Another side of the anthropomorphic qualities encountered is the apparent display of emotions and personalities the spirits reveal to people when they are under the influence of the plants after ingestion. For example it appears that the spirits can show emotions like anger, love, pride, compassion and even jealousy directed towards the person encountering the spirit. The spirit can also display more permanent personalities, giving it a reputation for being for example particularly strict, unforgiving or lenient. For the curandero it is often a



question of getting to know the plant spirits in order to make them allies in the work they do. Both the curandero and patient need to follow strict rules before making contact with the spirit through ritual processes. The plant spirits seem to become offended when people don't respect their instructions on how to interact with them. In other words one can speak of the plants displaying a type of pride, which one would usually associate as a human psychological characteristic. In some cases the plant spirit may also take the curandero's life if he or she does not fulfill the requirement of interacting with the spirit; *“Indeed, some plants, such as catahua and pucalupuna, want to deal only with the strongest and most self-controlled of humans, those willing to undertake a dieta fuerte, a lengthy and rigorous diet. Other humans they kill”* (Beyer, 2009, p. location 707 Kindle edition). Also Freedman (2012), comments on this aspect of the plants “temperament”. She states that;

“[w]hile ayahuasca is said to be lenient to those who transgress dietary rules, gentle in its effects on human bodies and therefore suitable for female shamans, tree medicine is ‘unforgiving’ (Spanish: no perdona): slight errors in dosage or transgression of rules to ensure correct and safe use by training shamans may result in insanity or even cause death” (Freedman, 2012, pp. 163 - 164).

This can be compared to the wrong dosage of pharmaceutical medicines in a hospital that can have fatal consequences for the person taking the medication. These are dietary rules, where certain foods are restricted in a specific period before and after ingesting the plants. One must also adhere to a strict sexual abstinence for some time before and after ingesting the plants. According to the literature, the rationale for these restrictions may vary somewhat. According to Beyer (2009);

*“[b]oth sexual abstinence and food restrictions relate to the fact that the plant spirits are, as I was frequently told, muy celosa, very jealous, and demand the full attention and commitment – including the sexual commitment – of those who would work with them. [...] [T]hose who break the diet, who spurn the spirits, who are unfaithful, may be subject to fearful punishment”* (Beyer, 2009 kindle location 791-798).

Mabit states that ; *“[...] , as everything related to sexuality in traditional Amazonian medicine, [sexual abstinence] has no moralist but an essentially pragmatic connotation and function of energetic regulation”* (Mabit, 2001, p. 5 my translation).

The spirits' personalities are not only displayed in the interaction between curanderos and plants, but also between patients and plants. As the patient develops a relationship with the plant, the personality of the plant also seems to be displayed gradually stronger the more they interact. A patient told me about his experience with the spirit of Ayahuasca. In his story

he described how the spirit did not give him any insights during the ritual since he did not follow the spirits instructions;

*“She [the ayahuasca-spirit] told me to only take one dose of ayahuasca this time instead of the usual two doses. I had effect from the first dose, but I decided to go for a second dose despite what she instructed me to. After I had drunk the second dose, the effect wore off. She told me that I had not respected her, and for that reason she would not show me anything for the rest of the session as a punishment. If one follows the logic of science, one would expect that a double dose would increase the effect, but it didn’t.”* (Interview with patient).

It’s difficult to predict the “mood” of the plant spirits when going to a ceremony. It is difficult to know if one will have a pleasant experience or if the experience will be a confrontation with a demanding spirit who displays certain emotions. The patients and visitors therefore take the preparation for a ceremony very seriously. Dietary and sexual restrictions are taken seriously because the consequence of transgression can be unpleasant.

### **Plant spirits as agents for change**

The ANT-inspired perspective (Remme, 2013) states that entities are created in relations, through *enactment* (Remme, 2013, p. 16 my translation). ANT-theory has been a subject for debate within anthropology. Ween and Flikke (2009), states that central within the ANT-tradition, non-human actors have agency and contribute to the production of reality (Ween & Flikke, 2009, p. 11). They also point out that critics of the theory have a hard time accepting to give animals and plants actor status, which connotes giving them intentionality and the ability for reflection (Ween & Flikke, 2009, p. 12). Judging from the narratives the informants present, it seems that when engaged in the spiritual dimension of the plants, they (the plant spirits) appear to have a degree of agency. A reasonable question to ask would be if the plants per se have agency or if it is the perceived spiritual aspect of the plants that have agency? Is it reasonable to separate the physical and spiritual dimension of the plants? Would the plants or plant spirits have agency without human interacting with them? With these questions, a dualism arises, between the physical and the cognitive, between body and soul, between the subjective and objective. Ween and Flikke (2009), argue that *“dichotomies are problematic because they distort; they singularize and creates a mutual exclusive categories which hides heterogeneity and complexity”* (Ween & Flikke, 2009, p. 10 my translation). Perhaps it is not useful to view agency of the plants in terms of dualism. If we talk about human agency, one can discuss which part of the human has agency, and ask; is it the body or the mind that gives humans agency? A reasonable answer would probably be that both aspects

of humans are important in order for humans to have agency. I would argue that if the dichotomy is removed, then it makes no sense to ask if the plants have agency without human interaction. From natural science we know that plants have an impact on the environment surrounding them thus giving them agency. The question would then be if there is a degree of intentionality behind the agency.

The patients sense that the spirit can choose to give insights to them or not, depending on the respect they show for the plant spirit. But also the wishes of the person are sometimes taken into consideration. For most of the informants I spoke with, the experience is related to a confrontation about life conduct and how to improve it. The insight received often leads to strong motivations for changing life, improving life quality for one self and for people and environment. This means changing lifestyles, in terms of eating healthier, stop self-destructive behavior, treating people better and an overall improvement in attitude towards life. This way the plants act as an agent for change for the patients and visitors.

“Hans”, a patient from Europe who had stayed for ten months in Takiwasi, and now was on his way back to normal life told me of his struggles before coming to the center;

*“I had my own company and I was independent. When I was around twenty years old, I went through a crisis in life. I didn’t know what to do with my life, and I experienced a lot of pain. I tried to relieve my pain I various ways, like working a lot, drinking a lot of alcohol, using cocaine. When I was around 30-31 years old, I left my country. I became addicted to cocaine. Good relationships I were in disintegrated and I experienced a deep darkness. For four years I tried different spiritual paths. I changed back and forth between spirituality and addiction. I experienced physical and emotional pain, and I felt confused. I sold my company, and wanted to focus on healing myself. That decision just lead to me having too much money and no responsibility. Later I wanted to take my own life, and I thought a lot about dying”.*

Did you try other kinds of help before coming to Takiwasi?

*“I went for six months to gestalt therapy. It was difficult because it opened up for many feelings. For me to show feelings was the same as showing weakness. The treatment opened up for suppressed things. After the therapy sessions, I wanted to take my own life. Sometimes I was standing by a bridge ready to jump”.*

In what way did ayahuasca help you in therapy?

*“Ayahuasca helps me to see the meaning of things happening in my life. It’s like viewing life in slow motion. One sees a situation unfold. One can see the different layers in the situation. Every act, thought and pain is experienced. Then I can choose an aspect, and gain an understanding of how I should have acted”.*

Are there any plants that have been particularly important to you?

*“All the plants contribute to change. Every plant has its moment”.*

It is difficult to know if the informants managed to implement their optimistic view and plans for the future in their lives after leaving Takiwasi. It is arguably easier to live on the center ground of Takiwasi for nine months or more with support and with people going through the same process. Outside the fences of the center (with gates that are open for people to come and leave as they wish) there lies a world that knows little about the individual struggles of patients and visitors. The real challenge starts when leaving the center premises. I will argue that people are leaving with new and powerful tools to help them navigate through life’s challenges when returning home. The treatment in general and specifically the plants have played an important role in developing these tools, and motivating for change.

Shanon (2014) states that; “For many, the ayahuasca experience also brings forth profound spiritual and religious feelings, which, in some cases, result in radical changes in people’s belief systems and the manner in which they conduct their lives” (Shanon, 2014 location 2338 in kindle version).

## **Summary**

In this chapter I have tried to demonstrate the ontological view related to plants and plant spirits in Amazonia and in Takiwasi. I demonstrate through my own experience with tobacco the experience of encountering a masculine plant spirit. I go on to argue that plants can be perceived not only to have agency, but also intentionality and several other anthropomorphic qualities. I argue that this is not merely a belief, which often indicates a occidental notion of falsehood or being wrong, but is an experienced based in reality. I move on to explore the different ontological perspectives within anthropology, and show how the ontological perspective lead by Viveiros de Castro known as the radical perspective can be linked to the ontology in Takiwasi. The plants and the spiritual aspects of the plants are gendered, have personality traits unique to the individual plants, and agency that influences

and inspires people using them to change their lives in a positive way. People using the plants enter into a relationship with the plants that has a medical and a spiritual value.

## **Chapter 5: Life after Takiwasi**

After having presented some of the treatment in Takiwasi, I think a question that many people may have is if there is any scientific evidence of the curative effect of the treatment offered by Takiwasi. Most of the patients and visitors I met, experienced rituals with and interviewed during my fieldwork came from Europe or the United States. After having spent some time being treated in an ontological context very different from the ontology they normally live in and adhere to, how do they make use of their experience in Takiwasi?

In this chapter I will present Takiwasi's own statistics on treatment outcome of patients. I will also examine research done on the therapeutic effects of some of the plants being used in treatment of drug addiction.

### **Preparations for going back to the new old life**

One day I was talking to a visitor to Takiwasi, he asked if I wanted to join him for “almuerzo” or lunch in town. He was living in the same hostel as I was. Usually, we ate lunch in the hostel, but sometimes we chose to eat outside in a restaurant instead. He told me that he had found this nice place to eat. Apparently, the restaurant was run by a family. They only served vegetarian food, and the price was very cheap for a bulky meal. Finally we arrived at the restaurant. Apparently they were only serving lunch meals, and closed after lunch. The restaurant looked like a normal house in a normal neighborhood. The wall was paint-written with the words “la mediteranea”.

We first entered into a patio or courtyard before entering the building. The space inside the restaurant was rather small. Some simple tables and chairs were cramped together in the small space. In the other end of the room food was being served, but people were also helping themselves with food. It was a buffet, but after having paid a modest price, warm soup a beverage and omelet was also served. The place was packed with people. To my surprise I recognized some of the guests as patients from Takiwasi. I was surprised by this because I didn't think they were permitted to venture outside of Takiwasi as long as they were in treatment. One of the patients lived in South America, and the other one was from Europe. Two chairs became available by a large table where two patients were sitting. We sat down next to them, and started a conversation. The two patients were at the end of their treatment in Takiwasi. As the patients were drawing close to departure they had the opportunity to stay outside Takiwasi in order to adapt to “the normal world”. This made sense to me, as I could imagine going from a nine month long safe and tranquil seclusion within the boundaries of

Takiwasi straight to the bustling world would be a huge transition. Therefore it was important to take it slow, with one step at the time. The two were very open about their experience. We talked about their experience in Takiwasi, but also about the future and what was to come next. Well in to the conversation, they started asking me about how life was like in Norway, and if there were job opportunities there. The European patient seemed especially interested. I told them that it was probably easier to get a job in Norway compared to many other countries in Europe, due to the fact that Norway had not yet been hit as hard by the financial crisis as many other countries in Europe. The European patient asked what it would take to get a job there. I told him it would be an advantage to speak Norwegian, but that I also knew people who only spoke English who got jobs. It was obvious that their mind now was set on again entering into the society they had been shielded from for so long. They seemed anxious but optimistic about the future and what it had in store for them. I offered to give the European patient some phone numbers and web addresses where he could find available jobs. After our conversation we went separate ways, and I didn't see them for the rest of the day.

### **Navigating reality**

Towards the end of my own experience with the treatment in Takiwasi, I had a final appointment with the therapist who had followed and supported me during my treatment. We had agreed to meet in her office on that specific day. I had not been in therapy with her for very long. Our sessions started once I decided to go through the treatment in Takiwasi, and to experience firsthand what it was like. Our sessions were usually held in her office, except during my time in the jungle when she came for visits in my shelter. Her office was located on the second floor in the administration building on the center ground. I went upstairs. I went to sit down on a comfortable sofa bench in the hallway. I was a bit early for my appointment. While I was waiting, people working in the different offices were passing by, nodding politely to me as they passed. They seemed to be very focused and busy with their work.

After a while, my therapist's door opened, and my therapist walked out with another client. She said good bye to the client before turning to me, smiling and greeting me. We went inside her office. It was a simple but pleasant room with comfortable chairs, a working desk, and a window in the far end of the room. She asked me to take a seat. We small talked for a few minutes while she was setting up her tape recorder for the session. Part of the theme for the session was how to integrate the experience from Takiwasi into one's life after having left the supporting environment of the center. We talked about the experience of the treatment, and what I took from the experience that could be useful for me in the future. One

acknowledged challenge for many people having been to Takiwasi is to maintain the inspiration to live out the spiritual insights, improving mental and somatic health, improving relationships with other significant people in one's life. Leaving Takiwasi can be difficult, because one is again exposed to the everyday reality of life. It can prove to be challenging to maintain the inspiration if life again seem difficult and challenging to cope with. For patients living far away from Takiwasi, Peru or South America for that matter, it can also be difficult to come back to Takiwasi for follow-up treatment. The center keeps in touch with the patients for up to two years after having left. Compared to many of the patients in Takiwasi, my personal challenges seemed trivial. I imagined that for a person struggling with drug addiction, being able to stay on the narrow path, could prove to be the difference between living and dying. This challenge was acknowledged by the therapists, and for this reason the sessions towards the end of a person's treatment was aimed at managing to revive the spiritual motivation to improve one's life outside the center. During the session, the therapist were interested in knowing my thoughts of what I could do to maintain- and keep working on the lessons learned from the treatment I had gone through. Strong impressions received from the plants during the treatment can fade over time, and one can fall back to old bad habits. To avoid this, I was told that it is important reminding oneself of the lessons learned, and implement them in one's life. I had done some reflections around this challenge, not only for the sake of remembering, but also for the sake of further exploration of different facets of my own personality, further personal development and exploration of personal skills and strengths. The development also encourages a deeper connection and interaction with other people and nature, that also promotes healing and wellbeing on many different levels for people. This is the more spiritual aspect of the treatment effect. After having spent days in a simple shelter in the jungle, I had found one of my strengths – patience. Whereas many participants had found it boring or scary to spend so much time alone in the jungle, I had come to enjoy it. The first night had been somewhat strenuous, not knowing what poisonous insects or snakes lurked about. Over time, I realized they left me alone as long as I left them alone. A jungle metropolis appeared to me where I started to appreciate all living organisms' seemingly perfect interaction with other organisms. I became a part of this organism, and I realized the illusion I had let myself live by that I was somehow separated from nature. To maintain this – to me profound - understanding and realization, I understood that I should spend more time in nature, perhaps alone for days at a time, observing the amazing interaction between species. By doing this my thought was that my feeling of connectedness with nature would deepen even more. Another realization I had made, was that I spent too much time in



my head, over analyzing things, thus triggering worries that were not necessarily based in reality. To avoid living so much in my head I realized I had to start doing practical things, like working with my hands. During my time in the jungle I felt motivated to do woodcarving as a hobby. I don't know where the motivation to do this specific activity came from, because I had no previous experience or interest in it. Nevertheless the motivation persisted. The therapist acknowledged these suggestions. She added some practices I could implement in addition to my own practices. She suggested a meditative practice that could help me remember lessons learned in rituals and sessions with plants. Also using fragrances associated with some of the rituals could help maintain memories of lessons. Agua de florida, a type of perfumed water always used in ayahuasca rituals were a type of fragrant that could help this process. By smelling or using the water during meditations could be helpful. Fragrance and memory is often linked. Moeran (2007) argues that the importance of smell as a sense has been overlooked by anthropology, despite its important role in social relations and activities. Moeran refers to (Howes, 1987, 1988), when referring to smell as an important part of rites; *"[a]wareness of smell seems particularly prevalent in rites that involve a transition between the sacred and profane [...], as well as in distinctions between the living and the dead [...]"* (Moeran, 2007, p. 154). These practices can arguably be linked to the spiritual aspect of the treatment. Although some patients and visitors expressed interest in continuing using plants, the plant therapy was over for most when leaving Takiwasi. Compared to the western conventional medicine, I could see both similarities and differences in this approach. The similarities are that when a patient is leaving a hospital in the west, the main parts of the treatment are often over, although some will continue to use medication prescribed by the physician or go for follow-ups. The physician gives advice about lifestyles and activities that will continue to promote health in the patient. The differences are perhaps linked to the spiritual dimension of the practices that is stronger in Takiwasi's tradition compared to the western medical approach.

### **Long term effect of the treatment**

Looking beyond the phenomenological aspects of the treatment dominated by symbolic visions, encounter with spirits and relationship with spirits and plants, one may ask the question; what are the long term effects of the treatment in Takiwasi? Are there any objective scientific trials related to the use of plants that verify the treatment? Takiwasi has presented some data on the treatment outcome for patients. Giove (2010) has investigated the effect of the treatment for the patients in Takiwasi between August 1992 and December 1997.

The study was focused on patients who spent more than one month in the center. Out of 100 patients 54 % were well or better, 23 % were equal or bad, 23 % were unknown. 29 patients came back to the center “*to make an enforcement cycle that lasted in an average of 3 months, eighteen of whom are now a day recovered [...]*” (Giove, 2010, p. 212). The data covers the treatment in general from participating in rituals ingesting plants to psychotherapy to the daily chores patients must engage in. I wasn’t able to obtain recent data on the treatment outcome for patients in Takiwasi.

Looking at the individual aspects of the treatment given in Takiwasi, there have been some external investigations on the use of plants as purgative, as well as the therapeutic effects of specific plants used in Takiwasi.

### **Purga rituals**

Sanz-Biset and Cañigüeral (2012) have looked at the depurative practices in Chazuta valley in the Peruvian Amazon. Chazuta is located about 30 kilometers south east from Tarapoto and Takiwasi, and the depurative practices in Chazuta and Takiwasi are very similar.

We use the term depurative to differentiate a group of practices in Chazuta that locals considered to be medicinal because it prompted a general cleansing effect. This cleansing effect was believed to be induced first by the ingestion of medicinal plants with emetic effects (sometimes also being purgative and often considered with other various medicinal effects) and second by reducing food intake. The local belief is that this depurative effect, whether induced by emetic medicinal plants and/or through calorie restriction, produces a “general cleansing” that enhances health broadly speaking (Sanz-Biset & Cañigüeral, 2012, p. 67).

As described in chapter two patients and visitors undergo rituals, ingesting plants that cause a purgative effect on the individual. Also in Takiwasi, there is food restrictions associated with these practices, and the degree of restriction depends on the intensity of the practice. In Takiwasi one conducts short depurative practices lasting a few hours on the center ground. These short practices require only mild food restrictions. For example before patients and visitors were to participate in short depurative rituals, only a light lunch like a vegetable soup were recommended before the rituals. “La dieta” described in chapter three can be seen as being a longer depurative ritual, where the food intake are reduced to a minimum, and in some cases people were fasting completely. In addition the patients spent a week or longer solitarily for introspection. Similarly Sanz-Biset and Cañigüeral (2012) differentiate between “mild depurative practices” and “strict depurative practices”. “Mild depurative practices” are

described as “[...] *characterized by a moderate calorie restriction that never reaches fasting, where neither seclusion nor the restriction of the ingestion of salt are prescribed. They are generally short in time, many lasting just one day where only a single dose of a plant remedy is taken*” (Sanz-Biset & Cañigüeral, 2012, p. 69). “Strict depurative practices” are described as “[...] *characterized by severe calorie restriction, usually leading to fasting. In these cases, both social seclusion and the restriction of the ingestion of salt are often prescribed. They are longer in time than mild depurative practices and usually a plant remedy is ingested multiple times*” (Sanz-Biset & Cañigüeral, 2012, p. 69 & 74).

Some of the medical uses of plants recorded in Chazuta were for cocaine and tobacco addiction. Interestingly, the plants associated for treatment of these health problems were *Aristolochia leuconeura* (Yawar panka), *Banisteriopsis caapi* (Ayahuasca) and *Psychotria viridis* (Chacrana) (Sanz-Biset & Cañigüeral, 2012, pp. 70-71). These plants are also frequently used in Takiwasi. Sanz-Biset and Cañigüeral’s conclusion is that “*By inducing moderate stress through emesis and calorie restriction and within safe levels, depurative practices in Chazuta could produce adaptive responses that would protect against the detrimental consequence of chronic stress and stress-related diseases*” (Sanz-Biset & Cañigüeral, 2012, p. 75).

## **Researching Ayahuasca**

There is a growing public interest in the plant brew of ayahuasca. Not only are many people traveling to South America to experience the plants, but ceremonies and use of the plants are also spreading outside Latin American countries. Many people are coming forward with their stories of how this plant brew has helped them and improved their lives in different ways. On the internet one can find both reliable and unreliable information about risks and benefits of using ayahuasca, scientific research and personal testimonies about the therapeutic effect. One example is [www.maps.org](http://www.maps.org). At the moment the evidence for the therapeutic value of ayahuasca is somewhat limited and anecdotal, but there is a growing scientific interest in the therapeutic effects of Ayahuasca. Many of the scientists looking closer at this can be found within psychology and anthropology. According to Loizaga-Velder and Verres (2014), research done on the therapeutic effect of Ayahuasca is limited due to the legal status of psychedelics.

Only a few of the past studies can satisfy criteria for modern methodological standards. [...] [A]s a consequence of the scheduling of psychedelics, the social, the political, and even the scientific discussion around these compounds remains rather

prejudiced. There exists a tendency to focus mainly on possible complications and dangers associated with their use, while neglecting the possibility of therapeutic benefits (Loizaga-Velder & Verres, 2014, p. 64).

Certain groups have been of particularly interest for researchers when it comes to the long term effect of ayahuasca use. Among these groups are ayahuasca churches like the Santo Daime, União do Vegetal and Barquinha. Members of these churches participate in religious ceremonies where ayahuasca is ingested on average twice a month (Loizaga-Velder & Verres, 2014, p. 64). Loizaga-Velder and Verres (2014) refer to several different studies on the use of ayahuasca in these churches. Regarding negative side effects *“[n]o evidence of maladjustment, deterioration of psychological health, cognitive impairment, or psychosocial effects commonly associated with drugs of abuse were shown among the investigated ayahuasca-using groups”* (Loizaga-Velder & Verres, 2014, p. 64).

On the therapeutic side, Loizaga-Velder and Verres state that the research done so far in some multidisciplinary therapeutic centers, among which Takiwasi is one, shows *“promising preliminary therapeutic outcomes [...] [h]owever, studies conducted at these programs have methodological shortcomings that make further empirical and conceptual studies necessary”* (Loizaga-Velder & Verres, 2014, p. 65). In their own research they interviewed therapists using ayahuasca in their treatment, and people who underwent treatment with ayahuasca. The patients were treated for drug addiction. One important finding in the study was that nine of fourteen participants in rituals had a reduction of cravings after their ayahuasca ritual. Their therapists had noticed the same phenomena and that the reduced cravings lasted from days to years. The therapists had different hypothesis as to why ayahuasca had this effect on the patients. Some thought it was because of psychological or spiritual processes triggered in the patients by ayahuasca. Others thought it may be an pharmacological effect reducing the craving in the patients (Loizaga-Velder & Verres, 2014, p. 65).

One central aspect of the treatment in Takiwasi is the integration of plant medicine and rituals with western psychotherapy. In other words there is a “blending of traditions” (Mabit, 2002) where indigenous medicine and western psychotherapy fulfills each other. Loizaga-Velder and Verres (2014) points out that there may be a reciprocal benefit between the indigenous and western medical approach.

[...] [E]xperiences from ayahuasca rituals may provide valuable contributions to psychotherapeutic interventions. [...] Western psychotherapeutic strategies and current scientific research involving ayahuasca can enhance the therapeutic effectiveness and

safety of indigenous ayahuasca healing rituals for Western patients [...] (Loizaga-Velder & Verres, 2014, p. 69).

The overall conclusion of Loizaga-Velder and Verres is that when used appropriately, ayahuasca can be an effective tool in treating drug addiction for some patients. They also point out that their results need to be verified through systematic data collection of larger samples (Loizaga-Velder & Verres, 2014, p. 70).

### **The rationale for therapists participation in rituals**

In a conversation I had with one therapist who had just arrived in Takiwasi, and who was thinking of working there, he told me that he had previously been working with psychotic patients with drug addiction. Over time he had been disillusioned with the work he was doing there. *“The patients there were heavily drugged on medications. They were walking around like Zombies, while still abusing drugs in addition to the medication they were prescribed”*. he started to question the ethical sides of the treatment and his role in it. *“I started to investigate a little about plants, and came across Takiwasi. After having read about Takiwasi, I decided to come here”*.

In later conversations with him, when he had spent some time in Takiwasi and had been given some responsibility for some of the patients there, he told me he had some challenges knowing how to provide therapy to the patients that were along the lines of the norm in Takiwasi. *“I don’t receive a lot of guidance on how to give therapy to the patients”*. The practice in Takiwasi is that the therapists - by participating in the rituals – obtain knowledge of what the patients go through in their therapy, which gives them understanding of how to provide therapy. At the same time, the therapists are working through their own personal challenges in life by participating in the rituals. I am not aware of whether the therapists also receive therapy when participating in rituals. he was a trained and experienced psychologist from Europe, but felt insecure on how to provide therapy for the patients in the center that were in accordance with the centers philosophy.

Winkler and Csémy (2014) have looked at therapists self-experimenting with psychedelics in the former Czechoslovakia between 1952 and 1974. This was an era when research and therapeutic use of LSD was allowed. They argue that *“[s]elf-experimenting psychologist and psychiatrists have found in psychedelics an extraordinary tool for exploring the psyche and phenomena associated with it”* (Winkler & Csémy, 2014, p. 11). In other words, the therapists gain a unique understanding of a “patients point of view” (Term from Elliot & Elliot, 1991) at least when it comes to the experience of psychosis. Similarly,

therapists participating in rituals in Takiwasi are gaining insight into the therapeutic process the patients go through. This is especially relevant with regards to ayahuasca, but also to the other plant ceremonies like the purgas and dietas. Winkler and Csémy quotes Roubícek (1961) who states;

One's own experience with the intoxication, which presents a short psychotic state, has an immense value for professionals in the field of psychiatry. It allows doctors, psychologists, social workers, and nurses to experience first-hand that which they observe daily in the sick they attend to and it allows them to better empathize with their experiences (Winkler & Csémy, 2014, p. 12).

Although the patients in Takiwasi are not primarily struggling with psychosis, they do experience this while ingesting some of the therapeutic plants used in the center. They experience symbolism related to their personal struggles. To understand these experiences it is necessary for the therapists to undergo the same experiences.

### **Reasons for choosing jungle medicine**

Although the principals of psychotherapy used in Takiwasi are familiar in the west, the plant based ritualistic and shamanistic medicine is not equally familiar. One can understand the motivation of locals for coming to Takiwasi. After all, the treatment is not unfamiliar to most people living around Tarapoto area. The plant based treatment is common in the area around Tarapoto and Chazuta valley (Sanz-Biset, Campos-de-la-Cruz, Epiquién-Rivera, & Cañigueral, 2008; Sanz-Biset & Cañigueral, 2011, 2012), and the treatment is not only linked to treatment, but also to rites of passage and other traditions (Sanz-Biset & Cañigueral, 2011). The only element with the treatment Takiwasi is offering which may be new to locals is the psychotherapy integrated in the therapeutic process. In other words the treatment offered in Takiwasi is familiar and accepted by the local population, which gives them a motivation to seek treatment in Takiwasi. Takiwasi offers free treatment to local individuals struggling with addiction. I speculate that the treatment being free may also be an incentive for locals to go for treatment in Takiwasi instead of seeking conventional therapy they have to pay for.

The question is what motivates people from Europe, North America and other countries in South America to travel all the way to Peru to seek a treatment deeply rooted in traditional medicine, and vastly different from the treatment offered in conventional modern medicine? During my field work, I noticed that many expressed a reluctance to use pharmaceutical medicine. There was a notion that pharmaceuticals would do more harm than good, and that traditional medicine by being more natural was safer to use. Many were also drawn to different aspects of spirituality, either through religious beliefs or belief in nature

spirits. Some of the visitors coming to Takiwasi had been practicing curanderism for many years, or were in the process of becoming curanderos by apprenticeship with master curanderos. Others had participated in several dietas before elsewhere in Peru, and had been drinking ayahuasca on several occasions before.

Among the patients I spoke with, the motivation for coming to Takiwasi was a bit more varied. Like some of the visitors, some expressed skepticism against pharmaceutical medicines, whereas others had tried addiction treatment in Europe without success and for this reason choose to try the treatment in Takiwasi without really knowing what to expect before coming there. Some also expressed an interest for spirituality in different forms.

### **Patients motivation for coming to Takiwasi**

The fundamental reason for patients to seek treatment in Takiwasi was the addiction they experienced with narcotic substances. Not all of them had a clear idea that they would spend nine months in therapy before coming to Takiwasi. On one occasion I accidentally met some of the patients in a restaurant. I started speaking with one of the patients “Jorge”. *“When I came to Takiwasi my intention was to participate in a dieta, I had no intentions to be admitted to Takiwasi as a patient. After a conversation with Jacques, he asked me if I wanted to be admitted as an inpatient to Takiwasi. I said yes. Only my mother knows where I have been. All my other friends know nothing”*. What had stated as a recreational journey to different countries in South America had ended in a several month long treatment in Peru.

“Kjartan” had his third visit to Takiwasi when I met him. He said that the first two times he came to Takiwasi he was using a lot of cannabis. *“I got to the point where I felt that if I didn’t do something urgently [about my addiction] I would be going too deep in a bad way, and I would not be able to come back from where I was going. I had to make a strong change”*. “Kjartan” had been interested in plants before coming to Peru. *“I had studied a bit of Bach’s flowers [Bach’s flower essences] before. I always had a good feeling about plants. Then I heard about ayahuasca, and I started doing research. [While doing research] I learned about Takiwasi, and I thought this might be a good place for me to go to get rid of my bad habits”*. He closed his eyes, shook his head while waving his arm horizontally in front of him in a cutting motion while saying *“If you had told me about rehab with just psychologists I would never have gone. But here with the plants and what they are doing... I felt like this would be good for me. [...] I’m not against [pharmaceutical] medicine, but I would never take it”*.

“Don” came from Europe, and had tried rehab in a European clinic before. A relative to his mother knew Jacques Mabit and recommended Takiwasi. He had spent altogether two and a half months in the European rehab before leaving it because he felt it didn’t help him with his cocaine addiction. He compares the European rehab with Takiwasi; *“I went into rehab in the end of December 2010, and stayed until February or March. I was in rehab for two and a half months. [Compared to Takiwasi] it was different in every way [...]. First you have an interview with a doctor who asks questions like; are you sleeping at night? No? Then we’ll give you I-don’t-know-what to make you sleep. Do you feel bad or like you want to kill yourself? Ok, we’re going to give you this and this medication. The whole concept was different in every way. We also did some work in the mornings, but if you didn’t want to work, you didn’t have to. I wasn’t motivated at all, so every morning I felt like not working, giving excuses like I wasn’t feeling good. [...] They didn’t push you to do something. Like here if you’re feeling bad you have to stand up right now. At 06:15 you have to shower in cold water. You have to do this, it’s not like you can do it if you want to, you have to do it or otherwise you’ll get sanctioned in the weekend. We don’t really have a shower here. It’s more like a tube with water coming out (laughing)”*. “Don” didn’t know before coming to Takiwasi what he was in for. *“Also the purges... I didn’t know I had to do the purges. After the second day [the nurse] came up with this vomiting program. I was like... What? (Laughing) Are you kidding me? They shaved my hair off. I was like; no, I’m not going to shave my hair off, I like my hair. Or the food we eat from these dog plates... I was really freaking out in the beginning, and I wanted to leave after a few weeks. Also sharing room with eight people was crazy. [...] In the other rehab every person had his own room. For lunch you had this enormous buffet where you could choose French, Italian, salads, dressing, deserts. [...] We also had a swimming pool in this rehab. We had Jacuzzis, saunas... it was not a rehab, it was more like a spa-hotel (laughing). [...] It didn’t really help me at all, so I left after two months”*.

I asked another patient - “Hans” from Europe – as he was leaving Takiwasi after completing his treatment, what his thoughts about the future was like now?

*“Now I want to live. I still have problems related to physical and psychological pain, but it is less painful now. I want to move forward. I’m optimistic. I’ve been two weeks outside of Takiwasi, and I feel comfortable around people. Negative feelings and thoughts are more*



*linked to things I have done in the past. I would like to continue to use plants, and I would like to come back to Peru to work more with plants”.*

### **Visitors motivation for coming to Takiwasi**

The reasons for visitors to come to Takiwasi were more varied compared to the patients whose motivation was to receive help for their drug addiction. Some visitors had no previous experience with the treatment, while others had experience with similar treatments, but in other locations in Peru. Depending on the motivations for coming to Takiwasi, the long term effects could also vary somewhat.

“Atle” came across Takiwasi by a coincident. *“First I wanted to go to Mexico to try peyote with a friend. He had already been there, and was familiar with the experience. What I had heard earlier was that ayahuasca was strong. It would show you things you didn’t really want to see”.* He stated that his reasons for coming to Peru and Takiwasi were several. *“One factor was the experience with plants. Another factor was that I wanted to seek a path that was dangerous but interesting. These were part of the reasons for coming, but the main reason was to heal and to find peace. [...] I found a webpage where they were interviewing a shaman. From a link to Jacques Mabit, I viewed a few interviews, and then I saw Takiwasi and then the diet. I thought this is what I’m looking for. I can go alone and try things in a more or less safe place with people who are trustworthy”.* [...] *“I came with a general idea, where I was talking about wisdom, opening the hearth to nature. When I came here and talked with the psychologist, I was told that this is too big. If you are going to take ayahuasca, you have to be more concrete. You have to really create an intention for why you are here. What I wrote in the letter... when I think about it, a lot of people could have said the same thing. Because it is a general thought and almost a cliché when I think about it. Therefor I had to reprocess it, and the “purga” helped me with this. I had to make it more concrete. This is what I thought I came for. I’m sure I came to heal, what I was actually searching for was peace. I was searching for a feeling of being ok with myself. To find what was good in me, and to stop fighting against myself. To stop the duality between how I should be and how I am. This is more concrete why I came.”*

“Nina” had come to Takiwasi to meet some friends, not to receive treatment. “Nina” was a middle aged woman who had worked as a social worker before. Since 2009 she and a friend who had previously been her partner, had started to travel to Peru to participate in ayahuasca rituals and dietas. She had participated in dietas lasting three months in Pucallpa, Peru, and had been drinking ayahuasca several times. One can argue that she was relatively

experienced with the kind of treatment Takiwasi offered. In spite of not having the intention of participating in the activities in Takiwasi, she had some personal issues she needed to address. These issues were related to a situation that had been developing over time. She no longer experienced any communication with the plants.

*“When I drink ayahuasca, why don’t I have any communication with the plant or receive any light to understand more of myself like some other people who can remember things [in their lives] and understand what’s not working”?* Her friends suggested she should speak to Jacques Mabit for advice as to how to deal with this issue. *“Jacques suggested I should do the diet to try to understand once more what’s happening”*. “Nina’s” challenge was linked to try to understand why the treatment no longer worked as expected. She relied on the treatment to the extent that she had certain expectations as to how it should work. When it no longer worked as expected, she went to see a different curandero – Jacques Mabit – in a different place – Takiwasi – to find help. This is similar to what many people do when trying to find solutions to issues related to health in the occidental world. For example, it’s not uncommon to seek a second opinion from another doctor when looking for solutions to one’s health issues or personal challenges. “Nina” wanted to open her mind and connect with God, the Universe, the wholeness. Over the five years she had been taking ayahuasca she only visited dark aspects in her experience with the brew, and she was being *“sick like hell”* in her own words. None of the curanderos could tell her what was happening to her. *“The ayahuasca I took last year was fermented ayahuasca, it was horrible to take”*. Without saying it in so many words, it seemed “Nina” was questioning amongst other things the quality of the medicine she had received last time. She agreed to participate in the dieta as Jacques suggested. [...] *“Even Jacques at the end of the dieta was just saying that some heavy traumas had happened, these not letting me experiencing this opening I was looking for.”* “Nina” stressed that the quality and capacity of the curanderos played a big role for the experience. She stressed that Jacques is a very good curandero who also understands the mind and psyche of people with an occidental background which is not always the case with indigenous curanderos from Peru or South America.

### **Thoughts about drug tourism**

After having completed my fieldwork in Takiwasi, I went to the jungle city of Iquitos in northern Peru to unwind a bit before going home. By then I had not had any breaks from my fieldwork. Another reason for going to Iquitos was also to get an impression of the so-called drug tourism. Iquitos is known as a hotspot for tourists to go when seeking shamanic

and psychedelic plant experiences. Iquitos is a bustling city of over 400,000 inhabitants (Miranda et al., 2010). The only way in or out of the city is by boat via the Amazon River, or by air. It's a city of contrasts, where a modern city with an aggressive traffic is situated in the middle of the peaceful jungle. Being a popular destination for tourists, one can find different newspapers aimed at tourists. These newspapers provide information on tourist related topics ranging from sightseeing and daytrips to protection from common tropical diseases, and information about indigenous cultures in the Amazon. They also provide information specifically on the use of ayahuasca, ayahuasca inspired art, peoples experience with ayahuasca and ads for ayahuasca retreats. Walking through the streets of the city, I was offered to join ayahuasca sessions by tourist agencies. Sitting down in a café, I noticed ayahuasca inspired art on the walls. In the buzzing conversation between people on the surrounding tables I occasionally heard the word "ayahuasca". On one occasion, I was approached unsolicited by a man while I was sitting in a café. He asked me if I was interested in joining a ritual where frog poison would be administered transdermal. He assured me that the shaman who would perform the ritual was good and experienced, and pointed to a young man sitting a few tables away from me. He assured me that the shaman was from a tribe I don't recall the name of. I got the impression that pointing out the young man's ethnic origin would increase the perception of reliability and trustworthiness of the people involved in offering these services. I declined the invitation.

Rios (2009) addresses the issue of drug tourism in Latin America. Part of the drug tourism is simply tourists going to countries in South America to experience psychoactive plants, and state that this is part of a growing problem. The problem, according to her, is that some tourists are simply seeking to get high. *"From an ethical and relativistic perspective, this drug tourism is harmful to those who participate in it. It changes and effectively destroys traditional urban and ritual hallucinogenic healing traditions, which have their roots in prehistory"* (Rios, 2009, p. 167). Another point she argues is that as a consequence of this growing type of tourism there are also a growing number of charlatans offering tourists psychedelic experiences without having any training, and where the main motivation for their activities is money.

These "healers" do not screen tourists for prior illness or health conditions. Most of them have never been apprentices, nor have they fasted or adhered to special diets, which traditional healers do to enhance their ability to understand the plant's hallucinogenic effects. The neoshamans are predominantly mestizo middle-class men and women hoping to get rich quick. [...] Many, if not most, are unable to accurately

diagnose the illness, both physical and psychological, that their tourist-clients suffer from, thus they are unable to treat their clients with any measure of success. Nor do they have knowledge about chemical interactions. For example, the combination of ayahuasca and antibiotics can cause poisoning (Rios, 2009, p. 168).

Although there are problems associated with this growing form of tourism, I'm not fond of the term "drug tourism". I think the expression has a negative connotation, and can be associated to illegal activities. I think the expression devalues both the plants that have a status as medicines among the native cultures. It also devalues the sincerity many people have when coming to Amazonia in seeking answers to health related or spiritual questions they might have, that they are unable to find in the conventional type of school medicine or in occidental spiritual philosophies. There are certainly dangers associated with tourists seeking experience with ayahuasca. There are charlatans who are only interested in the tourist's money, and there are contraindications for taking ayahuasca, which if overlooked can cause serious harm to people's health. The aim of this thesis is neither to recommend nor to discourage people from seeking these practices in the Amazon. This thesis simply tries to demonstrate how plants, curanderismo and psychotherapy can be of benefit for some people when used in a responsible therapeutic way, practiced and guided by professional actors with long experience and solid training. Anyone deciding to experience these powerful plants and practitioners should not do so lightheartedly, and should do proper research on the topic before going. This type of practice may not be for everyone.

## **Summary**

In this chapter I have tried to show how the therapy in Takiwasi is also aiming at helping patients and visitors maintain their therapeutic process after leaving the center. It is done by promoting the individuals own practices and techniques for maintaining the process, but also to suggest some general practices that have been shown to be useful for this purpose.

The science linked to the use of plants and ayahuasca is growing but still somewhat limited and anecdotal. There is a lot of taboo attached to the study of the therapeutic use of ayahuasca and compounds with psychedelic effect in general. The treatment using diet and purge inducing plants has shown to have some positive effect on people's health. Ayahuasca is showing promising results in treating addiction, but more research is necessary.

The motivation for many visitors for coming to Peru for treatment is diverse, but what many seem to have in common are an interest in spirituality and skepticism towards western conventional pharmaceutical medicines.



## Conclusion

The aim of this thesis has been to demonstrate a relationship developed between plant, plant-spirits and patients/visitors coming to Takiwasi to receive therapy. By entering into a bio-social-medical-spiritual relationship with plants, patients and visitors experience a communication taking place between them, where the plant spirit acts as a teacher and healer. The teaching received is often related to the patient's life style and issues that has led to drug abuse or other types of sickness or illness. Not all plants used in the therapy are perceived to be equally strong. There are hierarchies between the plants, where the teachings from some of the plants like ayahuasca and tobacco, are perceived to be particularly strong and important by the patients/visitors. The experience with the plants becomes embodied. Where the patients and visitors before had a cognitive thought and understanding the importance to change lifestyles, the thought now becomes embodied through their visions received by working with the plants. The embodied feeling becomes a strong motivation for change.

Many people coming to Takiwasi seems to have had an interest in the subject of spirituality, connecting with nature and have faith in treatment with plants. Some also expressed skepticism towards using pharmaceutical medicines to treat their sickness. Some of the patients had also tried treatment for their addiction previously in their own country without success. Still other people didn't know much about Takiwasi before coming to the center, and expressed some surprise of the things they had to go through during their treatment. Some of the patients were encouraged to find a spiritual path before leaving the center to help them avoid starting using drugs again. Some patients found their way back to their childhood religious belief, some chose other paths connected to the spirits dwelling in plants. Others were not convinced of the necessity to follow a spiritual pathway further in life. Although there were differences between the patients in regards of which path they followed, they all had in common connecting with the plants in a profound way. Relationship was built between the plants and the patients/visitors. As a hierarchy exists between plant spirits, there is also a hierarchy between plant spirits and people. The plant spirits took a leading role over the patients. From the patients point of view perhaps more so than the therapists treating the patients. To show the plant spirits respect, participants in rituals where plants were ingested, often had to adhere to dietary rules before and after communicating with the plant spirits.

Throughout the thesis I have tried to build this argument by showing how the patients and visitors to Takiwasi first start forming a relationship with plants by participating in rituals

were plants are being ingested. The intension to heal is important when connecting with the plants. The participants in the rituals have to show proper respect to the plants by adhering to special preparations before participating in the rituals. Plants are not ingested in all rituals performed, but the plants have an important and central place in Takiwasi therapeutic activities. Second, I have explored the phenomenological experience the informants have while entering the therapy with plants in different rituals, but also psychotherapy. I have also tried to convey my own experience in these rituals and tried to put into words the overwhelming experience with the two seemingly dominating plants ayahuasca and tobacco. I have tried to show how the experience becomes embodied, and how challenging it is to describe the experience with words. The descriptions always fall short of the experience itself. Patients and visitors often have to use art and body language in addition to words to express their experience. The embodiment of the experience leads to a strong motivation to change, and move in a more positive direction in life. Third, I have demonstrated the ontology in the Amazon and Takiwasi related to the animism where plants have not only spirits, but also agency. This chapter is rooted in anthropological theoretic frameworks like ontology and ANT. Fourth I have tried to give an understanding of the patients and visitors attitude to life when coming to an end of their treatment. I have also looked at some of the research going on in the area of plant medicine related specially to ayahuasca.

The reader has to judge whether or not I have succeeded in conveying what I set out to do. I realize I have only brushed the surface of this very interesting topic, and one can dive into this topic much deeper than I have done.

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