

## AYAHUASCA—THE HEALING VINE\*

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IN the jungle region, or *montaña* of Peru, Colombia, and Brazil, a woody vine called Ayahuasca is used both by primitive horticultural groups and urbanized Mestizo populations as an integral part of folk healing procedures.<sup>1</sup> Comprising various sps. of *Banisteriopsis*,<sup>2</sup> whose principal alkaloids, harmine and harmaline, are responsible for the psychedelic effects reported, Ayahuasca is as powerful as L.S.D. but much less generally known.

The Peruvian Amazon region, in particular, is an area of the world where the use of this psychedelic substance in folk psychiatry has found particular elaboration in healing illnesses that are mainly emotional or psychological in origin. Folk healers called *Ayahuasqueros* assemble together groups of patients several times a week in isolated jungle clearings near urban centres, where a drink prepared from Ayahuasca is used in ritual curing.

Not only do the destitute poor or middle class literate men and women seek help from a healer who has achieved fame in the use of the psychedelic vine, but jungle farmers in scattered river hamlets and members of fast-disappearing primitive groups, too, historically have used this substance for untold centuries as part of religious and healing activities. Folk healing practices in urban jungle areas, including the Amazon city of Iquitos (located some 2,300 miles inland, west of the Atlantic Ocean) represent a complex amalgam of traditional healing practices that have combined with twentieth century medical science. The kind of urban drug-adjuncted healing that will serve as the topic of this paper must be viewed in terms of the complex interweaving of primitive beliefs and a minimal admixture of Mestizo Roman Catholic religious ideology set within the realm of magical causality of illness that urban poor and middle class sectors of the community adhere to, in explaining away ubiquitous problems posed by the threat of disease.

The data for this paper was gathered during a year's field investigation in Peru, supported in part by the Foundations Fund for Research in Psychiatry.<sup>3</sup> During this period of research, an urban slum in Iquitos, called Belen, served as the gathering site for beliefs about illness and enabled the author to follow up patients as they visited Ayahuasca healers. As in many other parts of the world undergoing rapid social change, folk healers tend to have the greatest amount of success in the treatment of socially and emotionally precipitated illness.<sup>4</sup> Psychosomatic disorders provide Ayahuasca healers with their largest clientele—although most folk healers are skilled in recognizing and treating simple afflictions such as colds, fevers, skin disorders and the like.

In this paper, focusing upon folk psychiatry with Ayahuasca, attention will be given to a background discussion of the vine and its use among primitive horticultural groups. An analysis of the use of the substance in urban curing practices will be made, and in particular, there will be a focus upon the ceremonial and ritual use of Ayahuasca. In addition, cultural etiology of disease and culturally reported visions utilized by the healers in their attempts to cure will be delineated. Cultural variables in drug-adjuncted healing must be seen as central in order to understand how visual imagery can be shaped in subjective drug experiences when the presence of cultural expectations about drug use exist.

#### *Primitive use of Ayahuasca*

The main area for the distribution of the use of Ayahuasca is the affluences of the Upper Orinoco and Amazon Rivers, where Cooper (1949) reported many Indian groups use *Banisteriopsis* for exciting and pleasurable effects. Ayahuasca has been used in the following manner in different tribal societies :

1. To learn the whereabouts of enemies and to discover their plans (Villavicencio 1858; Spruce 1908).
2. To be taken before going off to war, to hunt, or on other expeditions (Reinburg 1921).
3. To be taken as an aid in acquiring a special protective spirit (Harner 1962).
4. In association with tribal religious beliefs (Schultes 1957; Cooper 1949; Karsten 1923; Spruce 1908).
5. To give answer to emissaries of other groups (Spruce 1908).
6. To tell if strangers were coming (Spruce 1908).
7. To tell if wives were unfaithful (Spruce 1908).
8. To prophesy the future clearly (Roessner 1946; Reinburg 1921; Schultes 1957).
9. For pleasurable or aphrodesical effects (Reinburg 1921; Wiffen 1915).
10. For use in medicine, i.e., to determine the cause and effect a cure of disease (Reinburg 1921; Karsten 1923; Barret 1932; Spruce 1908; Perez de Barradas 1950; Wiffen 1915; Koch-Grunberg 1908; Harner 1968).

A recent study by Dr. Siskind among the Sharanahua Indians of the Peruvian-Brazilian border region, points up the use of Ayahuasca as central to healing. One shaman, in a community of some 80 people, used the psychedelic in 27 cases in recent times. Needless to say, when we speak of low-level technological societies, belief systems cannot be separated into convenient categories apart from healing lore, especially when taboo violation, the malevolent spirits of nature or evil malice of others may all be believed responsible for disease causality.

#### *Background data to urban healing*

The Peruvian jungle cities of Iquitos and Pucallpa in which Ayahuasca healing is a commonplace occurrence, are relatively new urban areas, as penetra-

tion of the jungle region by the Peruvian national state was not easy due to the inaccessibility of vast tracts of land lying to the east of the high Andean mountains. Nonetheless, the jungle was explored in the 16th century as Spanish conquistadores heard tales of the fabulous land of El Dorado, believed to lie towards the East. Various expeditions set out from the coast to find this mythical land of riches, to no avail. Jesuit, Franciscan and Augustine missionaries followed shortly thereafter to Christianize the pagan tribes. It was only with Portuguese expansion in the mid-19th century that the Peruvian government received any spur towards an attempt to consolidate the large land tracts of jungle that in name at least were part of the national territory. The rubber boom in the late part of the 19th century brought about the rapid growth of Iquitos, which was officially founded in the 1860, (Universidad Nacional de San Marcos, 1964). Hordes of migrants both from the jungle region and abroad came to cities like Iquitos and Pucallpa. Primitive belief systems concerning illness and healing survived the shock of acculturative forces, only to become firmly entrenched in 20th century urban life. The city of Iquitos today stands in stark contrast to hundreds of other jungle hamlets. Yet despite the city's cemented splendour which differs from the thatched, wooden huts found in the scanty populated jungle, both areas have highly developed psychedelic healing rituals. It is in the presence of an urban slum located at the foot of Iquitos—called Belen, in particular, that continuity with the rest of jungle life can be most clearly found. Belen serves as a port of entry for both jungle produce and migrants seeking work and better schools for their youngsters. Both Ayahuasca patients and healers are drawn in large numbers from the thousands of people who habitually live in this area.<sup>5</sup> Middle class merchants, their families, army personnel, hosts of government employees, artisans and labourers, too, residing in far-spread neighbourhoods of Iquitos fill the Ayahuasquero's consultation room or come to jungle healing sessions. Belief in the efficacy of the drug healer and his powerful vine pervade all social segments of the society. Well-dressed merchants and professional men seek in the powerful purge<sup>6</sup> a last resort in their attempt to be cured.

#### *Healing Sessions*

Two or three nights a week at about 10.00 p.m., an *Ayahuasquero* assembles his patients together, preferably in a jungle clearing at the edge of the city. Settling down comfortably on plastic mats around a circle, both the healer and his patients drink a potion prepared from boiling the woody vine several hours, often with such additives as Tohé (*Datura speciosa*),<sup>7</sup> or Chacrana (*Banisteriopsis rusbyana* containing DMT).<sup>8</sup> At times, a narcotized tobacco may be taken somewhat later in the session (identified as *Nicotiana tabacum*).<sup>9</sup> As the special whistling incantations accompany the healer's passing of the communal cup around the circle, each patient is given a potion to drink. The amount varies in accordance with several factors. The healer will take into consideration such things as the patient's body weight, the nature of his illness (is it chronic or not),

the general state of health. In some cases, a healer may prepare a special liquid for one of his patients.

About 20 minutes to half an hour later, when the psychedelic effects of the drink are being felt—such as altered visual perception, greater sensitivity to sound, feelings of depersonalization or the sense of leaving one's body, *synesthesia*, etc., the healer will begin a continuing series of songs and whistles that are believed important in regulating and evoking people's visions. The purge, as *Ayahuasca* is called, frequently causes nausea, vomiting and occasional diarrhoea in initial experiences. Thus, the early part of a healing session may include people spitting out the bitter taste of the liquid, or vomiting off to a side, none of which noises are kept from the rest of the group. As the evening progresses, the healer moves around the circle contacting each person, accompanied by his ever-present *schacapa* rattle, made from the dried leaves of a jungle plant that is tied together with a vine to give off a rustling, rattling noise. During the curing ceremony, the healer will blow *mapacho*<sup>10</sup> smoke over the body of an afflicted person. If a patient experiences pain in a particular part of his body, a healer may suck the dolorous area and often brings forth a spine or thistle which all present believe was magically introduced by an enemy or evil spirit. Each patient receives counselling and is ritually exorcised by the healer during the course of the session. Finally, at two or three in the morning, after some four or five hours of strong drug intoxication, the patient may return to his home, or else spend the night in a thatched wall-less jungle shelter which is often nearby the spot in which the session is held. Dietary prescriptions form a part of *Ayahuasca* healing, as it is believed that the vine has a jealous guardian spirit. For this reason, patients refrain from salt, lard and sweets for at least 24 hours preceding and following the use of the purge. In addition, special diets may be prescribed by healers for particular patients.

Not only is the powerful vine used in healing. *Ayahusqueros* are quite knowledgeable about the vast amount of pharmaceutical medicines on the market that they prescribe for some of their clients, as well as a host of plants and herbs which they themselves prepare as remedies for particular illnesses. The psychedelic drink is used mainly to diagnose the magical causality of illness, as well as to enable an omnipotent healer to deflect and neutralize the evil magic that is deemed responsible for certain types of illness which afflict his patients. In no way does the drug serve as a panacea for sickness, but rather is part of complex ritual healing ceremonies. It is important to examine the nexus of social relations in which this psychedelic healing takes place so as to better comprehend the particular place that *Ayahuasca* has in ritual behaviour.

#### *Methodology*

Field work was conducted in the urban slum or *barriada* of Belen, in Iquitos, where a base ethnography was established both through participant observation and in analyzing raw data available from a series of sociological surveys that had

already been conducted a few years prior by one of the government agencies and the local university. (See Wils 1966; Oviedo 1964.) Data on belief systems concerning illness and cultural etiology of disease was gathered by means of interviews with a representative number of healers and patients. Several healing sessions were attended in the company of patients/informants, with the author's role that of friend or companion, called upon to help the person home after difficult moments of drug intoxication (a cultural role that did exist). In addition, the author took 100 microgrammes of LSD and later attended an Ayahuasca session in which a potion containing Ayahuasca and Chacruna was administered by a healer. As in most investigations of drug use, it is believed that the researcher must have some subjective experience in order to understand the nature of informants' reports. This was particularly applicable in the Ayahuasca study, as culturally reported visions which filled notebooks seemed difficult to comprehend until a subjective experience clarified the veracity of reports about seeing unidentified persons appear, in "living colour", and so on. In addition, recounting the author's experience with Ayahuasca provided an excellent means of entry into the world of personal experience among informants, who, too, were more easily able to discuss their own visions with another person who also had participated. In terms of establishing rapport, this proved to be most helpful.

### *The Structure of a Slum*

Belen, the urban slum mentioned earlier, is situated on the Amazon River, at the foot of the city of Iquitos. The city is set upon an eroding palisade some 200 metres above sea level, and is literally an island in the jungle. Each year, jungle lands adjoining the community give way to urban growth, as population pressures are felt. No major roads connect the city with other areas; the river system serves as the major via of communication apart from daily air service to the national capital, Lima, or other jungle or highland cities.

Belen is an excellent area to gather data on jungle beliefs that come into head-on collision with city life. Iquitos is a receiving area for vast numbers of jungle migrants who have left their communities in the search for work, better housing and schooling for their children. However, in a structural sense, Belen most clearly approximates what Oscar Lewis (1966) has titled the "Culture of Poverty". Although scattered jungle hamlets which consist of anywhere from 25 families to several hundred can be studied in terms of structural characteristics similar to that delineated by any anthropologist in a community study, the nature of slum life, with exceedingly high unemployment rates, excessive malnutrition, family breakdown, prostitution, vandalism, chronic illness and a host of other social pathologies, sets the stage for a different kind of social analysis than that available in other community studies. Other urban slum analyses have focused upon networks of interacting dyadic relationships, finding structure within the amorphous structureless community. In an area like Belen, the fieldworker finds himself knowing people who do not know most of their neighbours, nor have little



if any shared community tradition. Even the "amoral familiarism" that Banfield describes in South Italian communities does not enter into the picture, as family unions are fragile things, relationships between the sexes filled with tension and explosive. Elsewhere, data on elaborate systems of love magic that are prominent in this community have been explored in an attempt to relate such beliefs to the harsh economic facts of life (see Dobkin de Rios 1969). Fortunately, because of the various sociological surveys that have carpeted this community, a vast array of raw data systematically collected is available on the community. Participant observation brings forth qualitative aspects of social life where illness haunts the footsteps of most people in everyday life.<sup>11</sup>

No doubt, because of the extreme economic insecurity occurring due to lack of jobs and the unavailability of jungle lands to farm, men and women work mainly at commercial activity tied in to the movement of jungle produce to the city market, located above the slum community. Small-scale wholesaling of such produce, with little capital, is a common occurrence, as vegetables, fish and other jungle resources are resold again at the city market for a small profit. *Rematistas*, as these wholesalers are called, fill the largest single occupational category in Belen. Others, more favoured with accumulated capital, own motor-powered boats which they load with staples such as rice, sugar, coffee, and gasoline. These entrepreneurs, called *Regatones*, ply the many river inlets selling their staples at a considerable mark-up to one-crop river hamlets. Jungle peasants devote much of their time to such activities as hunting precious animal pelts which are sold to merchants in Iquitos. They, in turn, forward them on to luxury stores in Europe or the United States at thousands of per cent profit. Hunters carry pelts long distances to docked boats, leaving protein-rich meat to rot in the jungle. Others work at tropical fish extraction, which brings a small cash income, become needy buyers of the food staples that the *Regatones* bring on their monthly calls.

Belen is quite unlike the other jungle hamlets from which most migrants originated, since farm land is not available and people live crowded together in an area that is flooded at least four months or so a year. During this time, houses must either be abandoned or else, if they are built on balsa log supports or on an actual balsa raft, they rise with the water level. Householders must use canoes to get around or pay children to ferry them to market. Fishermen used to be able to work close by home in the waters of the nearby Itaya River. With growing population and indiscriminate fishing, natural resources have been fast disappearing and fishing trips take men away from Belen for periods up to four to six weeks. Women and children get left behind, staying alive as best they can, by re-selling produce in the market, or with children working at odd jobs to help their mothers. Unlike other urban slums throughout Latin America, male out-migration is relatively small, occupying less than 30 per cent of the population. Other jungle areas, too, are economically depressed, and jobs just are not easily available. Lima, the national capital, is far away and costly to reach.

The use of Lewis' topology of "Culture of Poverty" seems applicable to the data drawn from Belen. Many of the phenomena that Lewis measures in Puerto Rico and Mexico spring to life in this jungle slum. Sentiments of desperation, fatalism, and rupture of family structure mark the everyday life of these people. Lack of drinkable water is a major contributor to high death rates of children, as fecal infected inlets serve many families for their drinking and bathing needs. In this article, a discussion of the structure of the community will be minimal and will serve as a basis mainly for delineating materials on beliefs dealing with illness and the drug experiences of Ayahuasca patients. In a later study, economic and social data on Belen will be examined more fully (see Dobkin de Rios 1972).

#### *Etiology of Disease*

In this "Culture of Poverty", marked by immense overcrowding, inadequate health conditions, high parasitosis, chronic underemployment and high levels of malnutrition, disease is a constant companion. Many different types of illness are commonly delineated, some of which are simple and believed to be God-given. Colds, upper-respiratory infections, fevers and the like are easily curable and poorly trained medical aides, called *sanitarios*, are frequent slum visitors who dispense penicillin or antibiotic injections for a small fee. Formal medical consultation in the city above is far too costly for most slum residents and the city hospital has the reputation as a place one goes to die, especially for its casual way of dealing with poor people.

If a simple fever, pain or ache, however, does not respond well to an injection, tonic or medicine, many Belen residents then believe that their illness originates from the evil malice of another or punishment from some natural spirit. Perhaps one has broken some taboo which has offended a spirit of nature, causing it to punish the man or woman responsible. Thus, a menstruating woman who bathes before three days have passed, may hemorrhage because of the punishment of the offended spirit. Although much of jungle illness is attributed to taboo violation, case histories collected in Belen more frequently focus upon evil-willing on the part of others who were deemed responsible for sickness or misfortune. In this second category of magical illness, bewitchment by means of consulting with a powerful witch, or else introducing a powerful medicine into a drink to cause harm may be seen as the cause of sickness. People claim they know they have been bewitched by the suddenness of the onset of aches and pains in a particular part of the body.

As in many parts of the world where beliefs in magic, witchcraft, and sorcery are handmaidens to modern medicine, one finds that people seek different sets of answers to eternal problems of illness. How one's body has been attacked by micro-organisms, and how illness spreads throughout it is not of much interest in a world where causal factors are viewed primarily within a magical framework. Thus, the "why me?" and not the "how" is the subject of inquiry into disease and all its ramifications. A person's concern upon entering a world of impaired or

lessened functioning is to find out exactly why he and not someone else is afflicted by disease. Nor are the answers simple ones, especially in the light of on-going culture change where twentieth century medical science has made certain inroads.

It is in the particular categories of magical illness that I will describe shortly that the host of jungle residents suffer—illness that afflicts patients whose anxieties, fears, projections of hostility and hatred towards others would in Western medicine be cause for psychiatric help. Drug healing in the Peruvian jungle in many ways represents a very old and time-honoured tradition of dealing with psychological problems that predate a Freudian analysis by many centuries.

#### *Magical Illness*

Several major illnesses caused by evil-willing of others are recognized by most urban slum residents. Once confidence relations have been established, jungle farmers are quick to confide about the evil malice present in the hearts of neighbours and relatives who will often seek out a *brujo* or witch to cause them harm. Most *Ayahusqueros* at one time or other are visited by prospective patients who not only may wish to be healed from a particular illness they suffer, but who wish to cause harm to others. Some refuse, but others specialize in the use of the psychedelic for evil purposes. They maintain that under the intoxication of the drug, they can leave their bodies and inflict harm and even incurable disease upon their clients' enemies.

The following are categories of illness found in Belen :

*Susto*: A popular illness found throughout Peru and Latin America, this infirmity includes many cases of profound alteration of metabolism, or nervous disorders. It is one of the most frequent types of illness treated by folk healers throughout Peru, and originates from a violent impression of fear (Sal y Rosas 1958). Many believe that *Susto* has supernatural origin, in which the soul of a person has separated magically from the body.

*Daño*: An illness believed to be harm or bewitchment, *daño* is considered an infirmity of varied symptomatology and of chronic development. *Daño* is effected because of vengeance or envy. In some parts of Peru, a witch may be paid to make a doll from the clothing or hair of a person to be harmed. This doll is then pierced with needles or cactus pines in the spot that disease is believed to enter. In the jungle, it is thought that *daño* is effected either through some powerful medicine that is slipped into a drink or thrown across a doorstep late at night. *Daño* may cause a person consistent bad luck, which is called *Saladerra*, or else different and varied illnesses. Personal belongings of the person to be bewitched may be used to cast a spell. A witch may be paid to cause magical harm to another person by using *Ayahuasca* for such purposes to leave his body while under the effects of the purge, and travel through space to cause his enemy incurable illness or dire misfortune. Other witches, at times working without the aid of psychedelics, are believed to



control spirits whom they send to do evil. Others believe that a *chonta* or thistle, carrying disease-producing substances, can be lanced through the air to an enemy by such a witch, who receives payment from a vengeful or envious person (see Dobkin de Rios 1970).

*Pulsario*: An infirmity marked by symptoms of restlessness, hyper-activity, and free-floating anxiety, this infirmity attacks mainly women. *Pulsario* is recognized by the fact that women become irritable, and feel generally unhappy. Sometimes the illness is described as a ball located at the mouth of the stomach, a hard lump which may be repressed pain, sorrow or anger that cannot be expressed.

*Despecho*: The spite or grudge that a person holds against another, this illness shows the focus of human passions and disgusts entering into contact, as the behaviour of another person is seen to be personally directed against oneself and responsible for some kind of illness. Motivation sparked by scorn, envy or the desire for revenge becomes responsible for magical illness. A man may be held in *despecho* because he was able to gain title to a piece of land that his neighbour was hoping to obtain for himself. If the neighbour feels that he has been cheated, he may seek out the help of a witch for revenge. At times, all kinds of simple transaction may evoke another person's spite against oneself.

*Mal de Ojo*: Another syndrome found not only in the jungle but throughout Peru, the notion of evil eye shows symptoms including nausea, vomiting, diarrhoea, fever, loss of weight, insomnia and sadness (see Valdiva 1964). In popular belief, the cause of the illness is the magical action of a person's glance upon the beauty of another. The person whose glance is thus directed towards another is captured and the above-mentioned symptoms occur. *Mal de Ojo* can be motivated by envy and this illness touches both children and adults whose personal attraction catches the evil eye. Mothers often place charms or amulets on the wrist or neck of their youngsters to ward off this disaster.

People are quick to believe that their neighbours or relatives wish them ill, that they envy them any good fortune they might have. Many different kinds of illness are attributed to *daño*. Foster's concept of Limited Good (1965) is quite applicable in this region, as it is commonly believed that receiving one's share in life is in effect quitting another of their part. All kinds of things excite envy in the jungle—a light complexion, or a healthy appearance, showing that one eats well. If a person has a loving husband or wife, if one's household is free from rancour—evil malice can be provoked. A steady job netting a monthly income—being the mother of a healthy baby—all can cause envy in a neighbour who just lost his job or whose baby recently died, so that she wishes you bad fortune. In short, any kind of good luck can bring forth this sentiment.

### *Ayahuasca Visions*

In Kensinger's study of the Cashinua's use of Banisteriopsis (1969), he focused upon the existence of culturally determined visions frequently reported by his informants, despite the very subjective nature of the drug experience. As Wallace pointed out in 1959, far too many studies of drug use have not made allowances for cultural variables such as expectation of visionary experience as a determinant of actual visions reported.

During the course of fieldwork on Ayahuasca in Belen, it became apparent as in Kensinger's study, that former patients would report similar visions time after time. Jungle creatures such as boa constrictors and viperous snakes were said to appear before a man or woman under Ayahuasca. Although some claimed that Ayahuasca gave them no visual effects, most informants would tell of river and jungle animals that filled their mind's eye. Or else, the person responsible for bewitching them would appear in front of them.

Others would report a panorama of activity in which a person would express his innermost thoughts towards the patient, such as sexual desire, vengeance or hate. Perhaps a medicine might be manufactured in a vision, which would be slipped into a drink at a party, or else thrown across the doorstep late at night. In all cases, the job of the experienced *Ayahuasquero* was to interpret his patient's visions, so that the cause of illness could be laid definitely at the foot of some evil-doer or maleficent spirit. The healer could not begin to deflect the evil magic or neutralize its effects until it was clearly determined what or who was responsible for its origin.

A frequent occurrence in Ayahuasca visions would often be the appearance of a friend or acquaintance, or perhaps a relative who might laugh sardonically at the patient in his vision. At times, only part of a body would appear in the vision, which would later be identified by the healer. Part of the effectiveness of the *Ayahuasquero* is his omnipotent stance and the general belief held that he will be able to return the evil to its sender and cure the person of the powerful magic that is responsible for illness.

### *The Boa*

Many patients report seeing a boa appear before them while under the effects of Ayahuasca. Some healers believe that the mother spirit of the drug can appear in the form of this awesome creature. Certainly, many medicines existing in natural form are believed to possess protective spirits which are jealous guardians of their plant's use. Ayahuasca is one such, and dietary prescriptions that are an integral part of healing, such as avoidance of salt, lard and sweets for 24 hours preceding and following the drug experience attest to this belief. It is believed that the mother spirit of Ayahuasca can transform herself into many different forms, including fantasy characters such as a queen, princess or the like. Ugly fearful transformations such as a 35-foot boa constrictor may be to test the

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strength and self-domination of the person taking the substance. Strength is generally thought of in terms of self-control, and not screaming in fear as jungle creatures fill one's visions. A commonly reported vision is that a very large snake enters the circle around which a person may be seated in the jungle, and may even enter his mouth or stomach. If a man or woman is not frightened by this creature, he will teach the person his song. In a good session, a certain moment will arrive when everyone who is under the effects of the drug begins to sing a series of songs at the same time, as they are visited by the snake. If the person remains cool and does not panic, it is a sign he will be cured. The boa's entrance into one's body is taken as a sign that the man or woman is under the protection of the transformed Ayahuasca spirit.

#### *Mechanisms of Healing*

The use of Ayahuasca to heal does not include a conceptualization of the psychedelic as a curative agent per se. Rather, the vine is seen to operate as a powerful means to a desired end—it gives the healer entry into the culturally important area of disease causality, enabling him to identify the nature of the illness from which a person is suffering, and then to deflect or neutralize the evil magic which is deemed responsible for illness. When we examine the successes attributed to the healer, we find that in general terms, a selection process is at work in which curers accept patients with whom they feel they will have a good chance of reaching. Simple illnesses are rarely treated with the drug, but herbs, plants and store-bought medicines are prescribed by the healer for these types of affliction. Nor are psychotic patients given Ayahuasca.

In addition to the use of the powerful vine, a healer will practise time-honoured curing traditions, including whistling, singing, recitation of orations, sucking at afflicted regions of the body to extract thistles that have been magically placed there to cause illness, and blowing mapacho cigarette smoke over the body of the patient. *Ayahuasqueros*, like other folk healers, spend a good portion of their time in afternoon consultations using the above techniques, as well as visiting homes of patients to advise, counsel and reassure. Only patients suffering from certain types of illness take Ayahuasca, and no doubt correspond in large number to those suffering from sickness often classified as psychosomatic—diseases that are organic malfunction with psychogenic origin, often resulting from emotional and socially-precipitated stress and conflict.

The question arises in this kind of analysis: Can we say that Ayahuasca operates as a placebo? Is it possible that faith in the curative powers of the drug itself is enough to heal? It seems likely that we must dismiss this possibility, which may of course contribute to drug-adjuncted therapy in the U.S. in recent years. For one thing, Ayahuasca is not used towards verbal insight or working through psychodynamic materials to effect long-range cures, but rather towards identification of causality of magical illness. The marshalling of generalized, immobilizing anxiety present in the socio-cultural milieu, which is changed into solid fear that

can be placed squarely upon the shoulders of some evil-doer, can then be handled by an omnipotent healer, especially if an aura of personal success surrounds him, and his patient believes he is powerful enough to counter the evil magic. Reassurance, suggestion, and counselling are part of the cure, as the drug mainly serves divinatory and revelatory purposes throughout.

#### CONCLUSION

In this article, we have looked at the use of the psychedelic vine, Ayahuasca, in Mestizo healing ceremonies in the Peruvian city of Iquitos. As Friedberg (1965) points out, it is interesting to note the transformations that have taken place in the utilization of this substance in acculturative situations. The use of Ayahuasca in Amazonic Indian groups, with great ritual feasts or else the general restriction of the use of Ayahuasca to the *Shaman* has virtually disappeared. Yet despite the superficial admixture of modern medicine, primitive folk beliefs concerning etiology of disease and its cure show the psychedelic liana, Ayahuasca, to be an integral part of healing procedures, permitting the curer to determine the magical cause of illness and to neutralize evil magic. Cultural syndromes of illness have been delineated to focus upon the type of illness that occupies the *Ayahuasquero*. The importance of cultural expectations as paramount in determining visual illusions was discussed. In conclusion, we can say that the powerful healing vine, Ayahuasca, is used quite differently than in Western drug-adjuncted psychotherapy where attempts to open up areas of repressed and painful memories have been made, or else long-term "psycholytic" therapy with drugs, involving long periods of treatment are involved. Most Ayahuasca healers see patients in a drug session for a relatively short period of time, ranging in treatment time from once or twice to a month or so. Anxiety and stress which are constant companions of most jungle peasants, can reach intolerable levels so that the drug healer receives a call to ameliorate acute symptoms. It is in these ritual, jungle magical healing rites that Ayahuasca receives its most varied elaboration—entering into the realm of tenuous, uneasy interpersonal relations and acting as a restorer of equilibrium in difficult situations.

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## NOTES

- \* A revised version of this paper will be a chapter in the forthcoming volume, *Hallucinogens and Shamanism* edited by Michael J. Harner and to be published by Oxford University Press, Inc., New York, in 1972. Copyright © 1972 by Oxford University Press, Inc.
1. For descriptive accounts of urban healing with Ayahuasca, see Lemlij 1965; Rios and Dobkin 1967; Rios 1962.
  2. Friedberg (1965) has delineated the major *Banisteriopsis* species used in the Amazon region as *B. Caapi*, *B. quitensis*, *B. inebrians*, *B. rusbyana*.
  3. In collaboration with O. Rios, Grant G67-395. A debt of gratitude to Dr. C. A. Seguin, former director of the Institute of Social Psychiatry is acknowledged.
  4. Dawson, for example, in his study of W. African folk healing, found this to be very much the case. See Kiev 1964 for a series of studies that point up this phenomenon.
  5. The population of Belen is estimated at 12,000 people, although the comings and goings of small farmers may bring the population up to 30,000 people at times.
  6. As Ayahuasca is called for the frequent side effects of vomiting and diarrhoea.
  7. Identified by del Castillo 1963.
  8. Identified by Marderosian 1968.
  9. Identified by Naranjo 1969.
  10. A tobacco grown and used locally.
  11. See Kellert 1967 for a discussion of the role of anxiety in urban slums throughout Peru.

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