

Sozialwissenschaftliche Gesundheitsforschung

Tom John Wolff

The Touristic Use of Ayahuasca in Peru

Expectations, Experiences, Meanings
and Subjective Effects



Springer VS

Sozialwissenschaftliche Gesundheitsforschung

Reihe herausgegeben von

Andreas Hanes, Dresden, Deutschland

Henning Schmidt-Semisch, Bremen, Deutschland

Sozialwissenschaftliche Gesundheitsforschung untersucht gesellschaftliche Verhältnisse auf der Makro-, Meso- und Mikroebene in ihren Auswirkungen auf Gesundheit und Krankheit. Im Fokus der Betrachtung stehen die staatlichen und sozialen, die kulturellen und gemeinschaftlichen, die individuellen und biographischen Be- und Verarbeitungen von Gesundheit und Krankheit sowie von gesundheitlichen Risiken und Krisen. Dabei nimmt eine sozialwissenschaftliche Gesundheitsforschung sowohl die sozialen und psychosozialen Wechselwirkungen zwischen Gesundheit und Gesellschaft in den Blick als auch das Verhältnis von individuellem Handeln und gesellschaftlichen Rahmenbedingungen. Besondere Bedeutung kommt hier den gesellschaftlichen und diskursiven Aushandlungsprozessen von Gesundheit und Krankheit und den damit verbundenen sozialen Konstruktionen von Normalität und Abweichung zu. In der Reihe erscheinen gleichermaßen theoretisch wie auch empirisch orientierte Bände.

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Tom John Wolff

The Touristic Use of Ayahuasca in Peru

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and Subjective Effects

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Tom John Wolff
Bremen, Germany

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Notes

All digital numbers are written in continental style; the decimal place is represented by a comma, not a dot.

Interviews have been sound recorded and transcribed without any major streamlining or correction of grammar. Few comments for better understanding or grammatical completions have been added in square brackets. Unintelligible parts of phrases have been marked with [?]. Sentences not finished by interviewees and pauses have been marked with 3 full stops ... Some conversational sounds have also been transcribed when recognised as important for the understanding of a phrase, e.g. [laughs].

Direct citations of participants from interviews are coded by the number of the interviewee followed by the numbers of the finding location in the transcript of the interview. Example: (2: 17-19) refers to the paragraphs 17 to 19 of the transcript from the second interviewee. Transcript paragraphs were automatically numbered by the application MAXQDA2018, which was used for the analyses of qualitative material.

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Abbreviations, acronyms, foreign terms

ASC	Altered state of consciousness
5D-ASC	Extended Questionnaire for measuring ASCs. The current German version which is based on the APZ from A. Dittrich and two revisions is called 5D-ABZ. Earlier versions are called OAV and OVAV. The most recent version includes Auditory Alterations (AA) and Reduction of Vigilance (RV).
Agua de florida	Spanish: flower water. Often, a cheap industrial made perfume of this brand is used to clear the air of ceremonial spaces. Sometimes, it is spat over the client during ceremony. Some <i>curanderos</i> produce their own <i>agua de florida</i> from natural ingredients.
Ajo sachá	<i>Mansoa alliacea</i>
Ayahuasca	<i>Banisteriopsis caapi</i> or the psychoactive tee made from <i>B. caapi</i> and other plant ingredients
Ayahuasquero	Spanish: healer who works with ayahuasca
BC	Bootstrap confidence interval
Bobinsana	<i>Calliandra angustifolia</i>
BPM	Basic perinatal matrices
Chacapa	Leaf-bundle rattle made from Pariana bush or other plants
Chacrúna	<i>Psychotria viridis</i>
Chaliponga	<i>Diplopterys cabrerana</i>
Chiric sanango	<i>Brunfelsia grandiflora</i>
Chuplada	Spanish: sucking - special healing-technique of some <i>curanderos</i> of the Amazon
COEX	System of condensed experiences
Curandero	Spanish: healer
Dieta	Spanish: diet. In traditional Amazonian medicine, the treatment can include a diet with partial or full retreat from social activities and certain types of food. Sometimes, patients or healers search the isolation in the jungle for their <i>dieta</i> . It often includes the renunciation from salt, all kinds of spices, sour and bitter tastes and a

	<p>varying list of food, such as meat (especially pork), fermented food, Alcohol, etc. Often, the reduced board contains mostly unsalted rice and <i>platanos</i> (cooking banana). During the dieta, patients can ingest prescribed plant medicines for healing or healers ingest those plant extracts for broadening their knowledge, communicate with the spirits of those plants and learn their special songs.</p>
DMT or N,N-DMT	N,N-Dimethyltryptamine
Ícaro or ikaro	Quechua language: medical song. <i>Ícaros</i> are the “language” through which the Upper-Amazonian healers believe to communicate with the spiritual world. A healer often has different songs for different spiritual entities, e.g. different plant spirits, and for different purposes during the ceremony. It is said and widely believed that they influence the psychedelic and physical experience of participants who have drunk ayahuasca or other psychedelic substances, e.g. the San Pedro Cactus.
IQR	Interquartile range
LSD	Lysergic acid diethylamide
Maloka	Ceremonial rotunda
MAOI	Monoamine oxidase inhibitor
Mapacho	Cigarette, usually made from black tobacco, <i>nicotiana rustica</i>
Maraca	Gourd rattle with seeds
Mucura	<i>Petivera alliacea</i>
OAV	Another abbreviation for the 5D-ASC questionnaire
QCA	Qualitative content analysis
Palo santo	Peruvian incense wood from <i>bursera graveolens</i>
Shipibo-Conibo	An indigenous people, consisting of two closely related groups, living along the Ucayali river of the Peruvian Amazon rainforest
Chiric sanango	<i>Brunfelsia grandiflora</i>
Soplada	Spanish: blowing - frequent technique of curanderos of the Amazon
SD	Standard deviation
Std err	Standard error = SD/square-root(N)
Tabaquero	Spanish: Amazonian folk healer, focussed on the use of tobacco
tdySt	Transphenomenal dynamic control system

Vegetalistas	Spanish: plant healers of the Amazon region. They often use so-called master plants and ayahuasca.
Vegetalismo	Spanish: vegetalism. A healing and belief system of the Amazon region, which emphasises spirits and entities of plants and natural sources, which would interact with humans and the environment. They can be contacted and invited to heal or to harm.
Yagé	In Columbia, the word <i>yagé</i> is widely used instead of <i>ayahuasca</i> .

Das, was den Indianer den “Aya-huasca-Trank” lieben macht, sind, abgesehen von den Traumgesichten, die auf sein persönliches Glück Bezug habenden Bilder, die sein inneres Auge während des narkotischen Zustandes schaut.
Louis Lewin, *Phantastica* (1924, p. 148)



1 Introduction

The following book is concerned with the complex phenomenon of contemporary ayahuasca practice in Peru. It focusses on expectations, experiences, meaning and subjective effects of persons participating in cross-cultural ayahuasca tourism. The purpose is not an evaluation of traditional ayahuasca therapy but a psychological, explorative, hypotheses-generating investigation as well as documentation of psychological aspects of contemporary ayahuasca-tourism in the Upper Amazon. For this purpose, the reader is introduced into the field of Peruvian ayahuasca healing-practices and ayahuasca tourism in South America. An overview about the relevant research literature, as well as the research questions, methods and analysis procedures of three empirical studies, are presented. Results and limitations are extensively discussed.

First, an online-questionnaire study was performed, in order to explore the distribution of motivational elements among ayahuasca interested individuals already known from the previous literature as well as to collect demographic data and explore the accessibility and openness of the ayahuasca scene towards scientific research. Introspective and spiritual purposes were identified as the main aspects in the motivation to ingest ayahuasca in members of social media in the Internet. The motivation of members of social ayahuasca networks in the Internet seems not to be monodimensional but a composite of different aspects of which a subconglomerate of psychospiritual reasons and individual self-development seems to be the most dominant. The findings support motivational differences to local ayahuasca shaman clients in the Upper Amazon region that have been previously described in the ethnologic literature. Further studies could develop standardised instruments for the investigation of the motivation of the ingestion of (psychedelic) drugs in particular settings as well as explore a possible connection between the motivation and outcomes.

Second, a qualitative, data-driven study among foreign participants of traditional Peruvian ayahuasca ceremonies in the Amazon rain forest explored phenomenological categories of the experience during ayahuasca ingestion. What distinguishes this study from previous phenomenological approaches is that qualitative data were collected immediately after the ayahuasca ceremony and not weeks, months or years later. The coding frame, extracted from narrative interviews by Qualitative Content Analysis, is presented and discussed. The study suggests that psychodynamic processes, for example, possible activation of emotional conflicts,

can take place spontaneously during ayahuasca intake in this particular setting. Some participants attributed symbolic meaning to the visionary content, which was more likely to take place in psychotherapeutically motivated clients. The specific setting influence as well as corresponding expectations of the participants in native wisdom could have considerable influence on experiences and interpretations, such as communication with entities as well as receiving personal teachings.

Third, a concept-driven qualitative study, was designed. Ayahuasca tourists were accompanied through participant observation and interviewed six weeks after completing a typical ayahuasca retreat in a Peruvian healing centre in the Amazon rain forest. Half-structured guideline interviews and Qualitative Content Analysis was used to extract personal meaning, experiences, subjective effects and integration experiences. The qualitative main part was accompanied by quantitative mental-health related data collected at baseline, post-1, post-2 as well as quantitative data of altered states of consciousness collected after ayahuasca ceremonies. A great variety of findings among the investigated individuals are presented and discussed. Subjective improvements include greater self-understanding, personal guidance, clarification of desires, self-esteem, self-care and self-love. Improvements of ailments are not consistent among participants. A minority experienced integration crises or aggravation of psychological issues. A process model of ayahuasca tourism was proposed: Attitude and motivation forming phase; Ingestion phase (turning inwards, flooding phase, plateau, peak points and release); reflection and attenuation phase, integration phase. Subjective operating concepts about ayahuasca include a catalysator function for psychological insight as well as magical elements.

1.1 Why be interested as mental health professional

This book will examine the experiences and subjective health and healing concepts of western clients of Amazonian ethno-therapy in South America. In general, there are several arguments for the relevance of investigations of health-related concepts that were provided by Flick (1998):

- Subjective ideas about health and illness determine our health-related behaviour and decisions substantially. That is why health related subjective theories are highly relevant for the success of all kinds of health services.
- The gap between the theories of physicians and psychotherapists and those of their patients is one of the main reasons for non-compliance and therapy breakup (Flick, 1998; Jing et al., 2008).
- Subjective theories about disease, health and healing are also most relevant with the coping of disease.

- For the modern medicine that orients itself towards the patients and not exclusively towards the diseases, the subjective concepts of health and disease are central.
 - An aim of western psychotherapy is the recognition of implicit subjective theories that affect perception, interpretation and action in order to make them accessible to conscious decisions and a possible change.
 - Specific target groups have specific needs and concepts about health and disease. This influences the process of informed consent and affects the compliance.
 - The transformation of health conceptions could be an indicator for the evaluation of health education.
 - The development of scientific models about should start with the investigation of subjective constructs of everyday life, especially when there has not been done much research in that particular field (Schütz, 1971).
 - The reconstruction of subjective ideas helps to investigate the existing concepts of health and disease and the process of their progression.
- Ethno-therapy tourists can be seen as an increasing medical “target group”.

They often have a distinct profile of motivational elements, expectations and ideas about healing, as shown later. The successful present situation of internationally recognized ethno-therapeutic offers in South America, especially in Peru, has developed almost completely outside the official medical systems, which largely refused the integration of present folk medicine practices. Because the treatments of traditional or traditionalized jungle therapy contain strong medical interventions like purging therapy, diets and psychedelic plant potion intake with sometimes dangerous ingredients that need a profound formation of the therapist, they affect public health issues and should not be ignored. Also, the countless numbers of individual reports that appear in the social media and attract new seekers should be reason enough to investigate this phenomenon of specialized tourism with fair curiosity. The use of the hallucinogenic or visionary Amazonian jungle beverage “ayahuasca” is spreading into the alternative western psychotherapy and esoteric scenes. Many people from the so-called “first world” come to South America to have a “shamanic” ayahuasca experience. Previous research has found that those visitors do not fit the profile of hedonistic drug users. Here I take a closer look at their motivations, expectations and subjective working theories about ayahuasca related healing. The interest in traditional Amazonian medicine through help seekers, tourists and researchers from abroad affects the local folk medicine practice economically and in form and content. With this study the author also wants to provide relevant information for the perspective of cultural anthropology on the processes of alternative medicine and ethno-tourism.

1.1.1 New interest in substance supported psychotherapy and ethno-medicine

This work is also related to the new interest in psychedelics within its multi-tension field between laymen's use and the search for professional therapeutic use. On one side, there are often undifferentiated and highly emotionalized condemnation reflexes, suspicion and legal prosecution of its application, which culminated in the political expression "global war on drugs" and the still on-going obstruction and suppression of research. On the other side, an undifferentiated glorification and belief of global salvation or defiant insistence for the private right of self-determination on inebriation is observed. In between, there has grown a new research interest in the actual benefits and risks of hallucinogenic compounds for the treatment of specific diseases, e.g. drug addiction (Ross, 2012; Bogenschutz & Pommy, 2012; Hendricks, 2014; Krebs & Johansen, 2012) and some depressive and anxiety disorders (Vollenweider & Kometer, 2010). Others said to have found a large effect of 3,4,-methylenedioxyamphetamine (MDMA) assisted psychotherapy on chronic PTSD (Chabrol & Oehen, 2013). Therapeutic potential seems to have been found from the beginning but was stopped when this substance became included within a larger drug subculture. Now, there seems to be evidence to discuss MDMA as a medicine again, along with other substances such as heroine and amphetamine (Sessa & Nutt, 2015; ClinicalTrials.gov, 2018).

Gasser et al. (2014a) found in a well-controlled study that the application of LSD in a 'methodologically rigorous medically supervised psychotherapeutic setting' can reduce anxiety in patients who face life-threatening diseases. A prospective follow-up with 10 individuals after one year showed that the effects of reduced anxiety were sustained. In the qualitative part of the study, participants 'consistently reported insightful, cathartic and interpersonal experiences, accompanied by a reduction in anxiety (77,8%) and a rise in quality of life (66,7%). Evaluations of subjective experiences suggest facilitated access to emotions, confrontation of previously unknown anxieties, worries, resources and intense emotional peak experiences à la Maslow as major psychological working mechanisms. The experiences created led to a restructuring of the person's emotional trust, situational understanding, habits and world view.' (Gasser et al., 2014b).

These examples are presented here in order to show that there is a new general research interest in psychedelics and its potential therapeutic use. A simple literature research at the online database PubMed on the 28.04.2016 showed 179 articles under the search term ayahuasca (<http://www.ncbi.nlm.nih.gov/pubmed>). Eight of them were placed within in the first four months of the same year 2016. 23 articles where published in 2015. A detailed literature research (provided in 2014 for the period from 1960 until 2014 in the data bases of PubMed, Scopus, Science Direct, Scielo and Web of Science) showed that the number of scientific, first time published articles under the term ayahuasca were 312. Upon the first period of 35

years from 1960 until 1995, there appeared only 31 articles. From 1995 until the present, the number increased rapidly so that only in the year 2012 the number of 41 articles were published and in 2014 and 33 articles (Castelan Filipe, 2015, p. 33).

1.1.2 Non-European medicines and its relationships to the western medicine

Beside the historic and new western attempts of substance-assisted psychotherapy, there are traditional approaches in other parts of the world, which have been subsumed under the rather Eurocentric term “ethno-medicine”. The WHO defines traditional medicine as followed:

‘Traditional medicine has a long history. It is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. The terms complementary/alternative/non-conventional medicine are used interchangeably with traditional medicine in some countries.’ (WHO, 2000)

Further, a footnote says:

‘The term complementary and alternative medicine is used in some countries to refer to a broad set of health care practices that are not part of the country’s own tradition and are not integrated into the dominant health care system’ (WHO, 2000)

The Canadian evaluation researcher Brian Rush (2016) quotes in an unpublished report that in the developing countries with low income, 75%-85% of the patients with serious psychic diseases are not reached through the health systems (Demyttenaere et al., 1996). Behind the interest to do more research in the psychedelic medicine of the Amazon, lays the fact that in many countries there is a huge gap between the high load of the mental health and the lack of therapeutic help for psychic diseases and addictions. In places which have possibilities for help, it often does not reach the needs because of different reasons (McKenzie et al., 2004). This is especially the case in regions with indigene population. That is why Rush quotes Incayawar, who emphasizes that the cooperation of the modern Psychiatry with the local healing tradition is required (Incayawar, 2007). Sobiecki (2014a; 2014b) supposes that 72% of the black population of Africa hold traditional healers as their main medical supply source.

It could be the aim of the international research community to look for effective interventions, which work within the cultural field in which they shall be implemented.

1.1.3 Some attempts to connect both in the South Americas

Some psychotherapists and institutions use ayahuasca and other South American traditional interventions as part of their therapeutic program (Dörfler, 2015). The Takiwasi centre in Tarapoto (Peru) is the internationally most well-known. It offers detoxification and long-term cessation therapy for drug addicts. It combines a therapeutic community, group-therapy, ayahuasca and other traditional and semi-traditional medicine and complementary medicine interventions. Bouso & Riba (2014) found evidences for the effectiveness on alcohol and drug dependency treatment. Retrospective studies have shown that, through the religious use of ayahuasca within the Santo Daime and UDV churches in Brasil and the U.S., alcohol and drug abstinence could be reached from dependent individuals (Grob et al., 1996; Labate et al.; 2013; Fábregas et al., 2010; Halpern et al., 2008).

The Hoasca Project was the first biochemical investigation on long-term ayahuasca consumers such as in the Brazilian ayahuasca churches (McKenna et al., 1998). Besides other results, an increase in the number of binding sites on platelet cells, which mediate the serotonin uptake was found (Callaway et al., 1994). This might be relevant for evidences of anti-depressive and anxiolytic effects (Osório et al., 2015).

Loizaga-Velder & Loizaga Pazzi (2014) found in a qualitative study that participants of ayahuasca-based treatment consider the combination of ayahuasca experiences with known elements of addiction treatments such as group therapy, art therapy, and psychosocial counselling important for psychodynamic insight, inner cleaning, peak experience and development of visions. Another qualitative study shows that patients from different countries and contexts see therapeutic potential and benefit in the ayahuasca-based treatment (Loizaga-Velder & Verres, 2014).



2 Traditional Settings

The use of natural psychoactive substances has been identified as a strategy to induce altered states of consciousness that can be found in several cultures (Dittrich & Scharfetter, 1987). In 90% out of 488 observed ethnicities, altered states of consciousness were institutionally integrated part of their societies (Bourguignon, 1973).

Within the wide Amazonian area, the use of hallucinogenic plants is an integrated part of the traditional medicine and folk-psychotherapy (McKenna, 2007). Many indigenous people consider ayahuasca as a sacred and most important medicine provided by nature (Presser-Velder, 2012). The use of this brew, which nowadays mostly contains N,N-dimethyltryptamine (DMT) and harmala-alkaloids as monoamine oxidase inhibitor (MAOI), is traditionally embedded in ritualized oral ingestion. The MAOI is provided from species of *Banisteriopsis* (*B. caapi*, *B. muricata*). It is a rife vine in the Amazonian area. The DMT comes from leafs of *Psychotria viridis* or *Diplopterys cabrerana*. Various recipes and rituals from different groups have been reported and the change of rituals over the time has been documented (Luna, 2006; Ott, 1994).

For the indigenous shamanic beliefs, ayahuasca has been used for ‘foreseeing the future, sending messages to other groups, contacting distant relatives, determining if wives were unfaithful, determining plans of the enemy, identifying sorcerers and practicing love magic’ (Luna, 2004, p. 378-382), also to enter unseen realms and other realities (Luna, 2010, p. 2) and to communicate with spirits in order to gain protection, perform witchcraft and sorcery against others and to achieve ecstasy (de Rios, 1972). Ayahuasca often has been experienced as a personalized entity, which acts as a plant teacher to the shaman (Luna, 1986b, p. 60).

For the Amazonian area of the Napo river, ‘it is also evident, that the ayahuasca shamanism was fully developed in the Napo before the DMT admixtures were ever introduced, and eventually evolved into practices with DMT admixtures as it spread’ (Highpine, 2012). Many other plants are traditionally known to be admixture to the *Banisteriopsis caapi* vine and ‘most of these “admixtures” are not added to enhance the psychoactive effect of ayahuasca; rather they are mixed with ayahuasca in order to understand and communicate with those plants. Ayahuasca has a traditional supportive role for other plant medicines.’ (ibid., 2012).

Unlike the popular forms of ritualized collective intake and purging, for some tribes it is or was common that only the shaman drinks the ayahuasca brew because

its intake is considered to be unpleasant and left to the professional healer (Schultes, 1983, p. 140). ‘The “medicine” with psychic properties that enables the medicine–man easily through hallucinations to see or converse with malevolent spirits from whom come all illness and death are usually far more important in native cultures than those medicines with purely physical properties’ (Schultes, 1983, pp. 140-141). Others have ritualized dances (colombian Tucanoans) or use *Banisteriopsis* for enhancing hunting skills (Waorani) (Miller-Weisberger, 2000). For the first part of the 20th century, Louis Lewin mentioned the use of ‘*Banisteria caapi*’ by ‘the Guahibo, Tukano, e.g. Coreguáje and Táma, the Zaparo, Uaupé Yekuaná, Baré, Baniva, Mandavaka, Tariana, Cioni, Jibáros, Kolorados, Cayapas and others.’ (Lewin, 1924, p. 141). He reported that the strongly cooked brew would be drunk solely. The sorcerer instead, would ingest another recipe, which would contain other plants such as ‘*Jahi, Yaje or Yahe*’ (ibid., p. 142). They would use this for finding causes of diseases, for healing, or to hex enemies. Note, that nowadays *Yagé* is the widely used name for the psychedelic ayahuasca brew in Colombia. Lewin continued, that the Jabáros tribe would have performed “*Natema*”-celebrations up to 8 days on which *B. caapi* would have been ingested collectively by men, women and adolescents. But they also would have drunk it alone for all kinds of reasons and the desire to experience trance (ibid., p. 142). The use of *B. caapi* would have been connected with religious ideas because the delusions of the senses would have been perceived as real (ibid., p. 144).

For the traditional “indian” societies of some Amazonian areas, it was mentioned by Schultes that the medicine–man often would not know a lot about plants in general. He would concentrate on the ritualized or magical use of his sacred plants, which are mostly psychoactive or hallucinogenic. For the phyto-therapeutic medicine (plant-medicine), most tribes also had what we would call a medical doctor who usually did not use those plants in a magical or shamanic way but had a greater knowledge about curative plant use in general. Those ‘botanists of the society’, as Schultes called them, usually worked cooperative with the *payés* or medicine–men although they seemed to have a lower rank than medicine-men (Schulte, 1983, pp.146-147).

Differences in the aetiological systems of urban and rural healers have been documented for Central America (Zacharias, 2005) and indicate a change and adjustment to new surroundings, circumstances and patient’s needs.

Unlike most western academic healing theories, the separation between spiritual, religious practice on one side and medical, therapeutic on the other may not have existed for most of the indigenous users. Everything seems to be part of a holistic sacred cosmology in which magic, religion and healing are one. It seems to be that this combination provides one of the attractions for western ayahuasca seekers, particularly, as described later, if seen in regard of the characteristics of neo-shamanism.

2.1 Church Settings

Another big group of ayahuasca users are the syncretic ayahuasca religions, mostly found in Brazil. There is the Santo Daime church, which was founded in the 1930s by Mestre Irineu (Raimundo Irineu Serra) in the state Acre and the smaller União do Vegetal (UDV) which was founded in the year 1961 by Mestre Gabriel (José Gabriel da Costa). Various branches of the Santo Daime have spread over South America and have reached North America, Europe and Asia (Labate & Jungaberle, 2011; Labate & MacRae, 2010). The religious use is legal in Brazil, Netherlands, Japan and partly the USA. The brew is ritually consumed, sometimes with more than 100 followers. It is considered a sacrament similar to the Christian churches. There are some differences between these two religious groups. The Santo Daime ritual can last four to twelve hours and it contains collective singing and dancing. There are hymns and a synchronized dance (bailado), accompanied by strong percussion and melodic instruments. In the UDV ritual, which lasts up to four hours, the participants remain seated most of the time. The music is performed by single participants and comes from stereo devices. Participants direct questions to the preacher and there are also some periods of silence (Barbosa et al., 2005). Barbosa et al. conducted a mixed methods psychological investigation on 28 first time ayahuasca users in an urban ritual context of the Santo Daime and Unidão do Vegetal Churches in Brazil. 64,3% of them believed in reincarnation and 57,1% had a so-called metaphysical religiosity (concerning supernatural beings, parallel dimensions, cosmic energy, eastern esoteric or spiritual concepts such as chakras, yoga and meditation practice). Only 3,6% described themselves as agnostics. 42,9% of them were motivated through the expectation of self-knowledge and 28,6% of spiritual latencies (search for awakening hidden spiritual attributes like e.g. “the superior self”). Curiosity about the effects of ayahuasca was mentioned as motivational factor from 25% and healing (psychosocial problems) was only mentioned from 21,4%. 17,9% were looking for improvement in equilibrium, general well-being and behaviour (Barbosa et al., 2005). Although the sample size was rather little for generalized interpretations, the authors concluded out of their socio-demographic data that, ‘despite the Amazonian origins of Santo Daime and UDV among the working classes, the religious use of ayahuasca in south-eastern Brazilian large cities seems to be a predominantly middle and educated social class phenomenon’ (ibid, p. 197). The findings, especially the low curiosity factor of the motivation for ayahuasca, would corroborate the hypothesis of the search for new ways of life and spiritual values and alternatives to materialistic and utilitarian values in parts of the urban Brazilian middle class.

2.2 Healer settings

There are many mestizo curanderos (Spanish: healer) throughout South America who provide ayahuasca for a range of health related and psychotherapeutic problems. The Spanish word mestizo refers to a South American population of descendants of mainly white and indigene ancestors. Usually those healers get paid for their services. The use of ayahuasca-ritual therapy depends strongly on the area and the economic and educational level of the participants. Often it belongs to the rather low socio-economic parts of society. Nevertheless, it is an integrated and accepted part of indigene and mestizos healing practice (In cayawar, 2007) and is engaged in the diagnosis and treatment of medical, psychological and psychosomatic diseases as alternative or additional to the physician 's treatment. The mestizo ayahuasca-shamans are sometimes called *vegetalistas* or *ayahuasqueros*. They have in common that important elements of their healing practices are a continuation of the shamanism of native groups, e.g. they often claim to receive knowledge directly from spirits and plants and they often claim to collaborate with some of the spirits. Sometimes those spirits are called *doctors* or *doctorcitos* and they would manipulate the client's body directly for healing purposes. They also use special healing songs (*ícaros*) during their rituals and many consider the diet as important part for preparation and healing. Christian elements and saints have been woven into the mestizo shamanism (Luna, 2003, p. 20-23; Luna, 1986b, pp. 14-15, 16, 31-32, 141; Kamppinen 1989, p. 114; Fotiou, 2012, pp. 16-20). For many mestizo customers the curanderism does not conflict with their Catholic religion or with scientifically-based medical services.

The boundary between the local or traditional mestizo ayahuasca healing practices and new influences like elements of western or Asiatic ideas, religions and relaxation practices is often blurred nowadays, especially when the clientele changes.



3 Ayahuasca tourism

3.1 Touristic settings

Since the 1980s, non-religious ayahuasca groups were established. Ayahuasca spread to the cities and was internationally recognized from a larger audience (Barbosa et al., 2012).

Ayahuasca -tourism in Peru hGrunwelas developed to become a professional business in the last 20 years (Grunwell, 1998) due to a Western demand for personal insights and guidance, emotional catharsis, spiritual confirmation and epiphany, psychosomatic healing and “adventurous experience” (De Rios, 1994; Kristensen, 1998; Winkelman 2005; Fotiou, 2010; Schmid, 2010; Losonczy & Mesurini, 2010; Hudson, 2011; Fiedler, 2011; Wolff, 2018).

One hotspot of western ayahuasca tourism is the town Iquitos located in the northern Peruvian jungle (Fotiau, 2010, p. 121). Touristic areas, which were traditionally less involved in the Amazonian ayahuasca practice have discovered its economic potential and offer it to western tourists. One example is the well-known Andean city Cusco.

Nowadays, more and more “healing centres” and lodges appear, which mostly cater to urban and western travellers and offer their ayahuasca rituals on the Internet. They are more or less professionalized and commercialized. Often a combination of ayahuasca-shamanism and other activities is offered, like visits to local communities, sites, lectures and longer ayahuasca seminars (Znamenski, 2007, pp.155-157; Holman, 2011, p. 68). These professional lodges usually offer “all inclusive” accommodation. Shamans who run such centres do not necessarily stand in only one tradition of a particular native group any more. There are also several westerners who offer ayahuasca and some centres are owned by westerners. The ayahuasca tourism in South America grown for 10 or 20 years. But the situation on the traditional medicine health market in Peru is vastly unregulated.

The government of Peru has brought out the Resolución Ministerial 836 del INC on the 24th of June 2008 that declares the traditional use of ayahuasca to be a Cultural Heritage of the Nation. It declares:

‘Que, mediante el documento del visto la Dirección de Estudio y Registro Cultural en el Perú Contemporáneo solicita la declaración como Patrimonio Cultural de la Nación a los conocimientos y usos tradicionales asociados al ayahuasca y practicados por las

comunidades nativas amazónicas, conforme al Expediente elaborado por doña Rosa A. Giove Nakazawa del Centro Takiwasi – Tarapoto y presenado por la Gerencia Regional de San Martín;

Que la planta *Banisteriopsis caapi* es una especie vegetal que cuenta con una extraordinaria historia cultural, en virtud de sus cualidades psicotrópicas y a que se usa en un brebaje asociado a la planta conocida como chakruna psicodria-*viridis*;

Que dicha planta es conocida por el mundo indígena amazónico como una planta sabia o maestra que enseña a los iniciados los fundamentos mismos del mundo y sus componentes. Los efectos de su consumo constituyen la entrada al mundo espiritual y a sus secretos, es así que en torno al ritual del ayahuasca se ha estructurado la medicina tradicional amazónica en algún momento de sus vidas, e indispensable para quienes asumen el papel de portadores privilegiados de estas culturas, se trate de los encargados de la comunicación con el mundo espiritual o de los que lo expresen plásticamente; ...

Que, por la información de sustento se desprende que la práctica de sesiones rituales de ayahuasca constituye uno de los pilares fundamentales de la identidad de los pueblos amazónicos y que su uso ancestral en los rituales tradicionales, garantizando continuidad cultural, está vinculado a las virtudes terapéuticas de la planta; ...? (Resolución Ministerial 836 del INC, 2008)

Translation: That through the seen document the Directorate of Study and Cultural registry in Contemporary Peru requests a declaration as Cultural Patrimony of the Nation the knowledge and traditional uses associated with ayahuasca and practiced by native Amazon communities, according to the dossier prepared by Dona Rosa A. Giove Nakazawa of the Takiwasi Centre - Tarapoto and presented by Regional Management San Martin;

Banisteriopsis caapi is a plant species that has an extraordinary cultural history, by virtue of its psychotropic qualities and used in a concoction known as associated with *psicotria-*viridis* chacruna* plant;

That this plant is known by the indigenous Amazonian world as a wise teacher who teaches the initiates the very foundations of the world and its components. The effects of consumption are the entrance to the spiritual world and its secrets, so at some point in their lives traditional Amazonian medicine has structured around the ritual of ayahuasca, and indispensable for those who assume the role of carriers privileged of these cultures, dealing with those responsible for communication with the spirit world or those who express plastically; ...

That the supporting information shows that the practice of ritual ayahuasca sessions constitutes one of the fundamental pillars of the identity of Amazonian peoples and their ancestral use in traditional rituals, guaranteeing cultural continuity, it is linked to the therapeutic virtues of the plant; ...

Due to the increasing shaman-touristic interest the number of shamans and healing centres grows. This can be seen in the increasing number of English web pages and prices in USD on the Internet. A simple research in the Peruvian Google search engine (<https://www.google.com.pe>) on the 8th of March 2016 with the two words

“ayahuasca” and “retreat” brought about 223000 hits and the same search on the 23 of October 2018 brought 562000 hits.

The anthropologist, Evgenia Fotiou, who has done her fieldwork from 2003 until 2005 reported that not only the number of western shaman tourists has probably doubled after her stay in Iquitos (Fotiou, 2010, pp. 122-123) but also the interest of young local mestizos in becoming a shaman had increased. Most of them are reported not to be an apprentice for a couple of years but start their business after few months of apprenticeship. They often claim to have apprenticed with an indigenous shaman (Fotiou, 2010, pp. 305-306). In the case of Iquitos, the ayahuasca was urbanized and mixed with Christianity a long time before the western interest appeared. Shamanism was a mestizo profession before (Fotiou, 2010, *ibid.*). It is consumed within its cultural Amazonian and mestizo origin and nowadays also in a commodified globalized context. Ayahuasca rituals are offered in worldwide Facebook groups in North America and Europe and it is present in real and virtual marketplaces such as the mercado de Belén in Iquitos, Cuzcos’s mercado San Pedro, and BouncingBearBotanicals.com (own observations, 2016; Hudson, 2011). ‘Its fetishization is strong’ (*ibid.*). The image of the indigene shaman is popular and may be an archetypical invitation that leads quickly to associations and wishes. Contractors and agencies of shaman tours might seize wishes for imagined authenticity. Besides the issue of therapeutic quality and responsibility, shaman tourism ‘benefits financially from its association with the icon of the shaman’ (*ibid.*). Some believe that the tourism destroys the authentic use of ayahuasca through commercialization of the Amazonian spirituality. Others are reported to think that indigenous ecotourism could provide a future to indigenous cultures (Zografos, 2005). Shamanism is and probably has always been a profession not only related to foreign tourists but also to local clients (Ott, 2011, p. 114).

3.2 Relation between tourism and ayahuasca

There are on-going discussions in closed ayahuasca internet-groups of Facebook about the question, what a real shaman is. Some western people request advice in finding an “authentic” shaman. The search for authentic experience and phenomena of constructed authenticity, which are known to the sociological and social-psychological tourism research since Groffmann (1959) and MacCannell (1973), can be observed very well in the field of the ayahuasca tourism scene: ‘It is found that tourists try to enter back regions of the places they visit because these regions are associated with intimacy of relations and authenticity of experience. It is also found that tourist settings are arranged to produce the impression that a back region has been entered even when this is not the case’ (MacCannell, 1973).