



Published in final edited form as:

Interdiscip Sci Rev. 2023 ; 48(5): 712–731. doi:10.1080/03080188.2022.2075201.

‘Everybody’s creating it along the way’: ethical tensions among globalized ayahuasca shamanisms and therapeutic integration practices

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Abstract

Ayahuasca has a variety of traditional uses, yet there is a growing global interest in its potential therapeutic benefits for mental health conditions. Novel approaches to psychotherapy are emerging to address the needs of ayahuasca users to prepare as well as to guide them in ‘integrating’ their powerful psychedelic experiences, yet there is little discussion on the ethical frameworks that may structure these therapeutic processes or the social and cultural assumptions that influence the assignment of ayahuasca as a medicine. Based on ethnographic fieldwork in San Martín and Loreto, Peru, I examine the varied social meanings and uses of ayahuasca in the Peruvian vegetalista tradition and the potential ethical tensions among curanderos, mental health practitioners, and ayahuasca retreat centers. Practitioners and ayahuasca centers are left with navigating globalized concepts of mental health and ethics while attempting to remain authentic to local ontologies of healing, care, and safety

Keywords

Ayahuasca; Amazonian Shamanism; Vegetalismo; Peru; Medical Anthropology; Psychedelics

Introduction

In a conference talk on ayahuasca and the scientific paradigm, Stephan Beyer (2013) claims that the influx of foreign interest in ayahuasca in Peru began precisely in the year 1993. It was the widespread distribution of visionary artist Pablo Amaringo’s book, *Ayahuasca Visions*, that Beyer insists is what introduced the public to the extraordinary world of ayahuasca shamanism. Yet just a year before, an addiction rehabilitation clinic that integrates traditional Amazonian medicine with psychotherapy opened its doors on the outskirts of the high jungle city of Tarapoto, the commercial center of San Martín province. Founded by a team of Europeans and Peruvians, Centro Takiwasi combines their own variation of local traditions (Dupuis, 2018) with psychotherapy in a therapeutic community setting, providing an example of early attempts at institutionalizing a psychology-informed traditional Amazonian healing practice. Over the last few decades since Takiwasi opened

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Disclosure statement.

The author reports there are no competing interests to declare.

its doors and Amaringo's artwork became world-famous, dozens more ayahuasca healing centers have emerged throughout Peru, offering a range of services to heal mental and physical health issuesⁱ. While the 1990s might mark the beginning of a new scale of foreign interest in ayahuasca, researchers and adventurers had already been exploring Indigenous and mestizo healing and sorcery practices for decades, often coinciding with early to mid-20th century interest in psychedelic medicine. From the very beginning of these intercultural explorations there have been both tensions and incongruities in the ethical frameworks among locals and foreigners. In this paper I take attention to ethics in care among *vegetalista* practitioners – a form of *curanderismo* specific to mestizo people of the Peruvian Amazon – and where they may become incommensurable with the ethical frameworks embedded in psy-disciplines. This analysis focuses explicitly on mestizo traditions of the Peruvian Amazon (*vegetalismo*), which differs from other traditions such as the use of *yajé* in Colombia, Indigenous practices in various Amazonian regions, and the religious approaches in Brazilian ayahuasca churches (e.g., Santo Daime, União do Vegetal, Barquinha). Rather than adhere to a strict dichotomy between western/Indigenous, or local/foreigner, it is productive to think in terms of how medical/therapeutic and shamanic ethical frameworks have emerged as two broad conceptual categories through which *vegetalismo* is considered.

Ayahuasca is the Quechua-language name for a thick, bitter tea known for its strong psychoactive properties. Local and Indigenous uses of ayahuasca range from a hunting aid to divination, sorcery, communication across distances, a diagnostic tool for illnesses, and if appropriate, as a form medicine in itself. The growing global interest, however, is specifically focused on its potential therapeutic benefits, including mental health conditions such as addiction (Mabit, 2007; Thomas et al, 2013; Loizaga & Verres, 2014), depression (Sanches et al, 2016) protracted grief (González et al, 2017; González et al 2020), eating disorders (LeFrance et al, 2017), and trauma (Nielson & Megler, 2012). Over the past few decades, the shaman-as-psychotherapist/psychiatrist model has come to prevail in academic literature (Andritsky, 1989; Atkinson, 1992), especially with respect to ayahuasca shamanism (Labate 2014). In parallel, the psychedelic paradigm in psychiatry leads some to believe that the psychiatrist must be 'recast as a modern-day shaman' (Bravo & Grob 1989, p. 124). In the mainstream, the use of ayahuasca, among other psychedelics, is promoted to have therapeutic value (e.g. Degan 2016; Pollan 2018) and has been approved for clinical trials in several countries. Disciplines concerned with psychology, psychiatry, and mental health, referred to as psy-disciplines (Duncan 2018), are increasingly entangled with ayahuasca practices in two important ways. First, as means of medicalization, wherein ayahuasca (and psychedelics in general) is employed as a pharmacotherapy, sometimes with attendant psychotherapeutic processes for ayahuasca-assisted psychotherapy. Second, in which psy-disciplines function as a means of harm reduction, wherein a psychotherapist, facilitator, coach, or guide will provide services to help integrate challenging or adverse ayahuasca experiencesⁱⁱ. Within the context of psy-globalization, or the globalization of

ⁱBeyer was hardly the first to comment on the heightened international interest in ayahuasca and the concomitant rise in ayahuasca-related tourism. Marlene Dobkin de Rios (1994 and 2006) was an early critic of ayahuasca-related tourism, advancing concerns that such activities will destroy traditional practices as new, untrained, unskilled people pose as shamans in order to benefit from the growing popularity and financial opportunity of ayahuasca practices.

psychological ‘discourses, ideologies, and practices around the self and emotions’ (Duncan, 2018, p. 37), psy-disciplines are applied to globalized ayahuasca shamanism in order to structure the practice as a therapeutic experience guided by principles of professionalismⁱⁱⁱ. Labate (2014) has argued that the psychologization of vegetalismo has been ‘established as a central paradigm’ on the international scale (p. 184).

When ayahuasca itself is not being lionized for its ability to accomplish ten years’ worth of therapy in one night^{iv}, psychotherapists, wellness coaches, integration coaches, guides, and facilitators are considered important therapeutic resources to fulfill the needs of those who drink ayahuasca in a globalized context^v. Such therapeutic resources that draw from psy-disciplines are intended to prepare as well as to guide drinkers in integrating ayahuasca-induced psychedelic experiences (Lewis 2008; López-Pavillard 2018; Diamant et al 2021). There is a budding literature on psychotherapy in the use of psychedelics (e.g., Cohen 2017; Schenberg 2018; Quevedo 2009; Walsh & Thiessen 2018; Diamant et al 2021) as well as a growing number of training programs for facilitators, guides, and integration coaches. For decades, authors have supported the integration of psy-disciplines with shamanic practices and processes in which they either encourage the adoption of shamanic techniques into psychotherapeutic practice (i.e., psychotherapist-as-shaman, e.g., Bravo & Grob 1989; Smith 1997; Dobkin de Rios 2002) or they claim that since ayahuasca is becoming popular in the West, that ayahuasca practices must adapt to psychological frameworks (e.g., Harris & Gurrell 2012). Some also report that ayahuasca itself ‘mimics’ the psychotherapeutic experience, without any mention of the role of a ritual specialist (Nielson & Megler 2014).

Whether psy-practitioners accommodate local Indigenous and mestizo ayahuasca traditions, or whether *ayahuasqueros* are expected to accommodate psy-disciplines, it is important to address the ethical frameworks present in this cross-cultural healing encounter: on the one hand, the ethics that underlie psy-disciplines and on the other hand, the ethics that underlie *vegetalista* practices^{vi}. The ethical frameworks that structure these therapeutic processes are, naturally, rooted in specific socio-historical philosophies and cultural assumptions that influence the perception of what ayahuasca is (a medicine? An entity? A portal?) and what ayahuasca practitioners are expected (or not expected) to do. As the number

ⁱⁱKen Tupper (2008) has also referenced the ‘benefit maximization’ that occurs when psychotherapeutic or other integration practices are combined with ayahuasca use.

ⁱⁱⁱThe term shaman is often used among scholars, travelers, foreigners, and some locals to refer to Indigenous and mestizo practices that involves contact with the spiritual world for a variety of purposes (e.g., diagnosis, healing, apprenticeship, spiritual warfare, creating balance). However, in addition to the dozens of Indigenous-language terms in the Amazon, local Spanish-language terms for ritual specialists such as *medico* (healer/doctor), *curandero* (healer) and *vegetalista* (one who works with the spirits of a broad number of plants or *vegetales*) are more accurate. Nevertheless, local and Indigenous people have adopted the term *chamán* when speaking amongst foreign clientele and often the terms *curandero* and *shaman* are used interchangeably in conversation, on websites, in books, and in scholarly publications. Indeed, *ayahuasca shamanism* itself has become a term that refers to the entirety of the mestizo and globalized Indigenous ayahuasca-related practices, including *dietas*, *purgas*, and other processes that may not include the ingestion of ayahuasca. Although such a conflation of *curandero*, *chamán*, and *vegetalista* might be objectionable, the term *shaman* and *ayahuasca shamanism* have come to be equated (perhaps erroneously) with the ethnographic context in which I conducted fieldwork. Thus, throughout this paper I use the term *shaman* and *curandero* to signify the same role of the ritual-specialist. See Martínez González (2009) for further discussion.

^{iv}<https://www.vice.com/en/article/nnkjaw/we-asked-why-someone-would-take-ayahuasca-more-than-20-times>

^vI refer to a ‘globalized context’ as markedly different from an Indigenous or local mestizo context in that the ceremony is conducted for non-Indigenous or non-local participants; may be led by someone whose community of origin (whether Indigenous or not) does not have an ancestral ayahuasca-related tradition; and interweaves spiritual features from around the globe (see Tupper 2009 for a discussion of cross-cultural vegetalismo and Labate 2014 on the internationalization of vegetalismo).

^{vi}I remind the reader that my analysis is focused on the *vegetalista* tradition. For a similar analysis based on fieldwork in a Shipibo community, see Brabec de Mori (2021)

and variety of professions associated with ayahuasca use have expanded further into the realm of psychology, mental health, and the wellness industry, the topic of how these different practitioners navigate the ethical boundaries of their professions must receive more attention. In the following pages, I describe the practices and ethical dimensions of *vegetalismo* in the Peruvian Amazon from the point of view of my participants^{vii}. Next, I track where disparate ethical configurations lead westerners to privilege their own onto-ethical concerns over that of the locals, despite the desire to be ontologically inclusive. I suggest that this will for inclusivity creates a confusing intercultural encounter, in which westerners accept aspects of *vegetalista* ethics that overlap with their own and disregard or even reject the parts that they do not ontologically understand or that are not consistent with the familiar medical ethics of their own cultures. I address the concept of ethics from a broad understanding that includes *ethics as sanctioned behaviors* as well as *ethics as a moral code* and ethics in both individual relationships (e.g., client-practitioner) and global relationships (e.g., the reproduction of coloniality through health-related behaviors, research, and practice).

***Vegetalismo* in the Peruvian Amazon**

The practice of *vegetalismo* involves the magical and medicinal uses of a vast pharmacopeia of plants, perfumes, baths, songs and prayers. *Vegetalismo* is a distinctly Peruvian form of shamanism that developed among mixed-ethnic (mestizo) and Indigenous populations in urban and peri-urban spaces of western Amazonian regions, particularly in and around the cities of Iquitos, Tarapoto, Pucallpa, and Puerto Maldonado (Luna, 1986; Dobkin de Rios, 1972). *Vegetalista* traditions have been influenced by hundreds of years of European colonialism, missionary activity, and economic booms-and-busts in rubber, logging, and coca production. *Vegetalismo* represents a synthesis of Indigenous magico-healing practices, African spiritism, European herbalism, and Christian ideology (Luna, 1986; Dobkin de Rios, 1972), and has been rapidly globalizing as plants, practitioners, and ideas flow across international networks (Labate 2014; Marcus & Fotiou 2019).

In the Andean-Amazonian cosmovision each plant has a spirit, or *madre* (Luna, 1986). Particularly powerful plants are called *plantas maestras* (master plants or teacher plants) since they can communicate with and teach humans. Ayahuasca is considered to be one of the more powerful *plantas maestras*, since it gives the person who drinks it the ability to directly communicate with the spirit world and to see the causes of misfortune or illness. To cultivate a relationship with a plant so that it may teach or heal, one must *dieta* – do a diet. During a *dieta*, the *dietero/a* spends time in relative isolation, drinking a specially prepared plant concoction while adhering to strict dietary and behavioral rules. A *dieta* may be done for healing, for apprenticeship, for strengthening the body, or as a rite-of-passage into adulthood (Sanz-Biset & Cañigüeral, 2011). A skilled *vegetalista* will have conducted numerous *dietas* in a training process that takes years to complete, often in an apprenticeship with an elder practitioner. Through *dietas*, dreams, and the occasional ingestion of ayahuasca, the neophyte cultivates relationships with the spirits of the plants

^{vii}I conducted 20 months of ethnographic fieldwork between 2015 and 2019 in and around the jungle cities of Tarapoto and Iquitos, with some interviews also conducted among *ayahuasqueros* in Pisac and Calca. Ethical approval was continuously reviewed and granted by the University of Connecticut IRB (#H15–129).

that they diet, forging alliances with an array of other-than-human entities that are critical for their success as *curanderos* (healers).

The ethic of the *dieta* exemplifies central tenets in Andean-Amazonian cosmology: reciprocity and relationality. In societies the world over, reciprocity is a key means of creating and sustaining relationships, whether economic, political, sexual, or familial (Mauss, 1954; Graeber, 2001). In Amazonia, reciprocal relationships are not confined to human-human interactions, but are inclusive of other-than-human entities such as animals and spirits (Beyer 2009; Viveiros de Castro, 2007). Thus, humans can have relationships with the spirits of plants, animals, rivers, mountains, rocks, and even perfumes. When humans enter into a relationship with a *planta maestra*, either through a *dieta* or a ceremony, it is incumbent upon them to show a commitment to this relationship and to the teachings through performing certain behavioral restrictions and ritual actions. Plants are often known to be jealous (*celoso*), therefore they make certain demands on humans who want to learn or heal with them. These demands often take the form of the restrictions one must adhere to during and after a *dieta*. Similarly, when a person participates in an ayahuasca ceremony or undergoes a *dieta* under the guidance of a curandero, the *dietero* enters into an energetic and economic relationship with the shaman. The energetic and economic are difficult to disentangle, since shamans trade in energies as well as material goods such as money, objects, food, and livestock. Thus, it can be said that there is an economy of energy that complicates the economic and social relationship between the *curandero*, who shares his or her power and knowledge, and his or her apprentices or ceremonial participants.

The central *tenet of reciprocity* and the way it informs *vegetalista* ethics may be understood as a practice of fashioning the self through sanctioned or unsanctioned practices, as dictated by relationships with spirits. The ethical implications are more fluid than a good/bad dynamic, and certain unsanctioned behaviors might become permissible as a relationship develops. Likewise, certain initially sanctioned behaviors might become taboo or not permissible once a person reaches more advanced stages of practice (i.e., becomes an apprentice or is using plants for a difference intention). Clients are active in this encounter with the practitioner and plants, in that they are also held to such ethical practices of self-fashioning through adherence to the *dieta* and respect for the energetic bonds created with both the plant spirits and the *curandero*.

Western bioethics, on the other hand, is informed by ethics as a moral code or regimes of what is good or bad based on the central tenets of autonomy, justice, and beneficence or non-maleficence. Such codes are enforced amongst practitioners, with legal implications for their failure to embody such ethics in practice. Clients are passive in this respect, as they are the beneficiaries of an ethical code that is meant to protect their well-being. Westerners and psy-practitioners often fail to understand this primary difference between the Andean-Amazonian cosmovision and Western biomedical ideology that structures the bioethical paradigm. Indeed, Labate (2014) has noted that the ‘psychologization of vegetalismo is in turn linked to a “moralization” of the system’ which is ‘most evident in the minimalization or repression of the significance of witchcraft and sorcery,’ which are fundamental aspects of *vegetalismo* (p.186). Witchcraft has no place in a good/bad moral paradigm, but is an unavoidable reality in the relational ethical paradigm that conceives

illness and wellness as integral to social relationships. As mentioned, reciprocity is inclusive of relationships with other-than-humans, and is also a bi-directional commitment, which complicates bioethical notions of autonomy, justice, and patient-practitioner relationships. In addition to emphasizing reciprocal ethics in human and other-than-human relationships, *vegetalismo* is a non-codified practice that increasingly cross-cuts other healing traditions present in the Peruvian context, from psy-disciplines to Reiki, Traditional Chinese Medicine, and Ayurveda. Pinpointing a *vegetalista ethics* is of course problematic, given its hybrid nature as practitioners continuously weave in different global influences. In the following sections I provide some examples of how different practitioners and center owners navigate their plural influences and use them to develop explanatory models that simultaneously hold to local ontological perspectives while integrating globalized psy-narratives. Following discussion of these examples, I will turn to the question of incommensurability between these ethical paradigms in healing encounters.

Navigating perceptual worlds

Each year, more people travel to the jungle seeking ayahuasca for health, wellness, and psycho-spiritual development (Winkelman, 2005; Marcus & Fotiou, 2019). Many people find independent *curanderos* to work with, yet perhaps the majority gravitate toward the growing number of ayahuasca retreat centers (Suárez Álvarez 2017). Most of these centers are owned by North Americans, Europeans, or Limeños (Peruvians from the capital city of Lima). Despite their non-Indigenous upbringing, these transplants often absorb and take seriously the animistic ontology that underlies *vegetalismo*. For example, a retreat-center owner from New Zealand identified herself as a ‘full animist’, and in conversation often referred to the personality characteristics of the different plants she had dieted over the years, sometimes even giving them nicknames such as ‘bobi’ for *bobinsana* (*Calliandra angustifolia*). An unknown number of people come to these centers specifically seeking relief from depression, anxiety, PTSD, and other physical and mental health conditions. Such specific health-seeking behavior evinces an underlying assumption of ayahuasca as ‘medicine’. Stefán, the owner of a center in Pisac, noted the common ‘mistake’ that foreigners make when they liken plant healing in the Amazon to medical interventions in which a substance will remedy an illness. In the following he highlights the role of ayahuasca and the difference between an animistic and naturalistic ontology in the context of health and healing:

the reality is that ayahuasca doesn’t heal depression. We heal from our own depression, with the support of this and this and that. We heal ourselves... a medical doctor [came] from the states to drink ayahuasca for the first time. And, of course, he was blown away and of course immediately was like, *how do you think this can cure alcoholism?* And I said a glass of water can cure you of alcoholism. You heal yourself of alcoholism, so stop bringing in these ways of thinking that if you just follow the protocol A, B, and C, then it’s going to be fine. Healing is not medicine; not medicine as we understand it. Medicine as *we* westerners understand it, is about fixing a broken car. Healing is not about fixing anything... For me the greatest gift of, say for instance *ayahuasca* is not that I’m finally more whole, can think with better clarity, more connected to myself and the cosmos. The greatest

gift is the wisdom, the wisdom that is passed through these plants that is a wisdom that is both of the non-human and human world where they come from. And that wisdom is what we seem to be reluctant to listen to, and apply in our lives, which is about slowing down, being truthful, and living in harmony with our world environment in a mutually respectful way. That's for me the real gift for us. And you can't find it under a microscope, so you know, just stop looking [*laughs*]. But we are always looking, our mindset is so strong and we suffer from believing that this mindset is the best one.

Stefán is a *curandero* originally from Spain and runs his own center after a decade of training with a renowned Capanahua shaman. His statement alludes to the common motivation for ayahuasca use as a tool for overcoming mental health issues, as well as the doctor-as-mechanic trope in which practitioners must focus on healing certain 'parts' that are broken, whether it is the mind-brain, an organ, or a limb. As a Western-born *curandero*, he clearly recognized the intercultural differences that led foreigners to misinterpret or outright ignore the Indigenous worldviews of his Capanahua *maestro*. Stefán had internalized local worldviews towards plant-human relationships and healing, which is apparent when he says that healing is 'not about fixing' but about learning, honoring, and connection with other-than-human beings. This relational view involves other-than-human alliances and a broader understanding of the connection between knowledge and healing. Still, Stefán is well-educated on many western therapeutic techniques and has written books on ayahuasca and *huachuma* that refer readers to concepts in Jungian psychology, Archetypal psychology, and other western analytic trends that he feels are important for tethering westerners' experiences to a familiar intellectual framework. In many conversations, my interlocutors suggested that this psychological framework is particularly important among foreigners who have little understanding of Andean-Amazonian cosmology or who outright reject any spiritual or animistic perspectives.

Manuel, a *curandero* who built his own center on the outskirts of Tarapoto, expressed the same sentiment. Manuel was originally from Lima and had worked in Takiwasi during the institution's formative years. He explained that it is important that his wife, a psychotherapist, screens all of the *dieteros* before they begin their process with him. He draws on this psy-informed screening and diagnostic phase in order to determine what plants to give his clients and the quantity of the dose. This reflects the Takiwasi model, where he had worked for eight years before going off on his own. It also situates him in a class of vegetalista practitioners who find value in psy-disciplines to complement their work, particularly for the purpose of pacifying the overactive western mind that, he explained, needs intellectual stimulation.

The growth in number of ayahuasca centers has occurred alongside a renaissance in psychedelic research that has helped to alter the mainstream social image of ayahuasca, among other psychoactive plants, from an illegal psychedelic drug to a potentially powerful therapeutic tool (Langlitz, 2013; dos Santos et al, 2016). This has largely occurred through the process of medicalization and psychologization, in which *vegetalismo* is constructed as an ethnomedical practice yet concepts and techniques from medicine and psy-disciplines are used to explain its therapeutic efficacy, delegitimizing and often making invisible Indigenous

explanatory models (Apud & Romání, 2017; Labate, 2014). The designation of ayahuasca as a *medicine*, particularly for mental health conditions, is a central part of this process. In mainstream media there has been a burst of news articles and documentaries that focus on protagonists who seek relief from treatment-resistant depression (e.g., Matthews, 2017; Hill, 2016; Degan, 2016). This is also promoted in research and clinical practice where there has been an effort to legitimize ayahuasca as a therapeutic tool (Thomas et al 2013; Diamant et al 2021; Ruffel et al 2021). Medicalization tends to detach ‘medical’ issues from the domain of the spiritual, religious, economic, and political, while further privileging a certain philosophical understanding of illness and wellness rooted in bioscientific claims to epistemic authority. For example, in Peru, scholars have observed that the globalization of western psychiatric concepts have naturalized a language of trauma and other psychiatric conditions that displace the diversity of idioms of distress through which people express and experience suffering (Theidon 2012; Chauca 2016). Manuel acknowledges the epistemic power of psy-disciplines when he complements his *vegetalista* practices with psychology for diagnosis and treatment. Indeed, on his retreat center website he takes care to point out his own formal university education in psychology. His years at Takiwasi provided extensive training in how to market an integrative approach with psy-disciplines and Amazonian cosmology for a western clientele. While Manuel and other *curanderos* acknowledge the complementary value of globalized psy-narratives, most do not employ a formal psychological intake and, as is demonstrated in the following section, encourage their *dieteros* to re-conceptualize their perceptions of illness, relationships, and healing.

Medicine, portal, and keeping the spirit

Perhaps the most common epithet for ayahuasca among foreigners is *la medicina*. Referring to ayahuasca as *medicina* is not new among *vegetalistas*, yet to conceptualize ayahuasca as *only* a medicine is inconsistent with the Peruvian mestizo ontological understandings of ayahuasca. As I found out in a conversation with doña Elena, a mestiza *curandera* in Iquitos, this inconsistency led to a misinterpretation which brought me to ask how she ‘cures’ so many different illnesses with ayahuasca. She responded:

Look my friend, Ayahuasca is a portal. That’s it. What does a portal mean? It means that it is going to open the entire door of knowledge of this wisdom of the science of these plants. Ayahuasca is a teacher. Do you understand me? Within its silence it is very wise. *Very* wise. And a *curandero*, he cannot know what it is you have to do, but ayahuasca will show you what is happening. Or how to cure that person, or what plant to use for treatment. That is what ayahuasca does. For that reason I call it a *portal*. [translation mine].

Her emphasis on the wisdom received through human-plant relationships, and the supportive rather than authoritative role of the *curandero*, echoes Stefán’s explanation of how healing actually occurs. Other *curanderos* and *dieteros* I have spoken with reiterate the sentiment that the *curandero/a* herself does not heal, the ayahuasca itself does not heal, but both open the door and act as guides through a healing process in which the patient is an active agent and the plant spirits are the *doctores*. The *curandero* is a ritual specialist who guides the *dietero* with the knowledge they hold through their years of apprenticeship and practice. However, the kind of guidance and extent of formal instruction will vary based on each

practitioners' pedagogical style. Augustín, a Spanish-born *curandero* who apprenticed for years with Indigenous and mestizo shamans before opening his own center in Tarapoto in 1994, related to me the particular 'style' practiced by a Chayahuita shaman he sought in the 1990s:

one thing ...really put me on my back. I went to see the Chayahuitas, these guys from Balsa Puerto. Years ago, to go there I spent two days walking in the jungle to find these guys. And I took ayahuasca with them...and after he gave me ayahuasca he told me 'you go to your hut', and he went to his hut, his house. And so I spent all my ceremony without anyone next to me, to take care of me and to guide my experience. And it was a huge, rough, tough, rough, difficult experience. All the night. And I was really angry with him, because how could he do this kind of thing, give me very strong ayahuasca [and just leave me alone]? ... It was not a huge dose, but for some reason, it gave me such a hard time, such a hard experience to be by myself. So, the next day I went to see this guy, and to my translator I said, 'tell this guy, this fucker guy, how can he do that? To give ayahuasca to somebody and let him go by himself!' And so the guy, very serene, told me 'the ayahuasca doesn't need *me* to show you what you alone can see' [*laughs*]. Eh? So I go away and it took me years to understand what does he mean. I would say he was right. He was right. But it was a high level, high level of mastery.

This story illustrates the primary importance of establishing a direct relationship with ayahuasca and learning from one's own experience. It also describes the initial shock of a Westerner who expects the *ayahuasquero*, as a practitioner, to 'hold space' as part of this ethical responsibility. While Augustín claimed that he would never abandon his own clients in such a way, he recognized the value in learning how to guide himself, or rather let ayahuasca become his teacher rather than relying on the *curandero* to help him navigate and interpret his experiences. He explained that in his ceremonies he conducts the least possible intervention with participants, because it is *during* the ceremonies that integration occurs. Most discourse on integration is about post-ceremony interventions, which some consider an imperative as part of the good practices (avoiding the term 'best practices') for the protection of the client (e.g., Moran 2021; Tan 2018). Indeed, it is common to hear that integration is the most important part of the ayahuasca process. One retreat center owner, Glenn, claimed that 'actually, 95% of what you get from Ayahuasca you get through integration, not through ceremony...'

...So, you know integration is the most overlooked part of the process, especially for westerners, because they're fascinated and often infatuated with being in the experience. That's drama, that's excitement, that's different, and they're really mostly not thinking about bringing what they're getting from that into their everyday life, where they actually live and reside. So that leads a lot of people to demonstrate clearly an obsessive- compulsive relationship with the medicine. It develops in 1 person in 10, easily 10% of people who do it develop, at least temporarily, at some point in their relationship become obsessively compulsive about it.

He refers to well-crafted integration practices as an important way to prevent negative consequences (in his example, overeager usage) of working with ayahuasca. Glenn runs a center with an Indigenous Lamista *banco ayahuasquero* in the jungle outside of Iquitos^{viii}. Born in the US, Glenn is a naturalized Peruvian citizen and has facilitated thousands of people in ayahuasca and *huachuma* (*Echinopsis pachanoi*, aka San Pedro) retreats since the early 1990s. As a former biologist who struggled with debilitating depression, he attends to a biomedical model of mental illness that acknowledges genetic predispositions for certain psychiatric conditions and, as evidenced in the above quote, does not shy from labeling overuse of ayahuasca as an obsessive-compulsive disorder. Although Glenn embraces this paradigm, a quote of his in the following paragraphs reveals that the intellect-oriented and analytical focus of psy-disciplines ultimately fails in navigating a world beyond the individual psyche, where one encounters different models of reality that involve, above all, a commitment to relationality as part of the healing process. This raises the question, is there a point when the western model that informs psy-disciplines becomes incommensurable with Andean-Amazonian ontology? That is, can the psy-disciplines recognize ayahuasca (among other plants) as anything *except* a medicine, and for something *beyond* the therapeutic process?

Fashioning a commensurate ethics

Losonczy and Mesturini Cappo (2014) take a metalinguistic approach to explain how verbal and ritual actions by locals and foreigners (in their terms, ‘Indigenous’ & ‘Occidental’) stage a *performative misunderstanding* (inspired by Marshall Sahlins’ ‘working misunderstanding’) in which the parties are able to give special meaning to the ritual event without fully understanding the other. In this way, ‘two different social and cultural logics appear as diverging interpretations of the same event that culminate in... its inscription as a relevant event in both collective cultural memories’ (p.112). With this framework, they contrast the local Amazonian ayahuasquero focus on encounters with powerful forest spirits that may result in misfortune and illness, with the western perspective which ‘tends to refuse to interpret any feelings of unwellness as a result of the voluntary malevolence of others’ (p.119). The westerner is rather focused on their individual psychological history and any emotional blocks or traumas from their personal life experience, what Lévi-Strauss has referred to as an ‘individual myth’ in the therapeutic encounter^{ix} (Losonczy & Mesturini Cappo 2014; Marcus & Fotiou 2019). The ‘sorcery-based interpretation’ relies on the ritual specialist (i.e., the *curandero*) to mediate with the spirits and spirit-world, while the psychology-based interpretation relies on the *curandero* as more of a guide while each individual ‘must lead his own combat against his own issues’ (Losonczy & Mesturini Cappo 2014, p.120). The psy-practitioner is yet another guide in the latter context, reaffirming the psychology-oriented focus of the western perspective. People trained in psy-disciplines are certainly well-equipped to guide people in crisis and help them to integrate their experiences afterward; however, westerners who subscribe to *vegetalista* ethics – that is, the relational perspective and animistic ontology that underlies

^{viii}The term *banco ayahuasquero* refers to someone who has achieved the highest level of mastery as an *ayahuasquero*. There are other kinds of *bancos* who do not work with ayahuasca.

^{ix}This is discussed in a different context by Lévi-Strauss in his comparison between the individual and social myth, which I address in a different publication (Marcus & Fotiou 2019).

Andean-Amazonian societies – are people in transition, navigating this borderland of ethical paradigms, one moralistic and codified, the other relational and un-codified. Stefán, Manuel, Agustín, and Glenn all strive to guide their *dieteros* to make sense of the rather different worldview and relationships encountered once one begins to drink the plants. However, while they attempt to help their *dieteros* by invoking the logic of psy-narratives, by no means did they privilege this narrative over the *vegetalista* worldview. Similarly, some psy-practitioners who focus on ayahuasca integration therapy also may balk at privileging the western perspective, rather trying to seek ways of approaching psy-disciplines through a lens of *vegetalismo* rather than the other way around. Still, the very assumption that ayahuasca and other plants used in Amazonian shamanic practices are psychotherapeutic must be questioned. Brabec de Mori (2021) offers a critical analysis of the assumption that ayahuasca is a medicine and the ways in which this medicine is used, stating plainly the problematic shift toward giving ayahuasca to people with major or minor mental health issues, which is a radical departure from Indigenous Shipibo uses in which only the very strong and stable-minded are considered appropriate to drink strong plants.

The ayahuasca-as-medicine assumption (or social attribution, as discussed by Brabec de Mori, 2021) is integral to the rise of integration practices. The emergent focus on integration has been vaguely defined at best, allowing practitioners to define it as they see fit. One psychotherapist who works with a large retreat center in Iquitos expressed her excitement about the developing field of integration therapy:

I think it's such an open field... it's so new and such virgin territory. I mean, there's no definition, its being invented as we speak, which I love! It's on the frontier. But, there's no criteria, there's no definition, there's no set of procedures you must have to integrate. You know everybody's creating it along the way.

Despite the concept of integration being so vague, she had misgivings about overemphasizing psychologized views of the process. She expressed concern over how to approach this integrative practice without 'losing the spirit'. That is, without secularizing the work with the plants to the extent that we no longer speak of spirits or other-than-human relationships and instead focus on outcomes for trauma, depression, or another measurable psychiatric construct.

There's this ancient traditional practice that's been around for millennia, or so I believe, with the plants that's reaching the world: a new frontier. And how do we best need it and respect it and use it to best effect and develop frameworks in our unique mindsets that can adapt it? Without losing the quality and spirit, literally the spirit.

Keeping the 'spirit' of the plant within the dialogue between psy-disciplines and *vegetalismo* is a critical point if we are to suggest a commensurability and even the possibility of a decolonial approach to integrative medicine. A decolonial approach would give equal privilege to both Indigenous and psy-epistemologies, which permits a psychological framework without reducing the spirits to mere projections of the mind. It would also privilege Indigenous concepts of ethical behavior, practitioner responsibility, training procedures, ways of receiving and conferring knowledge, and of course land repatriation. In this iteration, both practitioners and clients are beholden not only to the principles of

beneficence and justice, but also to what Diamant, Gomes, and Tófoli (2021) refer to as the *plant third party*. Further, it is recognized that a sufficient period of apprenticeship is necessary for proficiency as a practitioner. Like many other *curanderos*, doña Elena explained that proper understanding does not happen in just a few sessions with ayahuasca, and emphasizes the responsibility of a *curandero* in undergoing a proper process of learning:

These things require years. But now, I see there are a lot, a lot of people drinking ayahuasca, who come to do one or two *dietas*, but they are not *curanderos*. Sure, they have drunk ayahuasca, but do they know how to heal? They only know how to drink ayahuasca. But healing, they don't know. So, what makes a *curandero*? For me, a shaman is not a *curandero*. A *curandero* must learn *everything, everything* that is truly of spirituality [the world of the spirits]. They know how to heal; they know *how is* the person's process, how they are going to do that treatment. *That* is a *curandero*. . . Any person can serve, can drink ayahuasca, but it comes with a responsibility. Because these things are also a responsibility of the *curandero*. It is a *lot* of responsibility. [translation mine]

An extensive apprenticeship in which one learns everything about the world of the spirits is perhaps the only possible way to reduce the working misunderstandings upon which this intercultural healing process functions. Doña Elena made it clear that just three or four years of learning is hardly sufficient, and that it could take up to ten years to truly learn. The burden of responsibility is a prominent theme among *curanderos*, retreat center owners, and mental health practitioners alike. Yet *what* each actor is responsible for differs based on the ontological perspective. For a psy-practitioner, their responsibility is to draw on their psychotherapeutic training to ensure the client has a smooth psychological transition. For a *curandero*, their responsibility is to have their own bodies and minds trained through years of developing relationships with the spirits, which enables them to be more effective healers and to safely lead clients in ceremonies and *dietas*. While these two kinds of practitioners have a similar goal of shepherding a transition, their way of achieving it and their perception of how it is achieved diverge. Rather than psyche-oriented processes, the *vegetalista* emphasis is on *relationships*, which entail forms of reciprocity between human and other-than-human entities. As doña Elena stated, the responsibility of serving ayahuasca is a big one, not because of altered states of consciousness, but because of the way it connects each person with each other and with other-than-human beings, some of which are not benevolent.

Doña Elena, like many local mestizo shamans, is quite reticent on the topic of the client's psyche, offering only minimal interpretation of experiences and often reducing conversation in general. Although doña Elena knows about Takiwasi, has had clientele who were previous Takiwasi patients, and is good friends with one of the co-founders, she does not subscribe to this model in the same way that Manuel does. For her, it is essential to *deja la mente a un lado* – to put the mind aside – and focus on the heart, to find yourself (*encontrarte contigo*). Pointing to her head, she said:

you are not going to find yourself here. What you will find is with your interior, with your heart. *Open* that part. Then, if you open that path, the first step inward,

put your thoughts aside and the plant is going to work in another way. [translation mine]

Through putting the mind aside and privileging the heart, the *dietero* can learn and heal. Glenn also expressed this as connecting with the ‘consciousness of the heart’. For years, Glenn struggled with a ‘severe state of chronic, debilitating depression’, which motivated him to travel to Peru in 1990 to seek ayahuasca, which he assuredly noted is ‘probably the most effective treatment for depression known to man’. Glenn’s statement about the ‘consciousness of the heart’ conveys the importance of letting go of the mind:

All the best, positive, beneficial work one does with these plants comes from [the heart]. You don’t do it here [*points to his head*]. Let the heart believe and the mind will follow. When people try to do it with their heads, they generally wind up confused, they generally wind up less skilled, because their mind cannot fully understand it, the process of the intellectual stuff... You know the rational, analytical. So, that can have a place in the process, [but] it’s not the best place in the start. It’s more like an aspect of integration later. It’s actually an obstacle for nearly everybody to try and come into it that way from the get-go. Because it’s so much that defies rationality. Actually, shamanism is completely irrational.

These statements emphasize connection with a spirit world through ritual and ceremony. In this reality, the *dietero* must systematically develop relationships with other-than-human beings, which often leads the individual to refashion their own self as more-than-human; more than just an individual ego with a body. The self becomes permeable to the energies around it, to the spirits that inhabit the forest, to the generations that came before them, and to the other shamans who enter this world and are able to heal and manipulate through sorcery. The line between *good* and *bad* or even *evil* is not definitive in this context, where healing often involves sorcery – the shooting back and forth of *virotas* (magical darts) or other illness-inducing substances (Harner 1978; Beyer 2009). Power dynamics between shaman and apprentice or shaman and client always involve the third party of the spirits, which are often held to have jealous, trickster, devious, or outright malevolent intentions. The work of *curanderos* is complicated by these capricious and invisible forces. As Robin Rodd (2018) observes in his account of Piaroa shamanic ethics, there is no canonical shamanic text, instead ‘shamans must develop their own ethical sensibilities through ongoing analysis of myths, visions, and social life’ (p. 334). These three features – myth, vision, social life – are in constant flux in the Peruvian Amazon, where *vegetalista* myth and social life integrate features of various Indigenous societies, Catholicism, European herbalism, New Age ideologies, biomedicine and psychology.

Anthropologists working in Western Amazonia have shed light on the ways in which ‘ordinary ethics’ (Lambek 2010) of Indigenous and mestizo societies have often been overlooked or misunderstood by foreign visitors. Daniela Peluso (2014), for example, provides an insightful discussion on sex, seduction, and patient-practitioner transgressions among ayahuasca shamans and tourists. Her chapter highlights the meeting point of the differential ordinary ethics in gender relations between western and non-western societies, as well as the interaction between an explicit medical ethics codified since the advent of the Hippocratic oath on the one hand, and the common sense behaviors among jungle-dwelling

men and women on the other. Here we confront the ubiquitous problem of sexual assault, harassment, or inappropriate soliciting, both by shamans and clientele. The ambiguity in scenarios involving sexual seduction is a major theme in Amazonian mythology, folklore, and shamanic practices. This ultimate ethical transgression by male shamans (I have yet to hear an account of a female shaman assaulting or attempting to seduce a client) is emerging as a prominent point of discussion as websites, forums, and retreat centers publish warnings and guidelines on the risks involved in drinking ayahuasca in Peru (e.g., Helene 2016; Chacruna, 2018; Peluso, 2014).

Any sexual advances in or around the use of ayahuasca – whether consensual or unwanted – is riddled with complexities concerning whether consent is ever possible in this state of vulnerability or whether is it ever appropriate for a practitioner to engage in a relationship with a client. From the bioethical perspective, the unquestionable answer is no. There have long been clear rules about the professional standards for practitioner-client relationships, and the legal repercussions for breaching appropriate levels of intimacy have recently been compounded with the rise of the #metoo movement and so-called ‘call-out culture’. In *vegetalismo*, however, the world of rules is not codified with litigious defenders, and is further populated by more than just humans who have rules of their own that they are wont to impose on their human relationships.

Conclusion:

safety and coloniality in ritual-therapeutic encounters

The different social attributions accorded to ayahuasca (Brabec de Mori 2021) are fundamental for understanding where and why *vegetalista* ethics are incommensurate with the ethical frameworks of psy-disciplines and biomedicine. Ethnographers have identified several broad categories each with markedly different assumptions about what *plantas maestras* such as ayahuasca are, and the best way to use them. Tupper and Labate (2014) examined the various ontological representations of ayahuasca, including plant teacher, traditional medicine, material commodity, and chemical drug (among others), to answer the question of *what is ayahuasca?* Brabec de Mori (2021) more recently discussed three categories of ayahuasca use: Indigenous traditional use, neo-shamanic and recreational use, and therapeutic and clinical use. The ontological assumptions underlying the ontological meaning and each category of use can be considered the basic framework around which ethical considerations are constructed. From the conception of ayahuasca as a teacher, portal, and spirit, practitioners will form strikingly different ethical assumptions than practitioners who understand ayahuasca and other *plantas maestras* as psychoactive substances. Western medicine has long been recognized as a particularly effective way to spread ideologies and epistemologies that undermine local forms of knowledge and practice (Greene 1998). When considering ethical frameworks, it is necessary to acknowledge the role of western medicine in colonial and post-colonial processes and the implications of systematically developing psy-informed therapeutic regimes that seek to improve upon local methods of healing. *Vegetalista* practices in Peru have always been eclectic, having been born from continuous adaptations to colonial and post-colonial influences from Europeans, descendants of African slaves, East Asian migrants, and interethnic exchange among Indigenous peoples. The

integration of psy-disciplines with local healing practices is not a break from tradition but rather a continuation of this legacy, as long as ‘the spirit’ of local shamanic practices is not pushed to the background as local beliefs only of interest to anthropologists.

In addition to taking seriously Andean-Amazonian perspectives, maintaining the spirit requires acknowledging the ways in which local healing practices involute the political relations between practitioners, communities, researchers, and the state. This begs us to question how the medicalization of ayahuasca, and in turn the psychologization and codification of *vegetalismo*, affect social and political movements for solidarity or cultural revival of marginalized communities (Kamppinen 1989). An important example is the advent of regulatory protocol and bodies that have a goal of establishing certain standards that each practitioner or ayahuasca retreat center must achieve in order to be certified as safe. Some standards include having access to emergency medical care, others aim to certify a shaman as adequately trained, and still more would require having some sort of integration or mental health expert available. While such initiatives are established in good faith, these standards and expectations for safety are often difficult to achieve for *curanderos* who live remotely and do not care to fit the professionalized model that foreigners increasingly come to expect. Further, these foreign expectations contrast with certain other grassroots shamanic organizations in Peru whose goals are less oriented toward protecting the clinical space of ayahuasca healing and more centered on safeguarding ancestral knowledge to ensure the continuation of autonomous practice and self-governance^x. Although similar grassroots organizations have been successful in other countries, such as UMIYAC (Unión de Médicos Indígenas Yageceros de la Amazonia Colombiana) in Colombia, most such organizations in Peru have either had short life-spans or remain relatively small-scale with little or no political strength.

Integrating disparate epistemologies raises important questions about post-colonial power dynamics that bear upon Indigenous forms of knowledge and practice. Similar to how the ‘feverish search for a belief in a “unique and creative” god who in some would demonstrate the traits of the Judeo-Christian tradition’ prevented early Spanish chroniclers and missionaries from fully understanding Andean cosmology (Marzal, 1993 p. 93), the present situation reveals a feverish search for common ethical ground that accords with a codified biomedical clinical reality more so than with Indigenous Amazonian social values. The everyday ethics of Western Amazonia is not easily interwoven into the bioethics of psy-practitioners and western clients. Stephen Beyer (2009) sums up the shamanic endeavor quite well when he states that our encounters with the spirits are *not* visits to the therapist, that ‘once you begin *la dieta*, once you drink ayahuasca and start to learn the plant teachers with your body, the world becomes a more dangerous place’ (p. 122). In shamanic practices of the Amazon, the ceremonial space is not necessarily a space of safety. In fact, entering it can be quite dangerous if the proper ritual actions are not followed, if the ceremonial leader is not skilled enough, and if participants have not forged the right relationships with the spirits. Foreign clientele who come to this practice have much to ingest in this respect; not only do they consume the plant medicines themselves, but must also digest the new forms

^xCommunity Shamans of Perú <https://ayahuasca-wachuma.com/the-community-shamans.php> and CAISAE <https://caisae.com/shamans-who-are-we/>, for example. The fact that these also double as retreat programs themselves is another topic of discussion.

of vulnerability that they discover are possible in a world populated by spirits and sorcerers. A new ethics is borne into their lives, one in which other-than-humans have powerful, life-altering roles. Further, the everyday ethics of *vegetalistas* does not readily discriminate between good and evil shamans, between *curanderos* (healers) and *brujos* (sorcerers). Some might claim that all *curanderos* are also potential sorcerers, depending on the perspective of who is being healed and who might incidentally or intentionally be harmed during the process of healing. Due to their power to both heal and harm, shamans in almost all Indigenous and mestizo societies have been considered ambiguously by the community, in much the same way that medical doctors are sometimes considered agents of pain, suffering, further illness, and power (Beyer 2009).

When considering the integrative approach, we must recognize the asymmetry in the way that knowledge-claims are made. Practitioners of biomedicine or psychology represent dominant discourses that historically overshadow so-called traditional or alternative forms of healing, either by subsuming them (as in the shaman-as-psychotherapist trope) or delegitimizing them (as in the shaman-as-psychotic trope, or the ‘risks’ of psychedelic drug use). Conventional psychotherapy has developed within a western philosophical tradition that fashions an ego-centric individual as the locus of interest. Ethics of practice, therefore, focus on the individual persons in the therapeutic alliance (client and practitioner), their ego-based transference and countertransference, with results measured by personal outcomes. In much of Peru, however, people perceive illness as something caused by social relationships that have somehow ruptured, either through jealousy, wrongdoing, or sorcery. Joralemon (2017) puts forth a poignant question: what constitutes a cure when illness symptoms are attributed to conflicts in social relationships?

Ayahwasca shamans are expected to accommodate western ideals of ethics, but can western psy-disciplines accommodate *vegetalista* ethics? For now, what we can observe is the refraction of local ontologies through the lens of globalized psy-disciplines and discourses. Mainstream accounts from media sources focus almost exclusively on the psychedelic aspect of ayahuasca shamanism, with advice and services to mitigate the potential traumatic effect of a challenging mind-altering experience – note the focus on the individual *mind* delimited by a time-specific experience. Still, the integration of *vegetalismo* with psy-disciplines is not the bridging of completely incommensurable ideologies; after all, most *vegetalistas* are urban-dwellers in a deeply Catholic country. The ‘working misunderstandings’ proposed by Losonczy and Mesturini Cappel (2014) attest to the different ways in which agreements can form, while long periods of apprenticeship can further reduce misunderstandings and enhance the status of Indigenous knowledge. Similar to the bioethics imperative of beneficence, there is a natural *ethics of caring* among *vegetalista* practitioners that is not imposed upon by a protocol of bureaucratically-structured medical ethics. What many would call authentic healers are those who care deeply for their clientele, adhere to the ethic of do-no-harm, and encourage others to follow the path of love. Nevertheless, these same healers are often caught in sorcery-laden conflict with neighbors or rival shamans, stresses that may be intensified by the growing number of people seeking ayahuasca within a consumerist context^{xi}. And relationships which are complicated by the networks that weave humans and other-than-human beings together in strange intercultural and inter-dimensional relationships.

Acknowledgements:

I would like to thank Merrill Singer, César Abadía-Barrero, Françoise Dussart, and the anonymous reviewers for their feedback on different versions of this manuscript.

Funding details.

This work was supported by Fulbright-Hays under Grant [PR/Award No. P022A170029]; The Tinker Foundation; and the Source Research Foundation.

Bibliography

- Anderson B (2012). Ayahuasca as antidepressant? Psychedelics and styles of reasoning in psychiatry. *Anthropology of Consciousness* 23(1), 44–59.
- Andritsky W 1989. Sociopsychotherapeutic Functions of Ayahuasca Healing in Amazonia. *Journal of Psychoactive Drugs*. 21(1): 77–89. [PubMed: 2656954]
- Apffel-Marglin F (2011). *Subversive spiritualities: how rituals enact the world*. London: Oxford University Press.
- Apud I & Romaní O (2017). Medicine, religion and ayahuasca in Catalonia: considering ayahuasca networks from a medical anthropology perspective. *International Journal of Drug Policy* 39, 28–36. [PubMed: 27768991]
- Beyer S (2013). Ayahuasca, the scientific paradigm, and shamanic healing. Conference talk delivered at Psychedelic Sciences in Oakland, California. Retrieved from <https://www.youtube.com/watch?v=6NYYx3JE9TE>.
- Beyer S (2009). *Singing to the plants: A guide to mestizo shamanism in the Upper Amazon*. Albuquerque, NM: University of New Mexico.
- Bonilla O 2016. Parasitism and Subjection: Modes of Paumari Predation. In *Ownership and Nature: studies in native Amazonian property relations* by Marc Brightman, Carlos Fausto, and Vanessa Grotti. Berghen Books.
- Brabec de Mori B 2021. The Power of Social Attribution: Perspectives on the Healing Efficacy of Ayahuasca. *Frontiers in Psychology* 12:748131. doi: 10.3389/fpsyg.2021.748131. [PubMed: 34777141]
- Bravo G & Grob C (1989). Shamans, sacraments, and psychiatrists. *Journal of Psychoactive Drugs* 21(1), 123–128. [PubMed: 2656948]
- Chacrana. (2018). Ayahuasca community guide for the awareness of sexual abuse. Retrieved from <https://chacrana.net/community/ayahuasca-community-guide-for-the-awareness-of-sexual-abuse/>
- Chauca E (2016). Mental Illness in Peruvian Narratives of Violence After the Truth and Reconciliation Commission. *Latin American Research Review* 51(2):67–85
- Cohen I (2017). *Re-Turning to Wholeness: the psycho-spiritual integration process of Ayahuasca ceremonies in Western participants from a Jungian perspective*. Doctoral dissertation submitted to the California Institute of Integral Studies. San Francisco, CA.
- Degan R (Director). (2016). *The Last Shaman* [Motion Picture]. Abramorama
- Diamant M, Gomes BR, & Tófoli LF (2021). Ayahuasca and Psychotherapy: beyond integration. In Labate BC and Cavnar C (eds) *Ayahuasca, Science, and Healing*. Springer International Publishing.
- Dobkin de Rios M (1972). *Visionary Vine: psychedelic healing in the Peruvian Amazon*. San Francisco: Waveland Press.
- Dobkin de Rios M (1994). Drug Tourism in the Amazon. *Anthropology of Consciousness* 5(1): 16–19.
- Dobkin de Rios M (2006). Mea Culpa: Drug Tourism and the Anthropologist's Responsibility. *Anthropology News*, October 2006, p. 20.

^{xi}While there is not sufficient data to suggest that *brujería* increases with more clientele, this has certainly been suggested as fact by many of my participants. Bonilla (2016) discusses the relationship between market-based consumerism and predatory behavior among the Paumari, which provides an insightful discussion of how logics of exchange transform relationships in Amazonia.

- Dos Santos R, Osoório F, Crippa J, Riba J, Zuardi A & Hallak J (2016) Antidepressive, anxiolytic, and antiaddictive effects of ayahuasca, psilocybin and lysergic acid diethylamide (LSD): a systematic review of clinical trials published in the last 25 years. *Therapeutic Advances in Psychopharmacology* 6(3), 193–213. [PubMed: 27354908]
- Duncan W (2018). *Transforming Therapy: mental health and cultural change in Mexico*. Tennessee: Vanderbilt University Press.
- Dupuis D (2018). Praócticas en buóscueda de legitimidad: el uso contemporáneo de la ayahuasca, entre reivindicaciones terapeóuticas y religiosas. *Salud Colectiva* 14(2), 341–354. [PubMed: 30281759]
- González D, Carvalho M, Cantillo J, Aixalá M, & Farré M (2017). Potential Use of Ayahuasca in Grief Therapy. *OMEGA- Journal of Death and Dying*. DOI: 10.1177/0030222817710879
- González D, Cantillo J, Pérez I, Farré M, Fielding A, Obiols JE, Bouso JC. (2020) Therapeutic potential of ayahuasca in grief: a prospective, observational study. *Psychopharmacology* 237:1171–1182 [PubMed: 31938878]
- Gow P (1994). River people: Shamanism and history in western Amazonia. In Nicolas M & Humphrey C (Eds) *Shamanism, History, and the State* (pp 90–113). Ann Arbor: University of Michigan.
- Harris R & Gurel L(2012). A study of ayahuasca use in North America. *Journal of Psychoactive Drugs*, 44, 209–215. [PubMed: 23061320]
- Helene Z (2016). Sex + setting: friends don't let friends sleep with shamans. Retrieved from <https://layoga.com/life-style/sex-love/sex-setting-friends-dont-let-friends-sleep-with-shamans/>
- Hill D (2016). Peru's ayahuasca industry booms as westerners search for alternative healing. Retrieved from <https://www.theguardian.com/travel/2016/jun/07/peru-ayahuasca-drink-boom-amazon-spirituality-healing>.
- Joralemon D (2017). *Exploring Medical Anthropology* (4th Edition). New York: Routledge.th
- Kamppinen M(1989). Cognitive systems and cultural models of illness: a study of two Mestizo peasant communities of the Peruvian Amazon. *FF Communications Vol. 105*. Helsinki: Academia Scientiarum Fennica.
- Labate BC (2014). The internationalization of Peruvian vegetalismo. In Labate BC & Cavnar C (eds) *Ayahuasca Shamanism in the Amazon and Beyond* (pp. 182–205). London: Oxford University Press.
- Labate BC & Cavnar C (2014). *Ayahuasca shamanism in the Amazon and beyond*. London: Oxford University Press.
- Lafrance A, Loizaga-Velder A, Fletcher J, Renelli M, Files N, & Tupper KW (2017). Nourishing the Spirit: Exploratory Research on Ayahuasca Experiences along the Continuum of Recovery from Eating Disorders. *Journal of Psychoactive Drugs* 49(5), 1–9. [PubMed: 27918874]
- Langlitz N (2012). *Neuropsychodelia: The Revival of Hallucinogen Research since the Decade of the Brain*. Berkeley: University of California Press.
- Lewis S (2008). Ayahuasca and Spiritual Crisis: Liminality as Space for Personal Growth. *Anthropology of Consciousness* 19(2): 109–133.
- Losonczy A & Mesturini Cappel S (2014). Ritualized Misunderstanding Between Uncertainty, Agreement, and Rupture: *Communication Patterns in Euro-American Ayahuasca Ritual Interactions*. In Labate BC & Cavnar C (Eds.), *Ayahuasca shamanism in the amazon and beyond*. New York City, NY: Oxford University Press.
- Loizaga-Velder A & Verres R (2014). Therapeutic Effects of Ritual Ayahuasca Use in the Treatment of Substance Dependence—Qualitative Results. *Journal of Psychoactive Drugs* 46(1), 63–72. [PubMed: 24830187]
- López-Pavillard L (2018). Saberes y contextos de uso de la ayahuasca: ¿Se pueden integrar las perspectivas chamánica y psicoterapéutica? Presented in ICEERS y la Sub-direcció General de Drogodependències de la Agència de Salut Pública, Departament de Salut de la Generalitat de Catalunya. Retrieved from: https://www.academia.edu/37740247/Saberes_y_contextos_de_uso_de_la_ayahuasca_Se_pueden_integrar_las_perspectivas_cham%C3%A1nica_y_psicoterap%C3%A9utica
- Luna LE (1986). *Vegetalismo: shamanism among the mestizo population of the Peruvian Amazon*. Stockholm, Sweden: Almqvist & Wiksell International

- Mabit J (2007). Ayahuasca in the treatment of Addictions. In Roberts TB & Winkelman MJ (eds) *Psychedelic Medicine* (vol 2). Praeger Perspectives.
- Main D (2015). Ayahuasca can help you communicate with plant spirits, and heal your body and mind. Retrieved from <https://www.newsweek.com/ayahuasca-can-help-you-communicate-plant-spirits-and-heal-your-body-and-mind-296226>.
- Marcus O & Fotiou E (2019). Convergent therapies in Peru's Amazon: enriching mental wellness through Ayahuasca and psychotherapy. In Lerman L & Shepard R (Eds) *Gender, Health, and Society in Contemporary Latin America and the Caribbean* (pp 117–133). Maryland: The Rowman & Littlefield Publishing Group, Inc.
- Matthews S (2017). The secrets of the ancient Amazonian brew that can 'cure depression and alcoholism': Scientists reveal how shamanic, psychedelic potion works. Retrieved from <https://www.dailymail.co.uk/health/article-5065233/Psychedelic-brew-ayahuasca-improves-wellbeing.html>.
- Martínez González, R (2009). El chamanismo y la corporalización del chaman: argumentos para la deconstrucción de una falsa categoría antropológica. *Cuicuilco* 16, 197–220.
- Marzal MM (1993). Andean religion at the time of the conquest. In Gossen GH & Portilla ML (Eds.) *South and Meso-American Native Spirituality* (pp 86–115). New York: Crossroads Publishing.
- Moran K 2021. What Ayahuasca integration is – and isn't. Retrieved from: <https://psychedelic.support/resources/what-ayahuasca-integration-is-and-isnt/>
- Nielson JL & Megler JD (2012). MAPS Bulletin Annual Report. Retrieved from http://www.maps.org/news-letters/v22n3/v22n3_29-31.pdf
- Peluso D (2014) Ayahuasca's attractions and distractions: Examining sexual seduction in shaman-participant interactions, in Labate BC & Cavnar C (Eds.), *Ayahuasca shamanism in the amazon and beyond*. New York City, NY: Oxford University Press.
- Pollan M (2018). *How to Change Your Mind*. New York: Penguin Press.
- Quevedo DJ (2009). Psychospiritual integration of an ayahuasca retreat experience. Doctoral dissertation submitted to the Institute of Transpersonal Psychology, Palo Alto, California.
- Sanches RF, Osório FL, Santos RG, et al. (2016). Antidepressant Effects of a Single Dose of Ayahuasca in Patients with Recurrent Depression: A SPECT Study. *Journal of Clinical Psychopharmacology* 36(1),77–81. [PubMed: 26650973]
- Sanz-Biset J & Cañigueral S (2011). Plant use in the medicinal practices known as "strict diets" in Chazuta valley (Peruvian Amazon). *Journal of Ethnopharmacology* 137, 271–288. [PubMed: 21627986]
- Schenberg EE 2018. Psychedelic-Assisted Psychotherapy: A Paradigm Shift in Psychiatric Research and Development. *Frontiers in Pharmacology* 9:733 doi: [0.3389/fphar.2018.00733](https://doi.org/10.3389/fphar.2018.00733) [PubMed: 30026698]
- Smith CM (1997). *Jung and Shamanism in Dialogue*. Trafford Publishing.
- Suárez Álvarez, Carlos. 2017. El paciente siempre tiene la razón. Paper presented at the V Congreso de la Asociación Latinoamericana de Antropología – XVI Congreso de Antropología en Bogotá, Colombia, 6–9 de junio de 2017. Retrieved from https://neip.info/novo/wp-content/uploads/2017/06/Sua%CC%81rez_Curanderismo_Amazonico_Occidente_ALA_2017.pdf.
- Tan A 2018. Trauma-informed Ayahuasca integration: why we need to create a culture of impeccability. Retrieved from: <https://www.ayahealingretreats.com/integrating-ayahuasca/>
- Theidon K (2012). *Intimate enemies*. University of Pennsylvania Press.
- Thomas G, Lucas P, Capler N, Tupper K, & Martin G (2013). Ayahuasca-Assisted Therapy for Addiction: Results from a Preliminary Observational Study in Canada. *Current Drug Abuse Reviews* 6(1), 30–42. [PubMed: 23627784]
- Tresca G, Marcus O, & Politi M (2020). Evaluating herbal medicine preparation from a traditional perspective: insights from an ethnopharmaceutical survey in the Peruvian Amazon. *Anthropology & Medicine*. DOI: [10.1080/13648470.2019.1669939](https://doi.org/10.1080/13648470.2019.1669939).
- Tupper KW (2008) 'The globalization of ayahuasca: harm reduction or benefit maximization?' *International Journal of Drug Policy*, 19: 297–303. [PubMed: 18638702]
- Tupper KW (2009). Ayahuasca healing beyond the Amazon: the globalization of a traditional indigenous entheogenic practice. *Global Networks* 9(1): 117–136.

- Tupper KW, & Labate BC (2014). Ayahuasca, psychedelic studies and health sciences: The politics of knowledge and inquiry into an Amazonian plant brew. *Current Drug Abuse Reviews*, 7(2), 71–80. [PubMed: 25563448]
- Walsh Z & Thiesson MS (2018). Psychedelics and the new behaviourism: considering the integration of third-wave behaviour therapies with psychedelic-assisted therapy. *International Review of Psychiatry* 30(4): 343–349, DOI: 10.1080/09540261.2018.1474088. [PubMed: 30251904]
- Winkelman M (2005). Drug tourism or spiritual healing? Ayahuasca seekers in Amazonia. *Journal of Psychoactive Drugs* 37(2), 209–218. [PubMed: 16149335]