

UNIVERSITY OF ABERDEEN

**Therapeutic Potential of Consciousness Modifying Substances in the
Rehabilitation of Drug Addicts, or the Challenge to the Newtonian- Cartesian
Health Paradigm**

(A Case Study on Takiwasi Drug Addiction Rehabilitation Centre in Tarapoto, Peru)

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**Dissertation submitted to the School of Hispanic Studies, Department of
Language & Literature, University of Aberdeen, as partial requirement for an
Honours degree in Hispanic Studies**

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2016

Acknowledgments

This work could have not been completed without the support of many people. I would like to express my gratitude to Javier Tejera, Dr. Alfredo Menacho, Dr. Alejandro Camino, Dr. Volpe Wong and Juan Carlos who have provided their guidance and encouragement to pursue this exciting field research.

This research could have not been possible without the help and knowledge of Takiwasi team, who have kindly shared their experiences and knowledge in the interviews. My heartfelt thank you to Dr. Jacques Mabit, Dr. Rosa Giove, Dr. Fernando Mendive, Fabienne Bâcle, Alberto, Iliana, Jaime and Aleph for this time of learning and discovering the secrets of the Amazon.

Table of contents

1. Introduction	pg. 2
1.1 Research methodology.....	pg. 5
2. Evolution of health paradigm.....	pg. 5
3. Altered states of consciousness.....	pg. 8
3.1 Therapeutic potential of LSD.....	pg. 10
4. Takiwasi.....	pg. 12
4.1 Addiction.....	pg. 12
4.2 Introduction to Takiwasi.....	pg. 15
4.3 Centre's work method.....	pg. 17
5. Ayahuasca.....	pg. 19
5.1 Stages of healing.....	pg. 22
5.1.1 Confrontation with one's shadow.....	pg. 23
5.1.2 Death and rebirth.....	pg. 24
5.1.3 Connection with the divine.....	pg. 27
6. Conclusion: Ayahuasca incorporation to the Western health paradigm.....	pg. 28
Appendix.....	pg. 32
Bibliography.....	pg. 33

1. Introduction

The Peruvian Amazon is a place where the indigenous people still believe in the sanctity of life and give importance to the development of the inner self. In the indigenous cosmology, everything surrounding us is of extraordinary importance as the special connection, equal to a personal relationship, is formed with every entity: plants, animals, and spirits. Therefore, the indigenous person is never alone. The Mother Nature is the sacred life source that provides the native peoples of the Amazon with the variety of plants that are used for different purposes, among them *las plantas maestras* (the teacher plants) that are thought to have the power to teach through visions and diagnose illness (Schultes & Hofmann, 1992). These teacher plants of the Amazon are ingested by the leader of the tribe only in a ritualized setting, or *la ceremonia* in local terms, where the shaman enters a different realm of reality in order to detect sorcery, or the cause of an illness, either natural or supernatural (caused by the spirits). The indigenous believe that important information, although always present, can be invisible for the human eye. Thus it only becomes accessible by the induction of the altered states of mind in a ritualized context.

While for the indigenous peoples altered states of consciousness serve as means of entering the spirit world to acquire valuable information, the Western societies have dismissed them as unserious, or even similar to schizophrenia, since they are believed to provide a distorted version of the reality (Grof 1985: 35). Scholars such as Mabit (2007) suggest that Western societies have rejected everything that is believed to be unseen: the spiritual realm observed in altered states of consciousness, or even the emotions. According to Grof (1979: 15), this rejection of the unseen, the intangible that cannot be objectively evaluated, dates back to the Newtonian-Cartesian mechanistic worldview. The Newtonian-Cartesian perception of the world is based on the discoveries of Newton and philosophy of Descartes. According to the Newtonian worldview, the universe is comprised of separated units moved by the external

force called gravity, while within the Cartesian worldview, the mind is completely separated from the body (matter) (Cohen & Westfall 1995: 5-282). It can be argued that even though this concept is instrumental in the development of natural sciences and technology, one of its serious consequences has been a neglect of a holistic approach towards human beings, depicting them as biological machines: 'it has no genuine recognition of higher values, such as spiritual awareness, aesthetic needs [...] this image endorses individualism, egoistic emphasis, competency and the principle "survival of the fittest" as natural and essentially healthy tendencies' (Grof 1985: 19-26).

Scholars such as Progoff (1973: 5-7) and Escotado (1998, 1999) contend that during the Industrial Revolution human beings lost values such as collectivism and the worship of the sacred, which had formed the crucial part of everyday life of each traditional society. The modern man does not have recourse to spirituality anymore. He is isolated and is seen as a lone individual, no longer sustained by the cultural resources of his ancestors, forced to compromise his feelings and emotions until they become unable to be dealt with (C.G.Jung 1933: 227).

The disturbed personality, incapable of coping with life's problems, is viewed as one of the symptoms of addiction (Lindesmith 2009: 51-69). The treatment of drug dependency is primarily a matter of the physician who may prescribe drugs to addicts either in the attempt to cure them of their addiction or to keep them in a state of comfort so that they can function without fear of the dreaded withdrawal symptoms. According to Bancroft (2009: 93), an addiction is understood as the adaptation of the mind and body to the drug with the state of addiction forming the user's identity within society by portraying him as sick or as a criminal. No matter if the possible definition of the addiction is viewed in terms of a disease, a condition, or an adaptation to a certain substance, the fact that addictive disorders are very common and have devastating individual and social consequences, remains in need for serious measures

to be taken in order to tackle the problem (Bogenschutz 2016: 201). A number of pharmacological and behavioural treatments have been developed which target specific aspects of addiction including motivation, coping skills, social support, physical dependence and relapse. However, the effects of most currently available treatments remain disappointingly small and new alternatives to treat addiction are needed (Berglund 2005: 742).

This dissertation looks into the Takiwasi drug rehabilitation centre based in the Peruvian High Amazon, the city of Tarapoto. By employing Takiwasi as an example, this thesis will discuss how the induction of altered states of consciousness in a ritualized setting aimed at therapy is not only possible but also a highly effective method. The research results show that Takiwasi pioneer treatment model fosters self-transformation, spiritual awareness and offers a new approach to life that consequently can lead to completely giving up an addiction. Takiwasi is a pioneering drug addict rehabilitation centre that has successfully combined the traditional Amazonian healing methods of using *las plantas maestras* with Western psychotherapy in the treatment of drug addictions. At the moment, there is only one existing five years' work report on the treatment efficacy of the centre, which looks at the drug addicts who have completed at least one month of treatment and have left the centre within the last two years. According to the data, 54% of the patients are in 'a good condition' meaning that the addiction has been completely cured (Giove 2002: 183). According to Jacques Mabit (2002, 2007), the founder of the centre, the main reason leading to the effective recovery is discovering the core reasons that lead to addiction, either transgenerational, psychological, or psycho affective origin and then working on them individually and in the psychotherapy. One of the most essential advantages of the induction of altered states of consciousness when rehabilitating drug addicts is that the patient becomes both the observed and the observer of his condition, instead of being helpless. This way he is the only person responsible for the efficacy of the treatment and discovering the purpose of life he unconsciously was looking for when consuming drugs:

‘Dejaremos de ver, como superficialmente acostumbramos hacer, al adicto como un enfermo, un vicioso - delincuente o una inocente víctima de las circunstancias y/o del entorno para verlo como un ser humano que representa y revela caricatural o exageradamente la problemática de nuestra sociedad occidental’ (Giove 2002: 12).

1.1 Research methodology

This research applies a qualitative method strategy to data collection (semi structured interviews). Secondary bibliographical sources, books and articles mainly written by independent researchers, will also be used in this paper.

The author of the paper visited the Takiwasi drug rehabilitation centre as well as local communities in the Amazon where the primary research data was collected. The field trip was needed in order to produce this paper because of the limited amount of secondary sources available on the topic. The assumption can be made that this is due to the controversial nature of the subject and the insufficient research made by the scholars (McKenna, 2004). During the field trip that lasted for a month, ten interviews were conducted in different geographical areas of Peru (see appendix pg 32). The author, therefore, would like to emphasize the difficulty of data collection due to the geographical characteristics of the country. It is worth noting that although all the interviewees allowed their personal details to be used in the paper, it is still believed necessary to keep their confidentiality protected at all times. Therefore, when citing, the names of the interviewees will be kept anonymous.

2. Evolution of health paradigm

In order to better understand Takiwasi work, it is necessary to first look in detail into the way the current health paradigm has developed over the centuries.

As culture can be considered a phenomenon which provides a worldview for those who share it, guiding their knowledge, practices and attitudes, it can be recognized that the processes of

health and illness are contained within this worldview and social praxis (Langdon 2010: 464). Since culture is a system prone to transformation by adapting to external and internal forces such as new philosophies, discoveries and inventions, the way health and illness are perceived by the society is therefore prompted to change alongside with the culture.

The indigenous peoples of the Peruvian Amazon have always identified human health in terms of being in harmony with one's body, mind, soul and Mother Nature. Health, equal to the spiritual equilibrium, is founded on the perpetual reestablishment of reciprocity within a social relationship between the members of the community, the spirit world, and Mother Nature (Mabit 2007: 2). A human being was thought to form a part of an ecosystem, in which everything was interconnected: Mother Nature, the universe, and the spirit world. There was no separation between the observer and the observed. These were thought to form one unit depended on one another, meaning that the slightest change that happened in one part of the ecosystem, had a direct repercussion on its equilibrium and, therefore, on one's health. According to Barclay (2008), this relation is best described as the agency or efficacy that connects one process (cause) with another process (effect). From the indigenous people's perspective, the disconnection from the sacred, spirit attacks to the human energetic fields, or sorcery are the major causes of a disease (Gomez 2012: 438-439). The spiritual realm, or transcendental experiences, have formed an important part in the history of the human kind in pre - industrial societies. The exploration of 'beyond the borders', by conducting rites of passage through the ingestion of visionary teacher plants, provided means of assuring the discovery of fundamental values beyond the individual, such as the purpose of life. In shamanic societies, after performing the initiation rites, the person would experience the presence of the transcendental realm. This would help finding the truth and provide the means for healing, through realizing that he is not alone, but rather connected with everything that surrounds him: 'transpersonal experiences reveal connections between the individual, the cosmos, the plants and Mother Nature' (Grof 1985: 127).

However in Europe, this concept changed drastically after the discoveries of Galileo and Newton in the Middle Ages, when the 'Age of Reason' began (Dewitt 2004: 176). After inventing a telescope, Galileo contradicted that the earth was not the centre of the universe by showing that it was surrounded by the other celestial bodies. Therefore, what was known to be truth before was rejected since the new form of observable knowledge has emerged. Inevitably, many began to distrust metaphysical schemes as they could not be directly observed (Metzner 1999: 2-6). Consequently, a dualistic and mechanical world view, of the observer and the observed, was created, confining itself to material objects. Galileo's discovery was then followed by Newton's gravity theory that marks the beginning of the mechanistic health paradigm (Grof 1985: 17). The universe, having once been created by God, would function as a machine and objects would no longer behave because of internal essences, but rather due to the influence of the external forces. This created the dualist world view, opposite from the ancestral cosmology that had seen the world and its forces as interconnected and reliant on one another (Dewitt 2004: 182).

The new perception of the world gave rise to the age of Enlightenment in the beginning of the 17th century, which was based on a total rejection of metaphysics and theology. Both were seen as unimportant because they could not be experienced and examined, encouraging a purely mechanistic and myopic worldview that completely excluded the importance of animism and spirituality (Horkheimer 2002: 3-60). Proff (1973: 11) writes that 'it sounded convincing to those who were looking for such a new framework of belief to replace the old spiritual concepts, and it was considered as truth [...] because it was phrased in modern scientific terms'. After the rise of mechanistic philosophy with Rene Descartes, the mind became completely separated from the matter (the body). His theory has marked the dualism between the mind and the body by emphasizing that they were two separate units 'the essence of mind to think; the essence of body is to be extended in space' (Kirk 2004: 34). Immanuel Kant

followed Descartes' theory by arguing that the mind and the soul were irrelevant as they could not be perceived, and therefore examined (Kant 1992: 1-34).

The theory of Newton and Descartes marked the beginning of self-observation and objective understanding in psychotherapy, based on the analysis and evidence, leaving the spiritual dimension behind since it was considered irrational, therefore irrelevant (C.G.Jung 1933: 32-62). Especially after the scientific revolution in the 19th century, the human being began to be seen in terms of the molecular phenomena of genetic-neurophysiological determinism and the spiritual dimension was completely excluded from the health paradigm. Currently, the human being is seen as subject, unilaterally exposed to the effects of external objects called disease, with sensitivity being a factor responsible for the subject's capacity to overcome an illness (WHO, 2016). The healing is no longer seen as lying within but rather dependent on the physician, who with an adequate diagnosis based on the objectivity and examination as main factors, should be able to provide an effective diagnosis:

'En la medicina alopática tenemos la ilusión del ser individual es único, está totalmente separado del resto y en este sentido se busca la causa de la enfermedad ya sea como una agresión del medio externo que viene a invadir a este pobre sujeto que no sabe porque le cayó la enfermedad o que hay algo que de la enfermedad dentro de la persona' (Doctor).

3. Altered states of consciousness

While for the Western societies altered states of consciousness present a distorted version of the objective reality (Grof 1985: 25), for the indigenous peoples of the Amazon, altered states of consciousness present the possibility of experiencing different realities, inhabited by animistic beings (McKenna, 1992).

A community healer, usually the leader of a tribe, would use visionary plants as a tool to enter the spirit world in order to communicate with the spirits to obtain useful information,

communicate with other tribes, detect a thief, or a sorcery (Schultes & Hofmann 1992: 7-113). By experiencing the altered states of consciousness, the healer of the community, an expert of managing different levels of consciousness, would travel to the different realms of reality, such as the upper or the lower spirit world, and contact the spirits that would help the healer to find a cure for an illness (Luna 1986: 30-41).

The perception of altered states of mind started changing between the fourteenth and seventeenth centuries, when they were started to be seen as an opposition to Christianity when it was compared to the devil possession. In the 19th century they were *medicalized*, meaning that they were compared with certain mental health disorders, such as schizophrenia – while the altered states of consciousness were seen as culturally accepted in the indigenous cultures, they were viewed as a pathology in the Western world (Stone 1998: 21). Campbell (1979: 195-203), for instance, approaches non-ordinary states of consciousness in the same way as a shamanic journey. According to Saas (1994: 15), schizophrenia is a limit-case of farthest point of human existence, something suggesting the annihilation of consciousness itself, therefore comparable to the altered states of mind induced by a shaman in a ritualized context. However, Drury (1989) suggests that in the 19th century shamans were seen as the experts on balancing non ordinary states of mind, while in schizophrenia the human being was considered to be a victim of his own pathology.

3.1. Therapeutic potential of LSD

After the creation of LSD, the interest in mind altering substances rose significantly, especially because its effects were thought to resemble schizophrenia, a mysterious pathology for which there was no available treatment (Osmond, 1957). Many scholarly papers and research were published on the promising therapeutic potential of LSD, describing its effects on various human functions, based on the evidence from many thousands of trials. Grinspoon (1979: 61) argues that one of them conducted by the CIA showed that 'its effects were not particularly

damaging to the mind or body—nor even attractive enough to become a drug abuse problem, since its effects seemed variable and as often terrifying or emotionally exhausting as pleasant'. Once confirmed to be safe to use, LSD was distributed within Europe and sent to the USA to be examined and psychoanalysis found that the drug released memories that revealed the unconsciousness and brought patients to new levels of self-awareness. The unusual LSD mind opening effects were considered to possibly serve as a useful and relatively safe tool in the treatment of anxiety, depression, and drug addictions (Dyck 2005: 383). After conducting numerous LSD-assisted therapies, Albert Hofmann found LSD oriented psychotherapy would facilitate and shorten the therapeutic process. The patients would themselves become aware of their previously unconscious emotional dynamics without the interference of the therapist and such perspective would bring about a resolution of inner conflicts (Metzner 1999: 19). A number of psychologists became interested in the promising effect of LSD therapy. One of them, the Czech psychiatrist Stanislav Grof, followed Hofmann's results by increasing LSD doses in Czech Republic. After conducting a number of therapies, he found that after resolving the conflicts from early childhood, patients would find themselves reliving their death and rebirth. After passing these two imageries, the individual would find himself in a transcendent or mystical dimension of consciousness that would help him to connect with the divine and lead to the effective healing of trauma (Grof 1979: 33). In his work *LSD Psychotherapy* Grof (1979: 123) suggests that 'the richness of the material obtained in repeated sessions using medium dosages of LSD provides unrivalled insights into the dynamics of emotional disorders, traumatic material in the subconscious and the human mind in general.' The new approach, however, did not fit into the framework of conventional psychiatric theories and was considered not serious:

'By blurring the boundaries between religion and science, between sickness and health, between healer and sufferer, the psychedelic model entered the realm of applied mysticism' (Grof 1995: 13).

Most of the published material was thought to refer to anecdotal case reports that are of little value by contemporary research standards (McKenna 2004: 122).

The fact that mind-altering substances got out of control of the medical elite, becoming increasingly popular in wide circles of the population, met with harsh criticism and led to its research officially ending in 1970 (Grinspoon & Grof, 1979). The beginning of the sixties marked the outburst of the massive and uncontrollable use of hallucinogens among the youth fascinated by the psychedelic visions: 'a nation's well-fed and metaphysically starving youth reaching out for visions in drugs is the only way we know' (Young 1966:48). Grinspoon (1979: 63) argues that the psychedelic movement was a crisis within the industrial society 'formed by the children of affluence and leisure who were inadequately assimilated culturally and homeless psychologically', while Spindler (1952: 151-159) contends that the youngsters were consuming LSD since their old cultural forms seemed meaningless, and 'they needed new symbols and rituals to shape beliefs and guide action in order to find meaning in their dull lives'.

Even though the use of the LSD was prohibited due to the possible danger for its users, as well as its uncontrollable abuse, especially among the youth in the Western world, there are still places in the world that use hallucinogens as a culturally accepted tool for therapeutic purposes.

4. Takiwasi

4.1 Addiction

It is believed necessary to introduce the reader to the phenomenon of addiction first before looking into Takiwasi in detail, as it is central in the centre's work.

Scholars such as Nathan (2005) and Escohotado (1988, 1999) argue that the use of alcohol and hallucinogenic substances was present in the beginning of recorded human history. A

number of alcoholic beverages, especially wines, were consumed in Rome and Greece with, the ancient Romans viewing wine as a daily 'democratic' necessity that all strata of Roman society had access to. Also, during the Middle Ages, Luther, Calvin and other leaders of the Reformation in the late Middle Ages, along with many of the leaders of the Catholic Church, viewed alcohol as a gift from God when it was used in moderation. Along the same lines, the hallucinogenic plants of South America are referred to as Gods by the indigenous societies and are only used in the sacramental ritual setting, usually aimed at healing or communicating with the spirit world in order to gain knowledge or treat an illness (Schultes, Hofmann & McKenna, 1992).

Even though the use of alcohol and psychedelic plants has been known throughout history, the phenomenon of addiction is exclusive to Western modern and postmodern society (Mabit, 2002). Escohotado (1999: 86-89) argues that the beginning of the scientific revolution in the 19th century - when the active principles of the hallucinogenic plants had been extracted and new drugs such as morphine, caffeine, cocaine, mescaline, among other psychoactive substances were discovered - marked the beginning of psychopharmacology, and, therefore, addiction. According to Szasz (1975: 3-11), addiction became a problem when it started to be seen as a condition caused by drugs and it was noticed that some drugs are more and others less 'addictive'. The use of psychoactive substances, which once was accepted by society, started to be considered a vice, or a disease, and it changed the position of the drug user from being a user to being an addict unable to control his or her condition (Escohotado, 1998: 140).

Currently, the American Psychological Association (APA, 2016) describes an addiction as 'a condition in which the body must have a drug to avoid physical and psychological withdrawal symptoms with its first stage being dependence, during which the search for a drug dominates an individual's life'. An addict is someone who eventually develops substance tolerance, which forces the person to consume larger and larger doses of the drug to get the same effect, by

this way emphasizing the addictive characteristics of the substance itself. American Society of Addiction Medicine (ASAM, 2016) refers to addiction as 'a primary, chronic disease of brain reward, motivation, memory and related circuitry with dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations'. Howard (2014: 8) argues that when the drug seeking dominates one's lifestyle, or prevents a person from living a lifestyle that the society can accept, and the desire or craving for the drug begins to dominate the person's life, the 'habit' causes actual harm to the individual or community. In the presence of any of these characteristics, an individual may require a professional intervention, or even a hospitalization in severe cases, in order for the undesirable condition to be dealt with effectively.

Nonetheless, some scholars suggest that the problem of addiction should be looked at in terms of the relation of set and setting, rather than focusing on the substance being addictive itself. The term of set and setting, first used by Timothy Leary, refers to the effects of psychedelics that are fundamentally dependent on the user's character, expectations and intentions (set), as well as by the social and physical surroundings in which the drug was taking place (setting). The dose, while still very important, is of secondary importance (Hartogsohn 2011: 6). Stanislav Grof (1979: 104-116) outlines the importance of set and setting in the LSD sessions by emphasizing that LSD can be a useful mind amplifying tool in discovering one's personal traumas, or exploring the inner world, but it can also be highly harmful if irresponsibly used. Goodman (1995: 51) gives an example of Barsana Indians who use coca powder, that has a sacred-like status, in a ritualized context: 'coca consumption is a social activity, accompanied by speech and formalized behaviour which focuses less on its effects than on the act of exchanging and sharing the powder on other'. In relation to work, Barsana emphasize that coca gives them energy, stamina and concentration, whereas in relation to the men's circle they say it elevates their mood and makes them more convivial. Its effect therefore depends on the context where it is used. Additionally, scholars such as

Bancroft (2009) and Mabit (2002, 2007) contend that although so much is heard about the addiction to the illicit drugs caused by chemical substances, the addiction should start being addressed in terms of the past experiences of expectations (set) and (setting).

The emphasis on set and setting leads to the philosophy of Takiwasi, which considers that the addiction is never caused by the substance itself but by the unresolved personal issues which if unable to be dealt with may lead to drug dependency.

4.2 Introduction to Takiwasi

Takiwasi is a drug addicts' rehabilitation and traditional Amazonian medicine investigation centre located in the city of Tarapoto, in the Peruvian High Amazon. It was founded in 1992 by the French doctor Jacques Mabit together with the local healers of the area. The main aim of the centre was to investigate the traditional medicine of the High Amazon and then apply it to any ailment where its use was considered to be the most beneficial. During the time of the establishment of Takiwasi addiction was a major problem in the Tarapoto area, as it was the commercial axis of cocaine production and abuse due to the high coca leaf distribution (Mabit, 1996). According to the founder of Takiwasi, since the addiction was a disorder that Western medicine was failing to provide an effective treatment results for, the Takiwasi team has decided that traditional healing methods could be an effective alternative. Today Takiwasi only accepts male patients to the clinic, since the Peruvian law does not allow having patients of both sexes in the same rehabilitation centres within the country.

Takiwasi managed to get promising results on addiction treatment, following the unique model of combination of traditional Amazonian medicine and the Western psychotherapy. The centre's five year work report (1992-1997) examined drug addicts who have completed at least

one month of treatment and have spent at least two years outside the clinic. Cocaine and alcohol were the most consumed substances. The results revealed that 54% of all patients were in 'good condition': the core problems leading to addiction were resolved, 23% were in the same condition: the original problem was still present with frequent relapse of the patient and the condition of the rest 23% was unknown: the patients had lost contact with the centre (Giove, 183: 2002).

Since there are no determined quantitative parameters to evaluate the well-being of the patients after they leave the centre, due to its non-conventional nature, Takiwasi follows the subsequent evaluation criteria to determine the efficacy of the treatment:

- I) Current state in regards to addiction
- II) Personal evolution
- III) Socio-occupation reinsertion
- IV) Family life restructuration

According to the philosophy of the centre, the main reason leading to the effective recovery from addiction is discovering the core issues that lead to drug consumption:

'La idea acá no es sustituir una droga con otra, sino trabajar el problema de fondo para que la persona ya no necesite esta sustancia exterior para mantenerse [...] la idea es no seguir tomando las plantas todos los días para estar bien. La meta es estar bien sin ningún sustituto' (Clinical Psychologist).

Takiwasi identifies two major reasons that lead to drug abuse. Firstly, the addiction is said to be a spiritual problem, meaning that the majority of patients struggle to find meaning in life and therefore they unconsciously seek it in drugs:

'Yo pienso que adicción es una salida, un mecanismo que se instala en el cuerpo

precisamente por algo que es sentido de vida. Los pacientes hablan mucho del hueco, del vacío, de que no saben con qué llenar este hueco, un hueco que tiene que ver con la espiritualidad, con el amor, con el afecto, con el 'quién soy yo'. Y creo que tiene que ver con una sociedad que no da espacio iniciático, que no provee espacios para que una persona se reconecte, reconozca a sí mismo espiritualmente' (Doctor).

Additionally, the desacralization of life is considered to be the second major cause of drug abuse:

'Las adicciones suceden por la desacralización de la vida de las cosas maravillosas que existen por la naturaleza, o simplemente el hecho de estar vivo no tiene el valor que debería tener. Como que hay que hacer demasiadas justificaciones que la vida sea buena per se: hay que tener un buen trabajo, una cantidad de dinero, determinada forma de tener familia, o una serie de justificaciones para estar bien. Además, la cantidad del estrés que tiene que soportar un hombre occidental es inhumano por conseguir sus metas, su desarrollo, [...] el hecho de tener tantas metas y objetivos hace que descuidemos nuestras metas personales gravemente. Entonces uno empieza a cuestionar las cosas que realmente valen' (Psychotherapist).

4.3 Centre's work method

Takiwasi considers addiction to be not only a physical but also a psychological and spiritual problem and it therefore has to be treated on these three levels. According to the centre's philosophy, the physical human body is thought to be a substrate that manifests psychological, or spiritual problems of human being, therefore it has to be cleaned first (Giove 2002: 16). The initial depuration procedure, using purging plants of the Amazon that are thought to detox the body, usually lasts from one to two weeks and is present throughout the entire treatment in the centre. After the body has been sufficiently cleansed from the toxins coming from a long period of drug abuse, the Amazonian plant teacher, ayahuasca, can then be administered for the first time. Ayahuasca, being a very strong hallucinatory plant, is administered to the patients approximately fifteen to twenty times within the standard nine month treatment period. The frequency of distribution highly depends on the individual case. The diet is a therapeutic procedure during which the patients stay in the rainforest for eight days on their own, following a prescribed eating regime and ingesting plants (Horak 2013: 62). The diets are administered every three months and play a central role in the therapeutic process since every plant

ingested during the diet, has a specific psychotherapeutic effect. The plants teach through dreams and visions, which serves as a tool on improving the psychological progress of the patients, such as confronting their fears and strengthening their internal structures (Winkelman and Roberts 2007:10). The aim of the diet is to observe one's inner self by the revitalization of forgotten memories and past events. The augmented sensibility gained after the diet also helps the patients to get in touch with the nature and the environment. Conviviality, or a communal living, is another key area of Takiwasi as patients have to apply what has been learnt from the ayahuasca sessions and diets in the community they live in. Being able to express one's feelings, or to forgive others, for anything that has been done wrong, for instance. Alongside, ergotherapy (occupational tasks) such as art workshops are designed to develop the patient's creativity and 'volverlos a la tierra' after the intense ayahuasca sessions and plant diets (Mabit, 2002). Psychotherapy is another crucial pillar of Takiwasi's work model, as the psychologists accompany and provide guidance and support the patients in every stage of the treatment.

As soon as the central problem that leads to addiction is discovered in the ayahuasca sessions and is resolved during the psychotherapy, accompanied by diets that are aimed at strengthening one's weak psychological patterns, the patients tend to demonstrate notorious personality changes. The patients tend to reconcile with their family members, the anger turns into peace, and an enormous desire to live is usually experienced. The patients themselves have a tendency to come up with plans and ideas for the future (Bâcle 2012: 216-223). This is when the treatment process is considered to be completed.

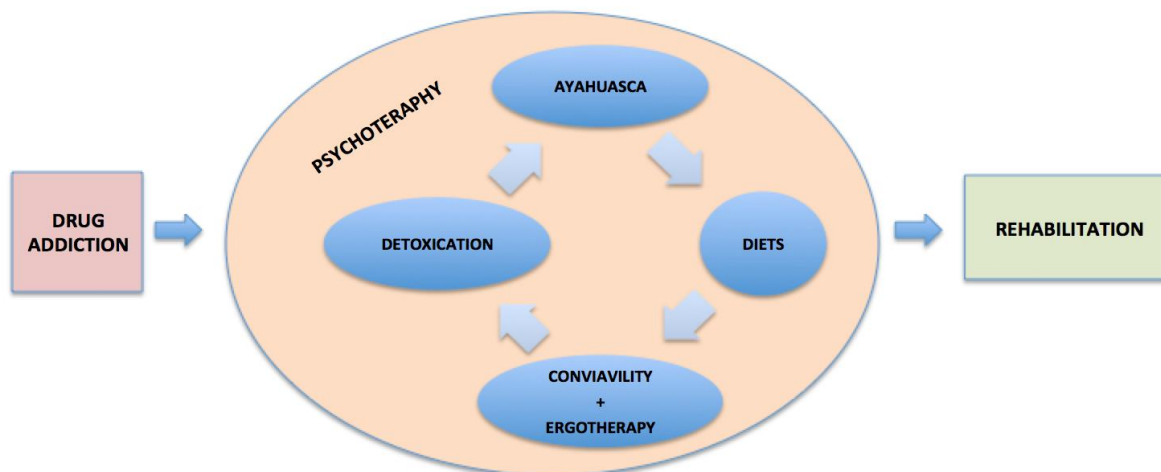


Figure 1. Takiwasi treatment method

5. Ayahuasca

Although every element of the treatment model of Takiwasi is of crucial importance, since they complement each other by leading to the effective recovery, it is believed necessary to dedicate special attention to ayahuasca as it is the key therapeutic element.

Ayahuasca is a powerful Amazonian visionary brew that is traditionally called *la madre de las plantas*, or the plant teacher, due to its ability to teach through visions by an induction of altered states of mind. The effect of the plant usually manifests itself after its expulsion from the organism through intense vomiting. The brew has been used by the native Indian and mestizo shamans across the Amazon, especially for healing and divination purposes for hundreds, or perhaps thousands of years (Metzner, 1999). Its name, translated from the South American Indian language Quechua, means 'the vine of spirits' as the locals believe that the participants are able to communicate with the spirit world after leaving their soul in the human world after ingesting the plant. The Ashaninka Amazonian indigenous tribe believes that through the ingestion of Ayahuasca, Mother Nature talks directly to human beings and provides them the requested information:

'La naturaleza habla, porque en ella existe Dios, y Dios habla en las visiones [...]' cada

vez que un curandero toma su vegetal, los espíritus se le presentan y le explican todo' (Iturriaga, 2013: 46).

Ayahuasca is also widely used by the local healers of the Amazon to discover the cause of disease. The cause can be either natural or supernatural - caused by sorcery or the spirit attacks to the human energetic fields, for which the healer needs to find the adequate cure for:

'Todo se ve en la ayahuasca, todo como si fuera una película. Si tu me has hecho la maldad, yo en cada momento de la ceremonia te voy a ver a ti' (Local Healer).

Ayahuasca is always administered to the participants in a ritualized setting. The ritual, or *la ceremonia* in local terminology, is the indispensable part of the ayahuasca intake as it provides a security framework for the healer and the participants so they can enter a mythical, timeless time. The exploration of the unlimited space and a spiritual, or immaterial reality by the induction of altered states of mind, can otherwise be extremely dangerous as it is believed that the participant's soul might remain in the spirit world.

In Takiwasi, ayahuasca is primarily used as a powerful instrument for self-exploration through decoding the forgotten memories and traumas lying in the human unconsciousness.

According to scholars such as Mabit (2007) and Grof (1985), the somatic experience that our worldview is based on registers all the memories of our life. However, we tend to forget the traumatic memories and suppress the ones that we were unable to deal with as the time passes. This can be highly dangerous as the traditional medicine experts believe that any traumatic experience, if uncured, can produce an energetic wound, which will then be continuously attacked by the spirits and if uncured can produce emotional blocks that may lead to addictions (Pilar 2012:437-443). According to the indigenous belief, trauma, or the energetic wound, can be developed in the mother's womb due to her negative thoughts, or emotional traumas of her own that would consequently affect the psychological evolution of

the child. With the passing of time, the human being tends to forget those memories although they unconsciously may be affecting his or her life on a psychological, or psycho emotional level. Therefore, ayahuasca induced altered states of mind allow the patient to travel the realms of time and relive the prenatal state. Also, through the induction of altered states of consciousness after ayahuasca intake, the patient can revive painful memories of his own and connect to the emotions linked to them, such as grief, or pain:

'Te saca mucha tristeza. Yo, por ejemplo, viví aquí el duelo de mi madre. Mi madre murió cuando yo cumplí diecinueve años y todo esto lo tenía enquistado en mi interior' (Patient I).

The indigenous believe that ego can be the matter responsible for one's illness as it does not allow one to recognize that the inner problems need to be solved. Therefore, reviving one's traumatic experiences is the most effective method leading to reconciliation and personal healing. Mabit (1996) contends that upon decoding one's somatic memories and reintegrating the psychic-emotional energy related to them, the drinker of ayahuasca frees himself from active emotional knots that are habitually hidden in his or her ordinary consciousness. Also, ayahuasca tends to help resolve personal conflicts by providing conscious insights into one's personal problems that lead to the drug abuse and often offer solutions to them. Participants of ayahuasca rituals often report insights that enable acceptance of previously denied problems and dysfunctional patterns by also providing new insight to life:

'Percy A. vomita un murciélago negro que sentía pegado a sus ojos y cerebro. Siente que con él elimina las ideas negras que lo persiguen hace tiempo. En los días subsiguientes siente que ve las cosas con más claridad' (Giove 2002: 34).

The effects of Ayahuasca can be compared to intense psychotherapy. The difference between the two methods is that the patient becomes the observed and the observer of his condition at the same time when using Ayahuasca. Therefore, no physician intervention is needed as the patient becomes conscious of his problems by seeing them directly through visions. The

patient becomes the protagonist of the treatment and the one in charge of implementing necessary changes in his life with the help of a psychotherapist.

5.1 Stages of healing

Although the Takiwasi treatment tends to be much individualised, ayahuasca does not provoke the same effects on every participant. The brew's effects depend on a number of factors, including one's personal history of drug abuse, psycho emotional problems related to the addiction and a number of other psychological problems as well as the participant's faith in the teacher plant. However, a dominating pattern of ayahuasca produced visionary effects in the treatment of drug addiction does exist and can be called 'the stages of effective healing.

5.1.1 Confrontation with one's shadow

One of the most important visionary effects produced by ayahuasca is said to be the confrontation and the subsequent elimination of the psycho affective material stored in the human subconsciousness, which usually manifests itself through the confrontation with one's dark self in visions, the shadow (Giove 2002: 32). According to one of the most notorious psychiatrists of all times, C.G.Jung, the shadow is *the other* in us, the unconscious personality of the same sex, the reprehensible inferior:

'By shadow I mean 'the negative' side of the personality, the sum of those unpleasant qualities we like to hide, together with the insufficiently developed functions and the content of the personal unconscious' (C.G Jung, 1966: 66).

According to C.G. Jung (1966), the shadow cannot be eliminated as it is ever present. However, its personality can be brought to analysis and assimilated through the psychotherapy, thus reducing its inhibiting or destructive potentials and releasing trapped, positive energy.

In Takiwasi, the encounter with one's shade is of crucial importance as it helps one to grow personally, accept oneself as one is and to become emotionally stronger: 'pasar por este proceso implica en sus extremos ver y enfrentar aspectos que racionalmente no aceptamos, vivir la locura, los temores que debemos afrontar para madurar y fortalecerse' (Giove 2002: 35). Although the process of confronting one's shade tends to be very challenging, the participants usually feel that the ayahuasca experience is there to teach them a lesson, rather than to punish, or scare them:

'La ayahuasca te está mostrando cosas de ti que tienes que arreglar, entonces es necesario el apoyo para poder interpretar aquello que te está pasando y saber cómo reconducir tu tratamiento hacia una buena puerta' (Patient I).

The local healers affirm that these experiences are of a crucial importance as they tend to show what emotions are dominating our lives and what needs to be fixed. For instance, Rudy cries and shouts because of his anger for the women that have abandoned him throughout life: his mother, sisters and partner. Afterwards he realizes that he was the one who walked away from them and that his resentment is pointless (Giove 2002: 33-34).

5.1.2 Death and rebirth

'Muchas veces puede ser un poco paradójico. No hay nada más que nos puede atar tanto a la vida que la experiencia fuerte de la muerte, un acercamiento a la muerte, uno siente que pierde todo y se va y se le va la vida que va a dejar de ser cuando precisamente se presenta lo que nos mantiene vivos y hemos visto los pacientes que sienten que pierden todo, que ya no hay nada donde agarrarse. Es donde precisamente aparece la vocación profunda, el amor, los valores que dan sentido a la vida' (Doctor).

The experience of death and rebirth is another common phenomenon in the addiction treatment using ayahuasca. Since ayahuasca in Quechua means the vine of souls it does seem unexpected that it has the capacity to introduce the person to the spirit world. The concept of death and rebirth has been known in the shamanic societies for many millennia.

Performed in a ritualized setting, the sacred plants are ingested in order to bring the member of the society to the extremes such as madness, or death, through the induction of altered states of consciousness, as it is believed that only then what is meaningful in of life will be experienced. During the initiation rites, all the false hopes, expectations and one's ego would disappear, with the participant left only with what is believed to be important: truth, love, compassion (Gennep 1969: 29-33).

In Takiwasi, the death and rebirth experience during the ayahuasca sessions is not an unusual phenomenon. Indeed, the two interviewed patients have affirmed experiencing death and rebirth at a personal level, including small deaths such as giving up certain character traits, or experiencing close to death experience through visions. Psychotherapist contends that 'sienten que algo se muere dentro de ellos, que hay algo que tienen que renunciar para siempre en su vida, pueden ser drogas o actitudes, tienen que renunciar sus vínculos familiares de cierta manera'. A deep experiential encounter with birth and death is regularly associated with an existential crisis of extraordinary proportions, during which the individual seriously questions the meaning of existence, as well as his basic values and life strategies. According to Grof (1979: 100), the resulting personality transformation after the induction of altered states of consciousness seems to be comparable to the changes that have been described as having come about from participation in initiation rites. Therefore death and rebirth experiences in Takiwasi form an indispensable part of the treatment as they lead to the positive personality changes:

'Ese es un elemento muy importante, esas experiencias, esas sesiones de ayahuasca, donde la gente vive cosas trágicas. Las personas que tienen esta experiencia muestran un importante cambio positivo en sus relaciones hacia los demás y hacia sí; hacia la vida en general a la que aprender a amar y a cuidar. Podríamos decir, si cabe la paradoja, que morir es la experiencia más curativa y vital que podemos experimentar... siempre y cuando se pueda volver para aprovechar la vivencia' (Founder Takiwasi).

After the death and rebirth experiences, the ability to enjoy life typically increases considerably. The past and future appear to be less important than the present moment and the compulsion to pursue goals is replaced by excitement about life and living the present moment. Similarly, when conducting LSD-assisted therapy, Grof (1989) noticed that the transition from death to rebirth included the reliving of traumatic memories from the past of the individual that presented themselves in a symbolic way. In ayahuasca sessions aimed at the addiction treatment, the interviewees described themselves seen in visions as dirty human beings, sometimes in the shape of monsters, who have reached the bottom line of their existence. Patient II, for example, affirms seeing himself as a miserable deteriorated human being, walking through the sewage pipe together with cockroaches. This makes him contemplate his current state and ask for forgiveness and another chance. After some time he sees a bright light shining on him and washing off the dirt. He feels a relief and the possibility of starting life from beginning.

Scholars such as Grof (1989) affirm that the death and rebirth experiences tend to have liberating effect that makes it possible to perceive what is authentic or not more clearly, as well as to respond more adequately in previously afflicted relationships and situations. Therefore, many previous attitudes and behaviours that used to appear natural in the past, are now conceived as irrational and absurd:

'Miguel vive su muerte, siente como poco a poco su cuerpo se debilita y deja de importarle todo. Tiene miedo inicialmente, pero después ya no siente nada. Se da cuenta que lo único que valora es su familia, su esposa y su hija, le duele mucho no verla crecer y tiene cólera por no haberse dado cuenta antes y perder tanto tiempo en las drogas' (Giove 2002: 37).

5.1.3 Connection with the divine

The last step of the ayahuasca sessions is the connection with the divine that provides means to connect with the sacred source of life accessible for everyone who is seeking. Takiwasi considers that as long as this connection with the divine source of life is not reached, the

patient cannot be considered cured, but rather in the process of healing. The connection with the sacred source of life, called God in Christianity (Thomson, 2003) and the Nature in the indigenous cosmology, is believed to constitute the meaning of life, and therefore spiritual health, for which Ayahuasca experiences provide the means to connect with. Ayahuasca being an entheogen plant tends to provide a strong divine experience. The term *entheogen*, which means 'bringing forth the divine within', comes from Greek *entheos* and is used to describe prophetic inspiration (Fotiou 2010: 107). Therefore, ayahuasca being a brew that embodies the divinity inside, heightens one's awareness by opening the doors to the spiritual existence that constitutes the meaning of life for those who have lost it and consequently turned to drugs (Shoemaker 2014: 61).

After the transcendental experiences, the individuals have reported conscious identification not only with the divine but also with plants, animals and the universe once one's consciousness expand beyond the ego boundaries and transcend the limitations of time and space. These experiences clearly suggest that, in a yet unexplained way, each of us contains the information about the entire universe or all of existence (Grof 1985: 45). Interestingly, the patients who come to Takiwasi and neither believe, nor are interested in practicing any religion very often take up some faith after experiencing ayahuasca sessions:

'Yo era una persona que creía en dios pero en un nivel teórico [...] no lo sentía. Acá, durante las dietas, he podido sentir a dios dentro de mí, en mi cuerpo sentirlo. Entonces, es un cambio abismal, he podido saber que incondicionalmente está junto a mí, y eso ha hecho que se incremente mi fe, que es lo que más agradezco del tratamiento, porque me ha hecho dar cuenta que siempre hay un dios dentro de uno que te da fuerzas para levantarte cada mañana, para seguir, que te apoya y que no te deja, que es como que siempre te llevará de la mano y que todas estas capas que teníamos, a mí personalmente, no me dejaban sentirlo' (Patient I).

The most important effect that the connection with the divine provides for the patients of the centre is the new meaning of life. They learn that they are not alone and there is something, whether it is called God, the Nature, or the sacred source of life, that cares for them and they

can rely on.

6. Conclusion: incorporation of ayahuasca in the Western health paradigm?

Even though it can be argued that the Takiwasi work method of using the Amazonian visionary brew ayahuasca in the rehabilitation of drug addicts can be a promising alternative used to tackle drug addictions, the possibility of incorporating Takiwasi work method to the Western health paradigm remains remarkably low.

According to Thomas Kuhn (1962: 24), the new theories of health can hardly be integrated in the dominating Western paradigm, as the 'normal' scientific research is directed to the articulation of those phenomena and theories that the paradigm already supplies.

Therefore new paradigms are hardly accepted. Hence, any abnormality that is discovered is rarely incorporated into the Newtonian-Cartesian health paradigm as there are no established conceptual and instrumental tools to incorporate it into the dominating scientific model (Kuhn: 1962 & Bird 2000: 41-43). For instance, after conducting numerous LSD-assisted psychotherapy sessions, Grof (1931: 31) realized that it is obvious that neither the nature of LSD experience nor the numerous observations made in the course of psychedelic therapy can be adequately explained in terms of the Newtonian- Cartesian mechanistic and the rational approach to the universe and human brain. In this case LSD therapists using altered states of consciousness as an alternative tool in psychotherapy, as well as Takiwasi, have been constantly confronted with the challenge of data that cannot be accounted for within the existing scientific frameworks. Therapists have therefore seen the need to develop their own criteria of data evaluation.

Not only is the possible inclusion of ayahuasca to the dominating health model highly unlikely due to the theoretical limitations, but also because of its legal status. Even though ayahuasca and its source plants are not internationally prohibited under the 1971 Convention on Psychotropic Substances, the controversy centres around the DMT (a powerful psychedelic compound) admixture plant (McKenna 2004: 121). DMT is currently a Schedule I controlled substance under US law meaning that it cannot be accepted for any medical use, especially due to its high potential for abuse and lack of safety (Drug Enforcement Administration, 2016). Additionally, strong prejudices from academia regarding the therapeutic potential of the brew exist. McKenna (2004: 122 & ICEERS, 2016), for instance, contends that even though 'a considerable body of anecdotal evidence, coupled with a long history of ethnomedical use, indicates that ayahuasca may be useful for the treatment for abusive disorders no clinical data regarding efficacy has been published until now'.

Nonetheless, despite of the controversy of ayahuasca, the manifestations of people who claim that the ayahuasca experience has helped them on a psychological and spiritual level has been accompanied by growing personal and scientific interest in the brew's potential therapeutic value. Up to date, a number of independent studies on the chemistry, pharmacology and biomedicine of ayahuasca have been produced, indicating that it does not have a toxic effect and is safe to use (Thomas 2013: 1). Hoasca project is said to be the most detailed comprehensive investigation of the chemistry, psychological effects, and psychopharmacology of a psychedelic drug to be developed (Fotiou 2010: 116). The Hoasca project was carried out in Santo Daime church in Brazil, where ayahuasca is used

sacramentally and where its use remains legal as in other parts of South America. The study established that the regular use of ayahuasca within the ritual context and supportive social environment is not only safe but also has lasting, positive influences on physical and mental health. The members of the church who previously met criteria for drug abuse, stopped using substances after joining the church and attributed their altered behavioural patterns to ayahuasca drinking (Fotiou 2010: 116). Moreover, assessment results published by Takiwasi also indicate that the induction of altered states of consciousness is a highly effective method that could be used in the treatment of drug addictions.

Even though the Takiwasi treatment method could hardly be incorporated into the Western health paradigm, nor is there enough scientific data on the efficacy of ayahuasca in drug addictions, testimonials of the patients cannot be neglected. The indigenous practices that have been developed for many millennia present a serious challenge for the Western health paradigm, which has made advanced discoveries on the molecular level, but has excluded the importance of the spiritual realm. Hence, the addiction represents the main problem of the 'modern man': the lack of meaning in life that, when unable to cope with, is repressed with drugs. The Newtonian- Cartesian science response to the alarming levels of drug addictions in the Western world has not been effective since the addiction is attributed to the substance itself rather than to the psychological issues that lead to the drug abuse. The addict is often placed in the position of a diseased, unable to deal with his condition and continually relapsing to substance abuse. However, there are places in the world as far away as the Peruvian High Amazon that offer a new approach to addiction: by making one the observed and the observer of his condition. Through the culturally accepted forms of initiation rites used in a ritualized

setting where the altered states of consciousness play a crucial part, the patient is forced to meet the extremes: confront his dark side, often accompanied by death and rebirth experiences that consequently leads to the connection with the sacred source of life. This makes the patient overcome his condition, to connect with the sacred source of life and to understand that healing is within.

Appendix

#	Profession/Medical Status	Date	Location	Interview Time
1	Anthropologist	15/06/2016	Lima	00:37
2	Local Healer	25/06/2016	Santa María (Iquitos)	00:56
3	Doctor, Founder of Takiwasi	06/07/2016	Tarapoto	01:02
4	Doctor	06/07/2016	Tarapoto	00:33
5	Clinical Psychologist	07/07/2016	Tarapoto	00:43
6	Psychotherapist	07/07/2016	Tarapoto	00:30
7	Psychotherapist	08/07/2016	Tarapoto	00:23
8	Biologist	08/07/2016	Tarapoto	00:37
9	Patient I	09/07/2016	Tarapoto	00:47
10	Patient II	11/07/2016	Lima	00:30

Figure 2. The research participant's list

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