Enseñanzas y Mareaciones[1]:
Exploring Intercultural Health Through Experience and Interaction with Healers and Plant Teachers in San Martín, Peru

by

Claire Louise Sieber
B.A., University of Victoria, 2003

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Requirements for the Degree of

MASTER OF ARTS

In the Department of Anthropology

[1] Spanish translation for: Teachings and visions.

Supervisory Committee Members

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Abstract

This research thesis explores how healers in the Peruvian Upper Amazon experience and negotiate their roles and knowledge systems at the interface of Amazonian, Western scientific and other medical knowledge systems at the confluence of community and environmental health. Experiences of identity, practice and place feature in this research among selected healers in the region of San Martín, Peru. Relationships with nature have sustained Indigenous populations in this region, and economic pursuits of natural resources have attracted many populations to the Upper Peruvian Amazon, making it an interesting site for the analysis of healers' experiences at the interface of different knowledge systems. An emergent objective of this thesis has been to provide what healers in the region expressed to me as a need for an ***experiential approach*** to research on local medical knowledge systems. The resulting thesis is an ethnography of my experiences learning from healers and plant teachers about intercultural health initiatives on a regional level in Peru.

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CHAPTER 1
BACKGROUND

1.1 GENERAL INTRODUCTION

Experience of identity, practice and place form the basis of analysis for this study of contemporary medical knowledge systems among selected healers in the region of San Martín, Peru. Relationships with nature have sustained Indigenous populations and economic pursuits of natural resources have attracted many populations to the Upper Peruvian Amazon. These people and their knowledge systems are situated at the confluence of the past and present and expectations for the future. At this confluence in San Martín, a casual conversation with a farmer walking back from his *chacra*[2] can reveal his opinions about American pop culture, terrorism and being caught between military and guerilla conflict. More in-depth discussions with farmers and healers reveals how medical knowledge systems are shaped by experience of identity, practice, place, and history.

Situated at the interface of historically-situated spheres of interaction, and at the confluence of Amazonian, Western scientific and other traditions of medical knowledge systems, the healing practices of local healers in the Peruvian Amazon provide a unique insight into the dynamic and interactive processes of knowledge acquisition, production, transmission, negotiation, use and translation. Perceptions of nature and spirituality also play a vital role in shaping local medical knowledge systems.

[2] Cultivated land of the *campesino* or farmer.

1.2 OBJECTIVES

The objectives of this thesis are, primarily, to explore how healers in the Peruvian Upper Amazon experience and negotiate their roles and knowledge systems at the interface of Amazonian, Western scientific, and other knowledge systems, and at the confluence of historical processes and future expectations concerning contemporary community and environmental health. To explore the interface of medical knowledge systems and community and environmental health development, I attended local public health workshops, visited the centers of two non-government organizations working in community health projects in the region, and conducted a series of interviews with local healers.

A secondary, and emergent intention of this thesis, is to provide what healers in the region expressed to me as a need for an ***experiential approach*** to research on local medical knowledge systems. It was suggested by the healers that objective or external analysis of medical knowledge systems have fallen short of understanding the paramount importance of ***experience*** in health and healing. Taking the healers' suggestion into consideration, following anthropological attention to the significance of embodied experience (see Csordas 1994), and answering to a large body of resource management and development literature that calls for closer attention to local knowledge systems (Ellen et al. 2000; Mackinson and Nøttestad 1998), chapter two of this thesis provides an in-depth discussion of experiential methods and how these methods have influenced me as both researcher and patient. Although I do not suffer from drug addiction, I attended regular healing rituals and ingested plant medicines, participating as a general, visiting patient at the Takiwasi Center for Research and Drug Rehabilitation. The ailments I was

treated for ranged from general *nerviosidades* or emotional anxieties, to specific physical illness such as giardiasis.

In this chapter, one, I have provided an overview of the objectives, terminology and research context for this thesis. In chapter two, I describe my methods, specifically the ***experiential approach*** that became a vital part of my research. In chapter three, I situate healers' experiences within the theoretical framework of political ecology through a brief historical review of the region of San Martín, and national health initiatives in Peru. Chapter four outlines how my experiences of local NGO workshops contributed to my research and understanding of medical knowledge systems in the area of study. The interviews I conducted with healers are described in chapter five.

1.3 Overview of Terminology

In the context of this study, ***negotiation*** is a term used to describe the processes of discussion, contemplation, conflict, resolution, creative innovation, and selective practice whereby knowledge systems are adapted to accommodate and integrate different ideas and values. This research is focused on how local healers in a region of San Martín, Peru negotiate, practice and experience healing in the context of influence from and collaboration with other knowledge systems and practices. Of specific interest is how local healers interact with health practitioners of various different medical backgrounds, such as western-trained doctors and psychologists, as well as with researchers, developers, resource managers and policy-makers from other regional and international communities beyond the community of study. I focused on these interactions with the

intention of identifying obstacles to and opportunities for collaborative community and environmental health initiatives.

Knowledge systems. In the Amazon of Peru, people and their knowledge systems are not isolated from the influences of colonialist and neocolonialist resource exploitation, capitalist expansion, international economies of trade, politics and religion. Even the few indigenous groups who exist in relative isolation today (see Huertas Castillo 2004) have experienced and continue to experience the changing social and environmental landscape of capitalist expansion. Local systems of knowledge in Amazonian communities are not exclusively "local" or static. Contemporary local medical knowledge systems are a result of the synthesis of many knowledge systems intertwined through a long history of indigenous and introduced practices.

Pottier explains that knowledge production "is embedded in social and cultural processes imbued with aspects of power, authority and legitimation" and suggests that "the act of producing knowledge involves social struggle, conflict and negotiation" (Pottier 2003:2). Brodt outlines a model for knowledge systems to be "viewed as composed of hierarchical levels of abstraction, ranging from concrete practices to abstract concepts" (Brodt 2001:102). These explanations for what constitutes knowledge and knowledge systems address the dynamic processes that shape perception and practice. Rigid categories that define local and non-local knowledge systems, therefore, may or may not be adequate to explain the complex processes that contribute to the creation, change, disintegration and regeneration of knowledge systems. As departure points, I have chosen to use the terms "local Amazonian" and "Western scientific", recognizing

that sometimes, by trying to distinguish these knowledge systems, practices, and identities from one another, I contribute to a bounded and static perception of entities rather than considering knowledge systems, practices and identities as dynamic and integrated processes. In some instances of community development, policy and practice, for example, local knowledge may be considered inferior to non-local, scientific or Western knowledge, while in other cases, local, traditional, or Indigenous knowledge may be romanticized and considered as superior to non-local knowledge systems and practices (Conklin 2002). In this research I have attempted to refrain from categorizing knowledge systems and, rather, to record the categories suggested by the healers while focusing on the interactive nature of knowledge systems.

Equity. Discourse on sustainable and culturally appropriate development has identified ***equity*** as an essential feature to be integrated into the development process, especially concerning issues of intellectual property rights[3] (Arce and Fisher 1996:78; Mertens et al. 2005:115; Rosenthal 2006; Sampath 2005:54). Equity involves the recognition of subjugated peoples and knowledges, respecting their insight into issues of community and environmental health, and facilitating their access to resources and control over intellectual property. Mertens et al. (2005:115-116) suggest that the concept of equity has been developed out of concerns for the inclusion of women's perceptions, problems and differing experiences in participatory research and community development. They

[3] Intellectual property rights (IPR) are defined as "a particular aspect of property covering 'all things which emanate from the exercise of the human brain' (Philps and Firth 1990 in Swanson 1995:181). Swanson explains that "the major intellectual property rights are patents, plant breeding rights, trade secrets, trade marks and copyright. The general principle behind IPR protection is that the 'right holder' is given some form of monopoly control over the economic exploitation of the material concerned" (Swanson 1995:182). (see also Brush 1993; Rosenthal 2006; Sampath 2005; Tsioumanis et al. 2003).

point out that feminist theories and practices have contributed to identifying obstacles and opportunities for the participation of women in community development issues.

Reductionist, dualistic categories and assumptions about knowledge systems and practices have been critiqued by feminist, political ecology, and development anthropologists as being problematic in both discourse and development initiatives. Assumptions and generalizations of knowledge systems and practices often deny the rights and insights of marginalized peoples and knowledge systems to be considered in defining access to their own resources and destinies, or attribute these systems and practices with a false perfection that may lead to unrealistic expectations (Bradiotti, et al. 1994; Plumwood 1993; Pottier et al. 2003; Shiva 1989). To avoid either delegitmizing or romanticizing local knowledge, it is suggested that we focus on how knowledge is situated within a wider social and historical context, continually changing in response to power relations and the influence of non-local knowledge systems and practices (Pottier 2003).

In the interest of evaluating sustainable[4], appropriate, equitable, and effective collaboration strategies between different knowledge systems and practices to address community and environmental health issues, my research has focused on how healers describe their practices, if and how different medical knowledge systems are categorized or ranked, and how medical knowledge is negotiated at a community level— all within the context of healers' social, economical, environmental and cultural relations.

[4] Sustainable development is a term coined in the Brundtland Report *Our Common Future* in 1987 to describe: "Development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (Lebel 2003:7).

Kincentric and relational views. Challenging development and research that reifies bounded assumptions of local and non-local, male and female, nature and culture, and other categories of knowledge and identity, some scholars are calling for a ***"kincentric***[5]***"*** (Turner 2005:69) or ***"relational view*** of both organic and social life" (Escobar 1996:10; Ingold 2000:133; Pottier 2003:2). While the ***kincentric*** worldview specifically relates human, animal, and plant life through kinship ties, the ***relational*** view takes into consideration all elements contributing to community and environmental health, and promotes an understanding of the relations, local, non-local and otherwise, between these elements, rather than focusing exclusively on their distinctions. Similarly, the concept of socioecological systems, as proposed by Berkes and Folke (1998), has been drawn upon by researchers to "overcome distinctions between social systems and ecosystems" and to "provide a platform to address both the social and ecological contexts of human health" (Dolan et al. 2005: 196). Dolan et al. (2005:197) advocate for a socioecological approach suggesting that "it reflects the notion that human, community and biophysical health are interdependent, that the resilience (health) of a socioecolgical system is determined by both ecological and social factors, and that any understanding of health must integrate these biological and social explanations within a broader understanding of the political economy". In my research I observed a ***kincentric*** worldview among select healers in San Martín. I propose that this ***kincentric*** worldview fits within a ***relational*** view of both social and ecological systems among these healers and is a fundamental element of their

[5] Turner (2005:93) describes a "Kincentric" approach to nature whereby environmental features and entities are imbued with humanness and are all related to us and to each other. Descola and Pálsson (1996:7) also explain that the Achuar Jivaro of the Upper Amazon: "consider most plants and animals as persons, living in societies of their own, entering into relations with humans according to strict rules of social behaviour: game animals are treated as affines by men, while cultivated plants are treated as kin by women".

medical knowledge systems. Inquiring into community and environmental health with a ***kincentric***, ***relational***, or ***socioecological*** approach fits within the scope of the of the ecohealth approach.

The Ecohealth Approach: Community and environmental health. This research project follows concerns expressed in ecological, anthropological, and development literature that call for recognition of connections between human health, environmental health, and socio-economic factors (Berkes et al. 2000; Folke et al. 1996; Colding and Folke 2001; Dolan et al. 2005; Lebel 2003).

Recognizing these connections relies upon understanding local knowledge systems and practices concerning issues of community and environmental health (Lebel 2003:8). The Ecohealth approach, as outlined by Lebel for the International Development Research Center (IDRC) of Canada, asserts that human health and ecosystem health are inextricably linked, and therefore that researchers, community groups, and decision-makers should use the Ecohealth approach to guide human and environmental health development (Lebel 2003; Mertens et al. 2005:114). The three main tenets of the ecosystem approach are cited as *transdisciplinarity, participation,* and *equity* (Mertens et al. 2005:114).

In communities facing the dynamic processes associated with globalization[6], such as market integration, economic development[7], shifting subsistence strategies, and

[6] Heyck explains that globalization usually refers to the process of worldwide economic integration and may be viewed as an outcome, a carrier, and a feature of development. Globalization brings with it transnational integration of markets, products, and communications networks with social, political, and environmental systems to a degree previously unknown and unimagined (2002).

[7] Economic development is a term used to describe the activities associated with development through economic growth. Bascially, it refers to economic transformation whereby governments, international

urbanization, (ie: restructuring[8]), resulting in negative and positive impacts on community and environmental health, the need to define appropriate strategies to integrate knowledge systems to address the associated impacts becomes paramount (Brodt 2001; Heyck 2002). Several studies and projects have demonstrated that community involvement and respect for local knowledge are fundamental to effective development strategies. There are several examples where large scale development projects involving agriculture, mining, and urban expansion have not taken local insights and concerns into consideration and have had degrading, toxic and even fatal outcomes for local communities[9] (Lebel 2003, Pottier et al. 2003). These examples emphasize the need to focus on local voices. Jovel (1996: 31) proposes that the integration of Indigenous, Mestizo and Western science and technology is vital for improving natural resource use and contemporary conditions for people living in the Amazon Basin.

Landy (1977:468) suggests that due to the proximity of healers to processes of life and death, the role of healers may be more sensitive to the forces of change in any social system. Healers using plant medicines are also in an interesting position of being dependent on ecosystem health to provide the necessary remedies for human health. For example, Jungerius's (1998) study of traditional herbalists in the Keiyo district of Kenya

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institutions, international loaning agencies (such as the World Bank), and international governing bodies, (such as the United Nations), institute projects of industrialization, resource management and health improvement, as initiatives towards improving standards of living globally (McMichael 2000:27). This sort of development requires so-called modern practices of "banking and rational accounting systems, education, private property, stock markets and legal systems, and public infrastructure" (McMichael 2000:28).

[8] Restructuring is referred to by Dolan et al. (2005: 197) as "the human-induced acceleration (deceleration) in change in the statistical, spatial, or temporal distribution of a measurable physical, biological, economic, or social variable".

[9] Lebel (2003: 15), for example, outlines the case of an agricultural production boom and hydroelectric dam on the Sassandra River in Buyi, Côte d'Ivoire which resulted in economic, environmental, and social problems including pesticide pollution and inadequate waste management. Lebel (2003: 17) also describes the implementation of government policies in Chile and Argentina that have ignored the concerns and voices of the Indigenous Mapuche peoples leading to serious problems of poverty, poor health, and ecosystem degradation.

highlights herbalists' connection to their environments by exploring their general landscape-ecological perceptions developed through plant harvesting, their knowledge of landscape-ecological factors determining plant growth, and the herbalists' ability to deal with environmental change such as deforestation and soil degradation.

With healers' involvement in both human and environmental health, a study of their perceptions of contemporary conditions for addressing community and environmental health proves insightful. To explore the connection between healers in San Martín and their environments, I have asked them to describe their healing practices and other livelihood activities, such as farming, that involve plants and to explain to me if and how they perceive a relationship between community and environmental health.

Traditional, Indigenous, and Local Knowledge. Among international resource managers and health practitioners, pharmaceutical companies, non-governmental agencies (NGOs), policy-makers and development planners, what is considered ***traditional, Indigenous, and local knowledge*** is being sought out for expertise in medicinal plant use, the potential role in maintaining community and environmental health, managing resources, and for its value to the political and economic identity of Indigenous peoples (Ellen and Harris 2000:22; Green 2004:213; Wayland 2003:483; Sillitoe 1998; Scott 1997). Scientific and multidisciplinary studies have begun to integrate local knowledge into areas such as resource management (Berkes 1999) and medicine (Brush 1993; Heggenhougen 1984; Greene 1998; Wayland 2003; see Callaway et al. 1996; 1998; 1999). In the context of medical knowledge systems in the Peruvian Upper Amazon, my research examines how different knowledge systems can be

appropriately integrated to address community and environmental health, whether or not dichotomous categories of knowledge systems present obstacles to integration, and if there are appropriate measures already in place to integrate knowledge systems.

Healer, curandero. In this thesis, I use the term healer or *curandero* to describe individuals who have undergone a process of apprenticeship in Amazonian medicine and who practice Amazonian medicinal techniques, though not necessarily exclusively using plant preparations, ritual and spiritual intervention. I do not use these terms healer and *curandero* as synonyms for "doctor". I reserve "doctor", or *"medico",* as a term to specifically describe medical physicians who are trained in Western medicine. Two of the healers interviewed for this study are also Western-trained doctors. All healers in my study practiced Amazonian methods of healing.

Practices, in the context of my research, will be defined as experienced or embodied knowledge as it is employed in everyday or specialized actions and interactions. There are many terms in discourse and literature to describe healing ***practitioners***. These include, but are not limited to, Healer, Doctor, *Curandero*, Sorcerer, Herbalist, *Vegetalista*, Witch, *Bruja*, Shaman, Nurse (Miles 1998:209; Glass-Coffin 2001; Landy 1977; Luna 1984a). For the purpose of this research, the term "healer" will be used to describe those people engaged in the practice of patient diagnosis, treatment, and the administration of medicine.

I have outlined shamanistic practices (below) because the literature suggests that shamanistic healing is a prevalent knowledge system in the region of study (Luna 1992;

Mabit 2001; Narby 1998). However, it was made clear in my fieldwork that although healers in San Martín are often referred to as shamans by others, they do not usually refer to themselves as shamans, but rather as *curanderos*, or *vegetalistas*.

Identity distinctions may be a factor contributing to the definition, validity, accessibility, production and negotiation of knowledge when dealing with issues of community and environmental health. Identity is influenced largely by history. For example, in Peru, distinctions between Indigenous, *Mestizo*, and White are rooted in colonial chronology, placing "Indian" and "Spanish" (or "White") on either end of the linear continuum. Indian is often associated with the past and traditional ways, while Spanish or White is often associated with present and modern ways. *Mestizo* is a problematic category that lies somewhere in between these two extreme identity categories. In Amazonian contexts, the term Mestizo is very vague, meaning anything from acculturated, deculturated Indians, to various mixtures of white and Indian, to poor immigrants (Gow 1996:98; Luna 1984:31). The terms Indigenous and Indian are also difficult to differentiate. Gow (1996:98) describes Indians as "those people who are indigenous to the area, bearers of an authentic indigenous culture until the forces of acculturation sweep over them". In anthropological literature, Indian and Indigenous are often used interchangeably. Ramos (1998:6) states that, unlike the negative connotations associated with the term Indian in Ecuador or the United States, which has been replaced with terms such as *nativo* or *Native American*, there are positive associations with the term Indian in Brazil. She explains that the indigenous movement of the 1970s and 1980s "reappropriated the term and infused it with a substantial dose of political agency".

Indian (translated as *Indio*) in this context, comes to represent social actors whose ethnic and cultural identity is differentiated from the rest of the population (Ramos 1998:6). In the region of San Martín there are contexts where the terms *Nativo, Indígena,* and *Indio* are used to designate social actors who, either independently or working with non-government organizations, assert Indigenous rights and promote Indigenous knowledge transmission.

Gow (1996:98) suggests that we have overlooked the ongoing social practices that shape the words *White, Mestizo,* and *Indian*, and that, *in situ*, "these terms are not used to define people in abstract cultural terms but to locate them in specific social relationships. Castillo shares a similar opinion, stating that "no society, however remote and isolated, can live in the past, nor live excluded from regional socio-economic processes" (Castillo 2004:20). These statements emphasize the need to bring our attention to the interwoven social processes that contribute to the creation of identity, which in turn, may influence our perception and acknowledgement of knowledge systems and practices.

To situate healers within social relationships my research has considered how healers identify themselves, to what extent their identity influences their healing knowledge and practices, and how their identity affects their role in the negotiation of knowledge about community and environmental health.

Amazonian Healing Practices. Healing practices, like identity, are also influenced by history and contemporary social processes. Shamanism has frequently been used in literature to describe the healing practices of healers and herbalists in the Peruvian Amazon. There is no universally accepted definition for the term *shaman.* Often used

interchangeably with the terms healer, or *curandero,* the term shaman typically refers to individuals engaged in practices of ritualistic healing. More specifically, the term shaman may refer to an individual who believes in a layered cosmology, has the ability to release his or her soul to the cosmos, and has command and control of the spirits found within the supernatural realm which influence human destiny (Vitebsky 1995:184). The significance of these realm-transcending abilities is rooted in widespread belief among many Indigenous peoples, including those of Amazonian regions, that illness is caused in part by the supernatural realm, and that disease may be a loss of the soul, which has been led astray or taken by a spirit (Luna 1992:232; Eliade 1964:327). The power of the shaman resides in the ability to glean from the unknown some knowledge that will aid in alleviating the suffering of others (Glass-Coffin 1998:141).

Thomas and Humphrey (1996:1) feel that the political and social environments of shamanism have been largely overlooked in the process of defining generalized characteristics of the practice. Press (1971:743) refers to healers in his research as *curanderos* and complains that the creation of *curandero* categories has been done to the exclusion of understanding how their practices are defined by the particular milieu they serve. In his opinion scholars studying Latin America reify the stereotypes of what constitutes a "real" *curandero* (Press 1971:741.). The generalized characteristics of the *curandero* outlined in such studies highlight the shaman's concern for the community, their lack of motivation by profit, and their religious identity among other themes (Press 1971:741). Press asserts that these generalizations deny the dynamic role of *curanderos*, as well as their dynamic participation in the global community as professionals and creative agents (Press 1971:741). Landy (1977) also emphasizes the creative agency of

healers. He describes the traditional healer "not merely as passive receptor of modernization, science and technology, but as an incorporating technocultural agent and as creator of new technocultural syntheses. The curing role is not only changed, but resynthesized" (Landy 1977:471). A collection of studies on "Shamanism, History and the State", edited by Thomas and Humphrey (1992) provides more recent assertions about the contemporary role of healers as political agents.

To ascertain the contemporary role of healers in San Martín, I have participated in several medical treatments and healing rituals, observing the innovations, collaborations, and integrations of medical knowledge systems, while also taking note of the significance of the social, political, economical and environmental contexts in which these healers are practicing.

***Vegetalismo*.** My research project has involved working with healers trained as *Vegetalistas.* In regions of Amazonia, *Vegetalistas* are plant specialists who have acquired their knowledge from a variety of plants known as *doctores* or plant teachers, and use this knowledge for diagnosis and sometimes healing (Luna 1986:32, 1984b:135). In his study of *vegetalismo*, Luna inquired into the nature and identity of healing plants, the dietary requirements of the healers, the transmission of shamanic power, the nature of the "helping spirits", and the function of the *icaros*[10] given to healers by their plant teachers (Luna 1984b:135). He found that under the title of *vegetalista* are many

[10] The word *Icaros* seems likely to "be a castilianism derived from the Quechua verb *ikaray* which means 'to blow smoke' in order to heal". *Icaros* themselves are melodies taught to healers by the ingestion of plants teachers. They are sung for the preparation of remedies, during healing sessions, and other activities such as fishing (Luna 1992:233).

specialists including *purgueros*, who use *Ayahuasca*[11] as a purgative; *tabaqueros*, who use tobacco; *camalongueros*, who use the seeds of camalonga (*Thevetia peruviana*); *tragueros*, who use cañaza— a strong alcoholic beverage distilled from sugar cane (*Saccharum officinale*); and *perfumeros*, those who use the essence of flowers (Luna 1984 b:136). Primarily, the various *vegetalistas* claim to acquire their knowledge from the plants through a program of isolation and strict diets. During these diets, the *vegetalistas* are taught by plants how to diagnose and cure illness, how to perform other shamanic tasks through magic melodies known as *icaros*, and how to use medicinal plants (Luna 1984b:135). Transmission of power from the plants involves an exchange of *yachay, yausa, mariri,* which refers to "knowledge" (Wamanwasi 2006:5) or "medicine", in the form of a phlegm, usually imparted from the plant teachers or spirits themselves, a human teacher, or both (Luna 1984b:143). This phlegm will enable the healer to suck out illness from the bodies of patients. Learning powerful *icaros,* the melodies imparted by the plants, is also essential to the practice of the healer. Understanding that the transmission of medical knowledge relies upon relationships established with plants and spirits of the supernatural realm, is fundamental to understanding contemporary medical knowledge systems in the Peruvian Amazon.

Transmission of Knowledge. As Jovel (1996:24) points out, "knowledge of medicinal plants is embedded in oral tradition", and "understanding of the physical environment, growth habits of medicinal plants and their association with other plants or animals

[11] Discussed in more detail in Chapter 2.

provides the healer with very strong tools". All of the healers of Luna's (1984a:125; 1986:41) studies trace their medicinal expertise to the plants' wisdom. Their access to the plants was determined by their work in the jungle environments and with other healers, mainly Indians, they met through the rubber trade and extraction of other jungle products Luna describes *vegetalismo* as *Mestizo* shamanism that "is the product of the syncretism of the shamanism found among several Indian tribes and European religious traditions" (Luna 1986:41). His research suggests that socio-economic processes, such as the rubber trade, have greatly influenced the transformation and transmission of traditional healing practices in the Amazon. Migration through resource exploitation, the rural-urban interface, and contemporary processes of globalization provide interesting sites for the analysis of identity and healing.

Globalization and the Rural-Urban Interface. Urban healers in many cities of Latin America are often assumed to have derived their knowledge from 'authentic' Native sources. In Bogotá, urban healers observed by anthropologist Irwin Press (1971:744;746), claimed to have learned their trade "from 'Indians' and improved it through books", or were born with special diagnostic powers in their hands, but also "learned to cure…from Indians in the jungles of Ecuador". Although there is evidence to support the transmission of knowledge from rural to urban areas, there is no reason to limit the transmission in one direction. De Rios (1996:173-175) observes that "folk healing practices in urban jungle areas, including the Amazon city of Iquitos, represent a complex amalgam of traditional healing practices and twentieth-century medical science" and that this "kind of urban drug-adjuncted healing …must be viewed also as a complex

interweaving of tribal Indian beliefs with a minimal admixture of Mestizo Roman Catholic religious ideology". DeRios's description of complex interweaving addresses the transcendence of, and interface between supposed dichotomies of knowledge systems that have been debated, including the dichotomy of traditional versus modern, or tribal Indian versus modern medicine.

Although the origins of knowledge are influential to the practice of healing, other anthropologists have critiqued research emphasis on where knowledge comes from. In his analysis of an "urban *curandero* complex", Press (1971) challenges our tendency to narrow our focus on the origins and practice of healing. Press (1971:742) acknowledges that urban healers, in competition with hospitals, pharmacies, patent medicines, physicians, emergency centers, ambulance services, herbalists, *curanderos*, "spiritists", homeopaths, naturopaths, osteopaths, etc., would necessarily have to be innovative. Although Press (1971:743) outlines previously studied categories for urban shamans, including: 1) brujas (witches), 2) spiritualistic mediums, 3) herbalists, and 4) sub-professionals, he maintains that typology studies as such are constrained and not conducive to understanding the complex relationship or influence of environmental and social phenomena. Press also calls attention to the expectations sewn into these categories which become problematic when individual behaviours transcend their stereotypes. To accommodate for healers' individual innovation, and evasions of typecast, Press suggests opening up analysis to more stylistic descriptions. This approach would demonstrate the personality and creative human agency of urban healers.

Human agency and diversity resist confinement to the dominant directions of information flow. Vitebsky (1995:183) calls our attention to the dominantly perceived

pathways of information and challenges "any smooth model of 'globalization' as a one way current, an acculturation leading implicitly to a cultural homogenization". Vitebsky critiques a one-way model whereby globalization is passed from 'modern' to 'traditional' societies, implying the subsumption of the latter by the former. In this model modern technology is adapted by the traditional people, and sometimes traditional knowledge is integrated into modern knowledge. An example of this model can be found in agricultural and medical development strategies whereby modern technologies, such as those implicit in the "green revolution[12]", are introduced to "traditional" or "developing" communities to "improve" agricultural practices. The use of quinine to treat malaria[13] is an example of the integration of "traditional" knowledge into "modern" knowledge, or, more specifically, "traditional" medicine into "modern" medicine. Vitebsky (1995:183) contests a single direction flow of knowledge, however, and suggests that we regard "the global process as a continual realignment of a system of epistemological and political relationships".

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[12] The "Green Revolution" refers to agricultural development that is based on industrial inputs such as chemical fertilizers and pesticides, mechanical cultivation techniques, and new crop varieties (such as genetically modified seed varieties. In Latin America, strategies of the "green revolution" created a sense of dependency on Western technology and markets due to the replacement of local crop varieties with genetically "improved" varieties, the "introduction of energy and capital intensive mechanized farming and the destruction of prehistoric agricultural infrastructure" (Erickson 1992:3).

[13] Quinine, also known as Peruvian Bark, is harvested from several species of *Chinchona* spp. During the Spanish conquest of Peru, the Spanish invaders were introduced to the bark of a rainforest tree that was used by the Indigenous population to treat fevers. There are several legends surrounding the transfer of this medical knowledge between the Indigenous peoples and the Spanish invaders. It became apparent to the Spanish that the bark of *Chinchona* spp. could be used to treat malaria. In 1820, French chemists isolated the alkaloid quinine from the bark. Due to the high demand for this medicine, vast amounts of *Chinchona* spp. were harvested and exported from South America to Europe. Colombia, Peru, Ecuador and Bolivia held a monopoly on the production of *Chinchona* spp. through restrictions on the export of seeds and living plants. There is a whole history of seed smuggling that took place as Dutch botanists and the Dutch government colluded to cultivate *Chinchona* spp. in Java and US botanists and the government smuggled and cultivated *Chinchona* spp. for the War effort in 1942 when US troops in Africa and the South Pacific were suffering from malaria (Balick and Cox 1997:27-31).

Gow's (1994) studies of shamanism also challenge the one-way flow of information. He suggests that urban shamanism is *exported* to rural areas. He challenges the idea of *Ayahuasca* shamanism as 'authentic' Indigenous knowledge, suggesting that it is actually urban knowledge that is transmitted to rural areas through socio-economic relations. He presents the argument "that *Ayahuasca* shamanism has been evolving in urban contexts over the past three hundred years, and that it has been exported from these towns to isolated tribal people to become the dominant form of shamanic curing practice" (Gow1996:91). Gow situates the *Ayahuasca* curing ritual within the context of the extractive industry, subsistence economy, and class relations in Amazonia. He attributes the expansion of *Ayahuasca* shamanism into "the world of forest Indians with the expansion of rubber production and debt relations (Gow 1996:109). Data from previous research done by Gow in the western Amazon suggests that shamanism has been transformed since the period of the rubber industry expansion. Prior to the industry, shamanism in Gow's area of study was focused less exclusively on curing illness and more towards communication with forest animal spirits. Gow seeks to challenge the prevailing mentality that there exists an 'authentic', 'pure,' traditional knowledge among Indigenous Peoples that is static and unchanging. He asserts that *Ayahuasca* shamanism has developed through interactions dependent on socio-economic processes.

In my study of healers in San Martin, I have considered the socio-economic processes, such as the rubber trade and other economic resource booms and busts, as well as the environmental processes contributing to the negotiation of medical knowledge systems. I locate the healers experiences within the political ecology of San Martín.

***Political Ecology*.** Political ecology is defined as combining "the concerns of ecology and a broadly defined political economy. Together this encompasses the constantly shifting dialectic between society and land-based resources, and also within classes and groups of society itself" (Blaikie and Brookfield 1987:17 in Paulson et al. 2003:205). Political ecology is also defined as "the study of the manifold articulations of history and biology and the cultural mediations through which such articulations are necessarily established" (Escobar 1999:3), and as analysis that places local struggles within the context of development and intervention strategies, environmental variables, and "the mediation of government bureaucrats at local, regional, and national levels" (Little1999:255). By using political ecology as a theoretical framework for analysis my research examines the lived experiences of local healers. It takes into consideration the contested categories of knowledge and identity, while paying close attention to the socioeconomic, political and environmental contexts contributing to the continual processes shaping knowledge and identity.

1.4 RESEARCH CONTEXT

The ethnographic core of this research concerns the experiences of, and my interaction with, healers in the Upper Peruvian Amazon, in the region of San Martín. From May to November of 2006, I lived in Tarapoto, San Martín, Peru, attended healing rituals at the Takiwasi Center for Research and Drug Rehabilitation, received psychotherapeutic follow-up treatment, attended workshops for local intercultural health initiatives[14], and

[14] Intercultural medicine refers to medical practices that are designed to address knowledge systems and patients of various cultural backgrounds, within a mutually respectful and educational framework.

interviewed various healers. Increased urbanization, the presence of 'professional' medical clinics and pharmacies, the promotion of local medical knowledge through non-government and government health development programs shape the economic and social context of healers, health, and healing practices in this area.

The main motivation behind my ethnographic work in the region of San Martin is to communicate to the local, academic and foreign community the creative agency of local healers in negotiating their knowledge systems within changing social, ecological and economic environments. Through this work, I emphasize the notion that all knowledge systems are dynamic, intercultural, and creative reconstructions of past knowledge to address contemporary experiences.

Tarapoto is an urban center of over 120,000 inhabitants, located in the department of San Martín in the Peruvian Upper Amazon. These inhabitants are of Indigenous, Mestizo and European descent. The healers who agreed to participate in my research are also of Indigenous, Mestizo, and European descent, including one healer of Japanese Peruvian descent. As an urban center, Tarapoto is conducive to studying intercultural medical systems due to the presence of diverse health practitioners, practices and medical resources. Stores, clinics, pharmacies, and market stalls sell medical products along the full spectrum from whole plants to synthesized pharmaceuticals. Some health practitioners are found in their *chacras*[15] cultivating plantains, administering the medicine *Ayahuasca* through evening rituals (discussed below) to patients in their palm-thatch houses, while other practitioners work in tiled city clinics with nurses recording the blood pressure, weight and temperature of patients in the waiting room. There are

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[15] *Chacra*— a cultivated field of the *campesino* or farmer.

some health practitioners who do both. Using Takiwasi as a base for my research, I met with various healers working at the interface of knowledge systems (mostly the interface of Western and Amazonian knowledge systems) who work at Takiwasi or in the region. I was introduced to Takiwasi through my partner Gonzalo Brito Pons, who is a psychologist and therapist at Takiwasi.

Takiwasi Center for Research and Drug Rehabilitation (www.takiwasi.com), a five-acre park bordered by a river and located on the periphery of Tarapoto in the high Amazon of northern Peru, is dedicated to the study and practice of Amazonian medical knowledge systems combined with other medical practices, including western psychotherapy. In 1992 a French doctor, Jacques Mabit, his Peruvian wife Dr. Rosa Giove and several associates opened the doors of Takiwasi, beginning a pilot program for drug rehabilitation. Enlisting the help of several master *curanderos*, healers, who were willing to share their knowledge and work within the guidelines of western psychology, Takiwasi invited patients to voluntarily participate in the development of appropriate and effective treatment. Situated near the Huallaga valley, the site of contentious coca cultivation and production of *pasta básica*, or coca paste[16], Takiwasi has attempted to confront local addictions to the paste incurred through drug trafficking activities. Beyond coca paste, other drug and alcohol addictions are treated at Takiwasi, with patients coming from local communities or abroad (Mabit with Sieber 2006).

[16] *Pasta básica* or basic paste refers to the product of the initial phase of processing coca leaves into cocaine. In this process the coca leaves are placed in large tubs or troughs where they are doused with chemical solvents to separate the alkaloid cocaine from the leaves. The resulting paste is further refined to obtain cocaine powder. Not to be confused with the chewing of coca leaves, the consumption of *pasta básica* is highly toxic and addictive due to the residue of chemicals found in the solvents used to extract cocaine from the leaves.

Participating in day-to-day activities, healing rituals and the ingestion of plant medicines at Takiwasi both as researcher and visiting patient, I conducted my fieldwork using participant observation, an experiential approach and filmed interviews with local healers. In the interest of evaluating collaborations between different knowledge systems to address community and environmental health, I have used the 'interface approach' as described by Pottier (see Pottier, Bicker and Sillitoe 2003). Within the context of global change and planned development, this approach "explores knowledge as embodied practice", with a focus on the negotiation and production of knowledge at interfaces between local communities and non-local agents of change (Pottier 2003:2). Pottier also emphasizes the need to avoid assumptions and rigid distinctions between the local community and non-local agents. He suggests that "detailed attention to knowledge interfaces allows us to study what happens when 'local knowledge'—which means different things in different places, and different things to people who share the same space— is translated for the purpose of national or international use" (Pottier 2003:3-4). With this approach as a guiding principle, I collected information about the experiences of healers in this region through Takiwasi and other NGOs in the area. My methodologies are described in the following chapter.