BERND BRABEC DE MORI:

"PSYCHOLYTIC THERAPY VS. NISHI ŜHEATI: EUROPEAN AND AMERINDIAN MEDICAL USE OF HALLUCINOGENIC COMPOUNDS IN CRITICAL COMPARATION"

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ABSTRACT

The present paper compares in a critical approach the European, or in general western application of hallucinogenic compounds in therapeutic settings (psycholytic therapy) with indigenous use of hallucinogenic plant brews, especially the south American Shipibo-Konibo Indian's method (nishi ŝheati).

After a general and brief historical introduction, both diagnosis and therapeutical methods are compared, first distinguishing between the western diagnosis of different 'mental disorders' and the indigenous concept of 'magical attacks' extrapolating some cultural relativisms like the separation of body and mind in western perception, which must be evaded in descriptions of non-western systems.

In therapeutical method the main difference is that in psycholytic therapy the patient takes the drug, in the nishi ŝheati it is the healer. Interestingly, though first this seems to disturb any comparability, parallels can be found, as in the preparation of the expert, who by any means has to undergo a series of sessions with the hallucinogenic compound, by taking it himself.

Two contrasting interpretations of the 'world' perceivable under hallucinogenic influence are compared, before conclusions can be drawn about the possibilities of similar therapies without hallucinogenic drugs in both cultures and the overestimation of hallucinogenic compounds in both popular and scientific literature.

AUTHOR´S BIOGRAPHY

Bernd Brabec de Mori (Austria/Perú), Mag. phil. in ethnomusicology at the University of Vienna currently works on his doctorate thesis "Sex, Drugs and Mashá iti. Documentation of indigenous music and aspects of identity regarding musical practice on the Ucayali River in Eastern Perú" with the help of a scholarship (´DOC´ program) provided by the Austrian Academy of Sciences.

Having studied musicology, philosophy and history of arts at the Universities of Salzburg, Graz and Vienna, he now lives in Pucallpa/Perú doing fieldwork, partly in cooperation with the Universidad Nacional Mayor de San Marcos, The Pontífica Universidad Católica del Perú/Centre of Andean Ethnomusicology and local institutes in Pucallpa.

Most important publications on the present topic are **Ikaro. Medizinische Gesänge der Ayawaska-Zeremonie im peruanischen Regenwald.** (Master´s thesis, University of Viena, 2002), *"Sinchiruna míriko. Un canto medicinal en la Amazonía Peruana"*, **Amazonía Peruana**, N° 28-29 (Lima 2004), pp147-188 and *"Cantando el mundo. Una exploración acerca de las funciones de la música en las sesiones del Ayawaska en la étnia Shipibo-Konibo"*, **Takiwasi**, Tarapoto (in print).

CONTENTS

Introduction

As the effects of hallucinogenic compounds like mescaline became known to western science and especially after Albert Hoffmann´s synthesis of LSD-25, psychiatrists were among the first to be interested in effects on human psyche (see HOFFMANN 1979, SANDISON, SPENCER and WHITELAW 1954).

The first general assumption, that hallucinogenic substances would cause "model psychosis" to be compared and studied for treatment of schizophrenia had mainly been discarded in the early sixties, when scholars began to experiment with hallucinogenics as therapeutic instance for treatment of mental illnesses like diverse forms of neurosis, mental disorder or borderline syndromes. Successful treatments were registered in many cases (LEUNER 1987:152f), particularly with symptoms then resistant to psychoanalytic techniques without hallucinogenics. The first approach, mainly in the United States, used high dose (SHULGIN: 'psychedelic') sessions, while the use of low doses over longer spans of time (LEUNER: 'psycholytic'), as applied in most European studies, proved more controllable and less dangerous.

In the seventies research got much more difficult because of drug prohibition, which actually resulted in political problems with restrictions for production and appliance of most hallucinogenic compounds.

Traditional or non-western medicine in indigenous cultures also sometimes is connected with the ingestion of hallucinogenic substances, mainly plant material, as for example the *muscaria* mushroom in Siberia, the *peyote* cactus in North and Central America, *psilocybe* mushrooms in Central America and the *ayawaska* brew in the Amazon region, only to mention a few more popular ones[1]. BOURGUIGNON (1973) shows that in 90% of 488 checked native societies all over the world "altered states of consciousness" are common in socially accepted forms like initiation or possession rites or in medical ('shamanic') practices, but only about 5% out of those actually use hallucinogenic compounds to stimulate such states of conciousness.

Unlike the politically caused decadence of research on psychedelic and psycholytic therapy in Europe and North America, the mention of such medical and sometimes magical methods have exploded since about 1980 in anthropological literature. The (mostly inappropriate) term 'shamanism' is being used excessively to describe these non-western techniques, un-regarded the use of or abstinence from psychotropic or hallucinogenic compounds.[2]

Very interestingly, the *ayawaska*-related healing techniques along with many local religious and ritual practices also have undergone a strict prohibition: the persecution by Christian churches and their missionaries throughout post-conquest history, resulting in many forms of 'forced syncretism' or even 'Christian camouflage', as present for example in mestizo healing songs and rituals on the upper Amazon around Iquitos (BRABEC 2002:143f).

Also, both systems were finally driven *ad absurdum* by recreational and touristic use of the respective compounds, in western society causing legal prohibition, in Native American societies transforming many a medical practice into tourist acts ('jungle cinema', '*turismo místico*') and the traditional healer into a combination of a commercial showman and 'mystic shaman'. It can prove very difficult to find a healer who does not perform in ways distorted by tourism (and ethnology), even in the remote rainforest of the upper Ucayali river in Peru.[3]

We are going to compare briefly Hanscarl LEUNER´s psycholytic method (PT)with the Shipibo-Konibo south American Indian *nishi ŝheati* (NS), the healing session with the use of *ayawaska*.

While we rely on LEUNER´s statistical and collective observations regarding the psycholytic therapy, we mostly use own fieldwork results and experiences, combined with some anthropological references regarding the *nishi ŝheati*.

Methods and Efficiency

First it is to be mentioned that in both compared systems (PT and NS) the application of the hallucinogenic compound does not form a stand-alone-treatment, but is used as an additional tool for diagnosis and therapy or 'image-relied techniques' respectively.

The PT mainly uses the semi-synthetic indole alcaloids LSD-25, Psilocybine, DMT (dimethyltryptamine), among others, and various of their derivations. The dose efficiency is highest with LSD-25, from around 30µg on, with its average dose of 100µg.

In the western Amazon, various plant extracts are in use, like *toé* (*Brugmansia* spp.), *camalonga* (?), *chiricsanango* (*Brunfelsia grandiflorens*), and many more, especially in combinations, the most prominent one being *ayawaska* (*Banisteriopsis caapi* combined with *Psychotria viridis* and/or other plants). The dose efficiency of *ayawaska* highly depends on its recipe, usually ranging from about 5 to 100 ml in the final brew. The active substance in *ayawaska* appears to be DMT and 5-MeO-DMT in combination with the MAO inhibiting ß-carboline Harmalin (RÄTSCH 1997).

The diagnostics for appliance of such methods seem rather similar at first, but differ significantly after more anthropological analysis: while PT mainly treats neurosis (especially therapy resistant character neurosis and phobic neurosis), depressive states and borderline syndromes; psychosomatic disorder and many forms of chronic or therapy resistant psychic disease, the NS is applied in cases of anti-social behaviour (in a more cultural than psychopathic point of view), in cases of 'madness' (anti-social behaviour with altered consciousness) and mainly in the treatment of 'magically' caused illnesses.[4]

Regarding diagnosis in Shipibo-Konibo culture, we must confront the fact that in a strict traditional way (which nowadays is seldom) *every* disorder is being explained by animistic and/or magical means. For example a patient's leg was fractured in an accident: the action of getting injured being explained as provoked by a demonic being (*yoshin*) or an enemy witch (*yobê*). Thus, a magical counter-attack on the enemy can – anyway – be executed by an *ayawaska*-drinking healer (*nishi ŝheamis/benshoamis*) with expectancy of success.[5]

We can not apply any European terminology ('psychosis', 'psychosomatic', etc.) on traditional Shipibo-Konibo diagnostics, because the diagnosis of e.g. neurosis is inevitably connected to a culturally defined concept of normality and abnormality including the famous separation of *physis* and *psyche* which is not transferable onto non-European cultures like the Amazonian Native American's (in accordance with HERSKOVITS´ thoughts about cultural relativism and VIVEIROS DE CASTRO´s very insightful designs of indigenous reality concepts). Such 'political correctness', however, makes it much more complicated to cross-culturally compare the aetiology and diagnosis of phenomenologically similar symptoms.

We will leave this section with the pragmatic observation that in western cultures PT may be used in therapy of *mental* illnesses as a therapeutic supplement, while the Shipibo-Konibo´s NS may be performed in treatments of *any* illness or disorder by *repulsing dangerous forces and strengthening favourable ones.*[6]

Comparison of Techniques

The efficiency of treatments accompanied by the ingestion of hallucinogenic compounds, anyway, is surprisingly high in both systems: relying on statistics of LEUNER (1987) and MASCHER (1967), about 65% of patients were significantly getting better in their symptoms after a year of therapy (average duration). Indications of quite similar ratings, though mostly not studied explicitely, we can find in studies by DOBKIN DE RIOS, TOURNON, LUNA and myself, where

TOURNON and myself centred on Shipibo-Konibo practice and the others on mestizo urban medical traditions. MABIT, who has been working since 1993 in drug addiction therapy applying Amazonian traditional techniques, told me about similar efficiency: "one third of our patients get healed completely, one third will fall back on drug usage with legal substances like tobacco or alcohol, while about one third fall back on abuse of 'hard' drugs, most likely cocaine".[7]

The main, most obvious and important point in comparison is the difference in *who takes the drug*: In all western applications of pharmacological medicine, the patient – of course – takes the drug. In traditional *nishi ŝheati* sessions, he does not, by no means, but the healer does drink *ayawaska*.

However, there is also a significant congruency in the expert's formation: in both systems, the student has to undergo (besides many both theoretical and practical lessons) a series of sessions with self-ingestion of rather high doses of the hallucinogenic compound overseen by his teacher. A therapist who did not experience this formation can not be supposed to understand the patient´s experience and thus must not apply the PT (GROF 1975, LEUNER 1987). In the NS complex, where the expert himself takes the drug in therapy, such preparation is even more obviously necessary, as for example described by the Shipibo *curandero* AREVALO VALERA (1986:151f).[8]

In PT, the mode of applying the drug is in rather large intervals over long periods of time. LEUNER (1986:157, my translation from German) tells us, that "two to four introductory sessions in the distance of one week, the following intervals two to three weeks, to the end of the therapy with five to eight weeks distance" can be seen as a successful scheme. He also explains that most of the few accidents happen because of high dosage, too short intervals and lacking of therapeutical feedback between the sessions and/or too many sessions. The overall duration of a therapy may be found between 3 months with one or two psycholytic sessions up to five years with at least 30 psycholytic sessions, depending on the individual case (1986:158).

The progress of a psycholytic (or psychedelic) therapy, and of course, the expert's preparation, can be interpreted parallel to the phenomenology of a single session, depending on the applied dose: Stanislav GROF (1975) builds a four-step model mapping the "human unconcius", which I will call the 'canyon model' (*fig.1*), because of its nature, leading the patient's perception ever deeper into his own psyche and/or unconscious, first trespassing an aestetic phase, then revealing supressed contents or *condensed experiences* (COEX), passing the trauma of birth (in another four "perinatal matrices"), up to transpersonal phenomena for the experienced (or high-dosed).

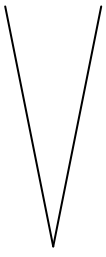
term		**phenomenology**	**dosis/progress**	**graph**
1.	sensual barrier	aestetic experiences	low	
2.	COEX-systems	biographic revival		
3.	perinatal matrices	trauma of death and birth		
4.	transpersonal phenomena		high	

fig. 1: 'canyon model', representing GROF´s four-stage concept.

A typical NS treatment happens to be performed in a minimum of one to three nightly sessions, up to some months with sessions in irregular intervals usually including application of plant medicine and/or dietary restrictions. Extremely short intervals of the sessions (every night) can be explained with the fact, that not the patient, but the expert takes the drug, and so the risk

of accidents is lower. Sometimes even the patient's presence is not necessary, though he/she is usually supposed to assist the session.[9]

The progress of the expert's formation, which is also accompanied by a sequence of NS sessions, also parallels the 'visionary universe', the healer might transcend in his session, depending on dose and his intention (comparable with the western term 'set', see LEARY et al. 1964).

The terminology is unclear, because Shipibo-Konibo *nishi ŝheamis* do not waste much time on defining terms, every individual has his/her own way of expression, thus forcing me to use circumscriptions in Shipibo language that are being used by at least some of the informants. What is presented here is a synthesis of different reports[10]: I call it the 'pyramid model', because the healer tells that he is ascending higher and higher up to the 'end/culmination of the world', *nete shama*.

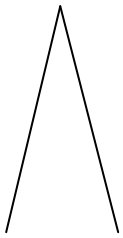
	term	**phenomenology**	**dosis/progress**	**graph**
4.	*nete shama*	the finest *kené*; sun, Inka, God	high	
3.	*jiwibaon kano*	worlds of the plant entities		
2.	*yoshinbaon kano*	black, *kené*-less demonic worlds		
1.	*kené ointi*	aestetic experiences: *kené*	low	

fig. 2: 'pyramid model',a synthesis of Shipibo-Konibo reports.

A very important concept in Shipibo-Konibo cosmology is their unique geometric design patterns *kené*, which fulfill a role of cultural identity in daily life and also appear on human bodies for 'a seeing eye' (the healer´s vision in the NS). The ill persons body-designs *yora kené* appear distorted and have to be untied and reassembled by the means of the healer's 'magical' songs (GEBHART-SAYER 1986, ILLIUS 1987, BRABEC 2002). Thus, the therapeutic progress also is visualized by the model: first, the healer has to perceive the patient´s *kené* and *kano* (world framework)[11], then to repulse malign influence. The next step is in the encouter with various spiritual beings or 'doctors' (KREMSER: knowing instances)[12] who manipulate the patient´s spiritual condition, to finally close and protect the patients body covering it with the finest (and straight = healthy) *kené* from *nete shama*.

The two models show the contrary perception of comparable phenomena: while the therapist/patient 'enters' deeper and deeper into his own consciousness finally transcending it experiencing GROF´s "transpersonal phenomena", the non-western healer ascends in 'superrealistic' worlds ever higher, leading him to the final point *nete shama*, where the finest possible designs can be seen, the mightiest 'doctors', the legendary Inka, or even (christian) God Himself can be consulted, and so on.

Conclusion

A first conclusion can be drawn over the comparison of diagnosis explained above: both method´s purpose is to reintegrate anti-social individuals into their social context, being the main difference the definition of the anti-social behaviour phenomenon itself: in western society it is perceived mainly as mental disorder, while 'corporal', physical disorders or incapacities require a completely different approach of treatment. In the Shipibo-Konibo´s worldview the mind-body-separation is not undertaken and the treatment appears as a continuum: even phenomena in

occidental terms obviously 'physical' like fractures or wounds are understood as result of a 'spiritual' attack and may require NS treatment.

As repeatedly mentioned above, both methods are used as supplement to non-hallucinogenic treatments or therapies, be it psychoanalysis, applied pharmacology, diets or others.

In western society by some means the political prohibition together with therapeutic and practical causes, led to a concentration on related techniques without hallucinogenic drugs, like LEUNER´s catathymic imagination (*katathymes Bilderleben*) or GROF´s holotropic respiration.

In Shipibo-Konibo society, the ultimate (and legendary) master-healer *meraya*, who is regarded the most advanced expert, does not use *ayawaska* or other psychotropic plant preparations, but enters the same above described 'superrealistic' worlds only animated by the (magical) power of his songs.

Sometimes, in both societies, the approach without drug usage is considered the more integrative or more natural one, though of course it takes longer and is more difficult, requiring higher expertise.

Post-modern approaches like NARBY´s (1999) hypothesis of DNA being the initial source of knowledge perceived by "shamans" all over the world may be very inspiring, but at the same time spreading romantic assumptions like "One thing is certain: Both indigenous and mestizo shamans consider people like the Shipibo-Conibo, the Tukano, the Kamsa, and the Huitoto as the equivalents to universities such as Oxford, Cambridge, Harvard, and the Sorbonne" *or* "*ayawaska* shamanism" being "a way of knowing that [the Amazonian Indians] have practiced without interruption for at least five thousand years. In comparison, the universities of the Western world are less than nine hundred years old."

However, I follow Peter GOW´s opinion that *ayawaska* usage was distributed in the Amazon relatively recently, about one to two hundred years ago with the big forced demographic movements that christian missions and the 'caucho-boom' provided (GOW 1994), thus being a young practice among at least the Peruvian ethnic groups – underlined by the fact, that the ultimate Shipibo-Konibo master-healer *meraya* does not use any psycotropic drug, alongside his colleagues in inter-fluvial groups who have never been using *ayawaska* (BRABEC 2005). This would mean that the "at least five thousand years" old tradition was the *meraya´*s tecnique without *ayawaska.*

My personal opinion is that the use of hallucinogenics in therapy is somewhat overestimated, though it may be a very fruitful addition in chronic or therapy resistant cases in western medicine and a great image-providing diagnostic medium in Amazon Indian medicine.

Finally, this popular *and* scientific overestimation has led to the present political problem on the western side, and in the Amazon to *ayawaska* tourism and many anthropologist´s (and student´s) forced research in the topic, causing many indigenous people to 'become shamans' without any other motivation than the economic one and without another preparation than the recipe how to cook the brew, thus distorting and even destroying, but at least confusing many a precious medical knowledge.

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[1] For a quite complete catalogue of psychotropic plants applied in non-western medicine-relevant settings see RÄTSCH 1997.

[2] The popular term "shaman" (spanish: *chamán*) is used to denominate the healer/witch/mage in non-western societies who performs ritualized manipulation of any form of reality. However, this term is completely inappropiate: The Siberian (tungus) *shaman* uses a special set of tecniques to fulfill certain necessities of his society (curation, protection, weather summoning etc.). *Shaman* might be translated as "one who jumps or dances", hinting towards certainly *shamanic* tecniques which, however, are never applied by Amazonian healers or witches, locally called *curanderos, médicos,* or *brujos* in some Spanish terms (of course there are incountable names in all different indigenous languages). That even such indigenous *curanderos* in remote areas define themselves as *chamanes* shows a process of reinterpretation of terms introduced by ethnologists into a society ("oh, so you are this village´s shaman, aren´t you?" – "err….yes.")

[3] Beside the common or 'natural' integration and reinterpretation of foreign concepts (influence) we also found phenomena like, for example, in the Shipibo-Konibo village of San Francisco de Yarinacocha, the main attraction for tourists visiting the central Peruvian rainforest, which counts with an incredibly huge army of so-called "shamans": about five rather old inhabitants are considered "*legítimo*" (legal, real) in peer opinions, while the great majority call themselves "shamans" for the fact that most tourists like to feel the 'ayahuasca experience' and are willing to pay for it. However, the most surprising discovery I made when re-analizing my many field recordings about five years after they were initially taken in that place: many interviews with such "shamans" reveal that they had acquired tecniques for responding to most ethnographer´s questions in a way that 'makes things interesting', inventing meanings and correlations on a surprisingly high level of specialisation. Being the host of a foreign student, telling him many interesting things, also often carries positive financial side-effects.

[4] TOURNON (1988, 2002) calls the many phytopharmaka in treatments for adequate social behaviour "ethnogens" and points out that pharmacological mechanisms in this area are very unclear. Treatments and diagnosis of 'magical' illnesses are described critically by LEVI-STRAUSS (1973) and many more anthropologists of the more structuralistic schools. BERGMANS (2003) goes further and contributes that in *ayawaska* healing sessions (and diagnosis) both the structuralistic point of view and the explanation with symbolic healing are insufficient.

[5] In that case "success" means that similar accidents do not happen again, nor to the victim´s family.

[6] Remembering that the separation of mind and body is a unique European concept and: remembering that even the concepts of 'illness', 'disorder', etc. are highly euro centric, while the spiritual attack-counterattack system, on the other hand, represents a concept highly indigenous and in western point of view quite strange and supposedly somehow ridiculous for many western medics (as, e.g, the concept of psychoanalysis is for Amazonian healers).

[7] personal communication, 21-03-2001, my translation from Spanish

[8] Guillermo ARÉVALO V. explains in his essay "El ayahuasca y el curandero Shipibo-Conibo del Ucayali (Perú)." (1986) his experiences as an initiate and also as a teacher in the art of *ayawaska*-healing. However insightful this report may be, it must not be confused with a formalized study of Shipibo-Konibo apprenticeship tecniques. He describes his individua point of view which might differ significantly from other healer´s concepts.

[9] In few cases, we encountered an exception from the above stated rule: some 'magical' attacks might be 'cured' only by the healer performing his NS session, without any accompanying therapy, being pharmacological or dietary. In my personal experience, these "mini-treatments" are applied with a patient suffering from minor "common" problems, like fever, diarrea or social problems. This does not happen very often, anyway. Most cases that do not claim the patient´s assistance are "ethnogenic" treatments, especially love magic.

[10] I taped *ayawaska*-sessions, interviews and healing tecniques without *ayawaska* with sixteen different Shipibo-Konibo *nishi ŝheamis*, fifteen men and one woman. Beside this I informally interviewed many more. The model presented was compared to statements ethnological literature, like CÁRDENAS T. (1986), ILLIUS (1987) and GEBHART-SAYER (1987), to make sure that it may also be applied on observations made by other scholars.

[11] The concepts of *kené* and *kano* are too complex to be fully explained here. The latter one I translated in the figure as "world", and in the text as "world framework". In Shipibo-Konibo art and construction, *kano* is a frame or carrying structure (like a pillar). In *ayawaska*-related terminology, it designates a perception with a certain quality (e.g.: brillant, clear, white, with a lot of dwarfes; or green, dense, dangerous, powerful and only snakes) that is associated with a certain spiritual entity (where there is a surprising accordance between different *nishi ŝheamis*) or human being. If two or more *nishi ŝheamis* drink *ayawaska* together, they can perceive different *kano* or the same ones.

[12] Personal communication, 2004. Kremser used the German term „Wissende Instanzen".