

Advantages and limitations of using Ayahuasca in a therapeutic context ¹

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Given the enormous diffusion of the use of Ayahuasca, in sometimes inappropriate contexts, with the risks of solitary self-consumption or in recreational and festive environments, it seems appropriate to briefly recall the advantages and limitations of its use, which is above all therapeutic since it is a medicine, and as such has indications and contraindications.

1. Specific contribution of Ayahuasca (indications)

Ayahuasca used according to the indicated norms undoubtedly represents a very powerful tool for self-knowledge and therefore a privileged means of facilitating the work of the psychotherapist.

Let us summarize some of the main advantages of using Ayahuasca for drug-dependent patients:

1. The visionary effect of Ayahuasca allows access to realities of the invisible world, which then become visible or sensitive and discovers active elements in the subject's unconscious. The material that appears requires a symbolic interpretation in the manner of dream reading. Failing this, and ignoring the metaphorical, analogical dimension, and symbolic reading, the classic Western dissociative approach can only perceive them as hallucinations, that is to say a perceptual falsification without an object. In this case, obviously, the object is not material but psycho-emotional or even archetypal or spiritual and consequently it is not at all a question of senseless hallucinatory phenomena but rather visions congruent with the subject's inner universe.

2. Patients with a limited capacity for symbolization and who are not very accessible to verbal therapies, can benefit from visionary induction and can exempt themselves, at least initially, from the need for verbalization. The invasion of the psyche of drug addicts by overwhelming experiences has made them regress to preverbal fusion states. In exchange, the awareness of their problem by means of "seeing", grants them a direct path to their inner world, overcoming the barrier of conventional language.

3. While taking Ayahuasca, the subject does not lose consciousness and simultaneously plays the role of observer and observed. He is himself his own object of observation. He can actively intervene in his own inner world and thereby becomes the direct protagonist of his treatment. This does not fail to significantly improve his self-esteem and powerfully strengthen his conviction about the discoveries he makes about himself and at the same time consolidate his motivation to make the necessary changes in his life. He can verify the veracity of his therapist's interpretative proposals. He recovers the reins of his being that had escaped him.

4. Ayahuasca acts as a revealer of the subject's profound truths without ever violating the intimacy of his being. He will not be able to go beyond the authentic intentionality, that of the heart, that he poses

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in the act of swallowing the brew. Exploration will only invest the spaces opened by the subject himself through his inner disposition. Conversely, the lack of sincerity or commitment in the process constitutes a limit to therapeutic effectiveness. It undoubtedly represents the main contraindication to taking Ayahuasca: reproducing the Promethean act of stealing the secrets of life through the induction of a modified state of consciousness can result in a very trying experience that also serves as a lesson.

5. Ayahuasca, by moving the subject's issues onto the stage of the imagination, allows him to re-elaborate his intrapsychic conflicts. Solutions, interpretations or alternatives that the patient had never conceived then appear. This defocusing or broadening of consciousness allows him to approach his internal knots and blockages in a new way.

6. No dependence or addiction from Ayahuasca has ever been reported in the literature or observed by us. Its use therefore does not constitute a form of substitution treatment. On the contrary, with the increase in the number of doses, the patient's sensitivity increases while the dose gradually decreases for the same intensity of effects.

7. There is no risk of toxicity in the use of the natural beverage since the physiological barriers are respected and self-regulation mechanisms act by means of the evacuation functions (diarrhea, vomiting, sweating, urine, etc.) when the patient reaches the limits of his resistance capacity. The studies on rats by Dr. Mirtes Costa of the University of Campinas in Brazil indicate that the lethal dose for a standard human being (75 kg) would be 7.8 liters of Ayahuasca, which represents on average 50 times the usual therapeutic dose (Callaway J.C., 1996). The extremely unpleasant taste of the beverage makes it impossible to reach this dose. No case of death due to the intake of Ayahuasca has ever been reported in the anthropological or scientific literature. The clinical studies of the Hoasca project carried out in Brazil by a multidisciplinary team from the University of Berkeley clearly indicate that the correct and prolonged use of Ayahuasca not only does not affect those who ingest it but that it brings them clear physical and psychological improvements compared to a control group (Grob C. & al., 1996). We have observed the same thing in ourselves and among healers who reach advanced ages in good health.

8. Ayahuasca causes concomitant physical and psychological cathartic effects, followed by a rebalancing of the autonomic nervous system and restorative results at the emotional level. A notable improvement in the immune system is clinically observed, although consistent and complementary scientific studies on the subject are still lacking.

9. Beyond individual (biographical) effects, by directly addressing the transpersonal and transgenerational psychological matrices, Ayahuasca allows us to go beyond the cultural, social, intellectual, idiomatic or religious framework of the participants in a session, including the forms of the ritual framework initially set by the therapist who leads the experience.

10. The experience under Ayahuasca not only allows us to revise each person's own belief system but also deconstructs and reformulates engrammations or deep somatic memories. Ayahuasca thus offers a kind of new symbolic matrix to live the death-rebirth process down to the level of the most archaic physical anchors. These persist in the daily life of the subject thus restructured (re-matrixed according to the biblical translation of André Chouraqui), beyond his diurnal or ordinary consciousness.

11. On a psychological level, Ayahuasca activates natural repair processes such as:

- Increased intellectual capacity and concentration.
- Surfacing of memories and souvenirs.
- Reformulation of internal conflicts.
- Reduction of anxiety.
- Stimulation of dream life.
- Progressive identification of the “shadow” which then ceases to possess the subject and induces him to understand the other and to access forgiveness.
- Reduction of projective mechanisms.
- Prompt gratification of the effort which strengthens motivation and increases tolerance to frustration.
- Improvement of self-esteem.
- Awareness of the uniqueness of the being and its place in the world, which facilitates the process of differentiation or individuation.

12. All the elements summarized here open the patient to other possibilities, make him flexible and facilitate a more effective joint intervention of other psychotherapy techniques. This opening could be observed constantly by invited therapists who were able to compare the responses of Takiwasi's patients to their techniques with those of their usual patients.

It seems necessary to us at this level to also point out the limits of the use of Ayahuasca in a therapeutic context.

2. Limits of the use of ayahuasca in a therapeutic context (contraindications)

Physical contraindications

There are relatively few contraindications for organic problems: as a precaution, are excluded people with serious metabolic deficiencies (diabetes, uremia, for example) or functional deficiencies (heart failure, for example), decompensated, or advanced degenerative pathologies (Parkinson's, Multiple Sclerosis, ALS, etc.).

Pregnant women are also excluded, especially because of the risk of abortion during the first three months that could be caused by possible efforts to vomit. It should be noted that, in the indigenous tradition that benefits from thousands of years of experience, pregnancy does not represent any contraindication and the ingestion of Ayahuasca is even recommended to give more "strength" to the fetus. However, indigenous healers avoid welcoming pregnant women into sessions, whose powerful energy is likely to disturb the other participants.

Other “energetic” reasons are invoked with regard to women during their menstrual period. Being the product of a cleansing that is not only physical (uterus) but also energetic (blood), the menstruation is therefore considered potentially very disruptive and dangerous during a session (induction of a “bad trip”). These energetic dimensions, ignored by Western culture but universally reported by Tradition, deserve in-depth studies because the Western world wrongly interprets them as cultural behaviors with macho connotations or prototypes of a repressive morality on a sexual level. We have

been able to observe during our own experience that menstrual blood releases subliminal odors compared to the olfactory perceptual threshold in the normal state, that becomes sensitive because of the olfactory exacerbation produced by the ingestion of Ayahuasca. Contemporary studies of the olfactory system, the vomer, and the role of pheromones seem to support what healers claim about the relationship between menstruation and subliminal odors (see for example Kathleen Stern & Martha K. McClintock, 1998).

Intake of Ayahuasca will be ruled out in subjects with digestive lesions that could degenerate into hemorrhages due to vomiting efforts (stomach ulcer, varicose veins or esophageal fissure, etc.).

The risk of serotonergic shock linked to the use of serotonin reuptake inhibitor antidepressants or SSRIs has been reported as possible (Callaway J.C. & Grob C.S., 1998). However, to date no specific case of such an incident has been documented in the scientific literature. As a precaution and as far as possible, we ask that these antidepressants be stopped three months before starting to take Ayahuasca and we carry out a prior detoxification with purgative plants, thanks to which, to date, we have not observed a single case of serotonergic overload. These precautions can be extended to prescriptions of major psychotropic drugs (lithium, neuroleptics, etc.).

Psychic contraindications

The use of Ayahuasca should be avoided in cases of dissociative psychic processes where delusional elements are manifested (psychosis, schizophrenia, etc.). However, certain pictures of delusional outbursts attributable to drug intoxication (cannabis psychosis, for example) can benefit from the controlled use of Ayahuasca if it is part of a global and structured therapeutic approach that includes prior detoxification and psychotherapeutic support for long-term integration.

Similarly, borderline cases should be assessed on a case-by-case basis in order to analyze the subject's capacity to integrate the symbolic experience, their motivation, the family environment, etc. Taking Ayahuasca in these cases cannot be completely excluded or systematically proposed. Nor can it be decontextualized from the framework of containment and integration offered or not by the therapeutic team, and the mastery and experience it demonstrates.

In our observation, in the adequate context described above, if the dissociated person cannot access the area of his psychic hiatus (splitting), the psychic defense mechanisms will abolish any psychoactive effect and those of physical self-regulation will proceed to the expulsion of the brew. It remains that personality disorders do not represent an ideal indication for Ayahuasca and should generally lead to abstention from its use.

Taking Ayahuasca in a wild setting or supervised by poorly trained experimenters always carries the risk of feeding a latent or patent dissociative framework to the extent that the integrative functions are not activated correctly. This is why we advise against its use outside of any coherent therapeutic context.

Apart from these cases of exclusion, we believe that the main problem with the use of ayahuasca by Western individuals lies in the lack, in our culture, of knowledge of the symbolic dimension, a deficiency that affects patients as seriously as therapists. The transfer of the use of Ayahuasca from

the ancestral cultural framework to a modern therapeutic framework poses the problem of the coherent integration of the visionary material that is accessed. When a Western subject considers his vision as a message in the first degree, omits the symbolic reading and does not master the metaphorical codifications, he can assume the content of this information in an erroneous way. The brutal discovery of the energetic and psychic powers, of which we are usually unconscious holders and which also invest all of Creation, contains a potential for fascination that can lead to a form of alienation. For example, it is common to see Western subjects or drug addicted patients attributing to themselves a vocation of “healers” or “shamans” following a session where they were able to visualize the circulation of energies during the process. The therapist will have to show them that this is a banal phenomenon, although new for the subject, and that if there are potentialities, there is nevertheless a gulf between perceiving potentialities and believing that one already fully possesses them. These compensatory phenomena for the deep feeling of insignificance are very frequent. The human being easily attributes to his egotistical “self” everything that flatters him and has difficulty resisting the seduction of self-indulgence. This reduction of critical sense or even sometimes of simple common sense can lead him not to “hear” at the right level what is addressed to his higher “SELF” (the Jungian Self) and by welcoming it at the level of the “ordinary self” to undertake inadequate actions. The therapist then plays a fundamental role in leading his patient to discern what emerges from his projections and what can really constitute fundamental information that transcends his “little self”. In the absence of a correct interpretation and integration of the information that emerges during the modified state of consciousness, the subject runs the risk, so frequent in New Age circles, of ending up with an inflation of the ego, instead of an expansion of consciousness.

The rigor of the rules of administration of Ayahuasca imposes a precise framework and is often little taken into account by Westerners who tend to reduce them to simple “beliefs”, to a cultural formalism or to simple folkloric manifestations. Therefore, it seems optional, random, and flexible to them. In the modern context, the law expressed here by the precise format of the ritual, frequently generates resistance to be perceived as restrictive or limiting.

However, first of all a physical preparation is necessary (purge, for example), then psychic (identification of the motivation and intentionality of the subject). There is a prescription of dietary rules (diets, fasts, exclusion of certain foods such as chili and pork, etc.), sexual abstinence. The concomitant use of certain psychoactive substances (mescaline cactus, cannabis, for example) is prohibited. These main limits often bother the “vision seekers” who exclude them from the ritual framework, if they still maintain one, by considering them superfluous. In reality, these requirements condition the therapeutic result to the highest degree and the absence of their observation can be really dangerous for the psychological stability of the person.

This brings us back to a central question which is the training of therapists who accompany the intake of Ayahuasca where they themselves must ingest the brew to be in resonance with the psychic state of their patients. In a modified state of consciousness, the subject is not very accessible through linear rational language and must be contacted by means of a metaphorical, symbolic language, based on energetic modulations that are both fine and powerful. This is shaped through sacred chants (ikaros), the use of perfumes, tobacco smoke, various sound instruments, prayers, and certain gestures made on the patient's body... This art requires a long, very demanding apprenticeship, which includes long periods of diet, fasting, sexual abstinence, seclusion in solitude... The therapist uses his body as the

central axis of the ritual and ensures through its effectiveness, the safety of the patients and the maintenance of their integrity. This preparation is necessary if one wants to reach the transcendental dimension of the patient's higher self and not limit oneself to superficial psychic effects. In other words, it requires that the therapist be a true initiate in the matter and show an indisputable vocation that will demand from him a spirit of sacrifice, constancy and humility.

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