

## Ayahuasca in the treatment of Addictions

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*Published in the book “Psychedelic Medicine (Vol. 2): New Evidence for Hallucinogenic Substances as Treatments”<sup>1</sup> (2007).*

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Ayahuasca is a mixture of a least two psychoactive South American plants: the liana ayahuasca (*Banisteriopsis caapi*) which gives its name to the beverage; and the leaves of chacruna (*Psychotria viridis*). The ayahuasca beverage constitutes a unique preparation because of its pharmacological action in which the beta-carboline alkaloids of *Banisteriopsis caapi*, playing the role of MAO inhibitors, enable the visionary effects of the tryptamine alkaloids found in *Psychotria viridis*. This specific symbiotic action, which modern science identified just a few decades ago, has been empirically known for at least 3000 years by the Indigenous groups of the western Amazon, according to archaeological evidence (Naranjo P., 1983). This simple fact deserves our attention because it reveals the extraordinary investigative potential of these ethnic groups, based on the compilation of information from the subjective perspective, which challenges our conventional western approach that tends towards exclusive objectivity with a rational focus. In other words, the psychotherapeutic discoveries of these Amazonian Indigenous peoples are not the result of mere chance or erratic investigation following the trial and error approach (Narby 1998). It is significant that both families of alkaloids of ayahuasca are also present in our bodies (Strassman 2001) and affect the serotonergic system, which suggests the existence of a natural, endogenous ayahuasca (Metzner et al 1999). Human use of ayahuasca does not, therefore, constitute an external agent that could violate our physiology, but rather, it appeals to natural neuro-pharmacological processes, empowering them in ways that amplify their normal functions<sup>1</sup>.

Interest in the topic of ayahuasca among populations of developed countries has increased over the last 20 years to the point of becoming a fashionable phenomena. Enthusiasm for this topic has widely exceeded the framework of the academic community and scientific laboratories. This interest is derived from the expansion of self-exploration initiated in the 1960s; an exploration that sought to confront the lack of satisfying answers from the churches, the philosophical schools, and the psychotherapeutic traditions. It was a reaction to the general secularization of society that has abolished the ritual forms, liturgies or symbolic experiential spaces that permit the individual to experience, in a sensitive manner, the semantic dimensions of life and to consequently give meaning to their everyday life. Confronted with the absence of coherent life projects and the lack of a mythical

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<sup>1</sup> MABIT Jacques, “*Ayahuasca in the treatment of Addictions*”, In: *Psychedelic Medicine (Vol. 2): New Evidence for Hallucinogenic Substances as Treatments*, by Thomas B. Robert, Michael J. Winkelman, pp. 87-103, Praeger Ed., USA, 2007. ISBN: 0-275-99023-0

dimension to sustain collective cohesion, the generalized existential Western anguish propels numerous individuals to initiate an individual search for an encounter with the self. Although initially reserved for some poets and adventurers with access to concentrated chemical substances and the counter-cultural impulse, the access to induction of altered states of consciousness (ASC) has now become massive. The pioneers of this movement, who were inspired by the Amazonian and Asiatic cultures<sup>1</sup>, acted as typical Western subjects, believing they were able to abstract themselves from the symbolic context that involved what they considered mere cultural forms. They left aside the thousands of years of experience and material recommendations for exploring the invisible world, internal or external, acquired by primordial peoples. Western experimenters did not understand that the symbolic forms are universal and represent indispensable mechanisms for contention and integration of such experiences of the "beyond" that reach trans-cultural, archetypal realms. In summary, Western subjects acted as consumers, appropriating the instrument of the psychoactive substances without integrating the **religious** dimension, in the etymological sense of the word (*religare*). They tended to reduce the mystical and meaningful experiences to a baser product of the mind and neuropharmacological processes following forms of a physical or biological reductionism (Leary 1964 and 1983). This degenerated into the explosion of the drug addiction phenomena, with the disastrous consequences of which we are all aware. This reductionistic tendency that attempts to "rationalize the irrational" (Cabieses F. 1993, 2000) appears to us to correspond to the Freudian paradigm that considers consciousness to be only the subjective face of neurological processes. In this paradigm, consciousness is located at the periphery of the internal world and memory systems (mnemonic, *mnésicos*), assuming that no consciousness exists outside of the "ego". In other terms, consciousness is reduced to the brain, the brain to biological phenomena, and finally, biological phenomena to molecular mechanisms that can be balanced or corrected with the adequate prescription of natural or synthetic pharmacologicals. The human person becomes the result of chance and genetic-neuro-physiological determinism, enclosed desperately within himself. This view, at the same time, eliminates free will, creative transcendence, and the source of the meaning of existence. God has died and humans find themselves alone in a Universe lacking meaning. This dogmatic exclusion of the spiritual dimension of human existence continues to dominate, even today, not only in the classic sciences but also in sophisticated investigations on ayahuasca (Shannon 2001, Narby 1998).

## **ADDICTIONS AS FAILED INTENTS OF SELF-INITIATION**

The search for an individual sense of life represents a typical Western project that is almost absent in tribal cultures who prioritize the survival and maintenance of a collective cohesion. Individuation as a process, in the sense proposed by C. G. Jung, does not pertain to the indigenous culture where the individual is secondary in relation to the priority of the tribe, the clan, or the extended family. The cultural horizon of these ethnic forms is found in the perpetual reestablishment of equilibrium and reciprocity among individuals, between the tribes, among the group or the individual and nature, and finally among these and the invisible world of the spirits. The cosmogonies that sustained this paradigm are defined by the central myth of Justice as a supreme value, and a guarantee of the stability and continuity of life in the Universe. Consequently, ethnic groups are endowed with extremely precise, rigorous and demanding rules for relating with the "other world", (as it is called by certain anthropologists) in order to avoid damaging the equilibrium between these worlds. The other world is alive, active, full of consciousness, and not merely an object of exploration or curiosity: to relate to it presumes a certain degree of danger to the physical, psychic or spiritual integrity of the person. Indigenous peoples are endowed with a rich cosmogony and the mythical tools, legends, and stories that permit them to immediately reference their transpersonal experience and integrate it within a coherent psychic and cultural framework as much for themselves as for their reference group. Members of these ethnic communities have ritual spaces where they can learn how to enter into relationship with the invisible world or the world of the spirits in order to acquire answers and information of interest. Under the guidance of a master skilled in the control of the

induction of altered states of consciousness, they undergo an initiation process that permits them to enrich their exploration of the beyond with the capacity to integrate into their lives the teachings acquired in their voyage. They also discover the considerable power of the archetypal forces and consequently the respect that these forces deserve, becoming aware of the danger surrounding a brave explorer.

For the Western subject, the reference is universal, not tribal, and the highest goal is individual liberation or realization. The collectivity is secondary, the individual the supreme end of society. Individuation has degenerated into a form of exclusive individualism and egotism where the founding myth of universal love tends to be diminished to the point of being hardly believable. In this context that tends towards self-reference, the experiences of the modification of consciousness places the Western subject face to face with extreme psychic evidence for which they lack the means to achieve integration. They find themselves submerged in overwhelming perceptions that encompass all of their being and at the same time terrorize and seduce them in an extreme manner. The encounter without preparation, together with the psychic and/or spiritual forces in the same situation, causes disintegration and traps one in a game of alien fascination and self-destruction. The return to ordinary reality seems tasteless in the face of the intense power of the archetypes, and surviving each experience induces an over-stimulation in the person who appears protected by the gods and beyond the reach of death (to the point of overdose). Such begins the process of dissociative dependence where the attempt to amplify consciousness within an infantile psychic structure results in the inflation of the ego.

It is important to observe that the phenomenon of addiction is exclusive to Western modern and post-modern society<sup>ii</sup>. The ancestral traditional societies, in spite of their thousands of years of generalized use of psychoactive substances, did not know collective dependency to addictive substances until their contact with the Westerners, when they lost part of their soul (alcoholism among the North American Indians, Australian Aborigines, etc.). Drug addiction represents a symptom of collective illness in a society of desacralized consumption where material reductionism and rationalism ignores the needs and aspirations of humans for a transcendental dimension. The "addict" reveals, in a spectacular manner, the addictive behavior that constitutes a fundamental characteristic of the collective psychic substrate of our society and unmasks the contradictions hidden in the artificial search for happiness externally, rather than within. We already know that addictive behavior also includes the enormous consumption of medication, foods such as refined sugar, and a whole range of activities associated with gambling, shopping, sex, and television and computer screens, etc.

Addiction, then, become the result of an inadequate intent, and at times with little awareness, of wild self-initiation (Mabit 1992, 1994, 1998). The healthy intuition of the need to see beyond appearances becomes transformed into a Prometheus-like adventure due to the lack of preparation, guides, adequate tools of contention, orientation and integration. Even though the aspiration to achieve new forms of seeing reality, or to see other aspects of one single reality, appears completely legitimate and even humanely indispensable, an erroneous approach takes one down a path without exit.

Faced with the confirmed use and constructive results of psychoactive substances by Indigenous peoples on one hand, and the destructive Western use on the other, it is interesting to formulate the hypothesis that the problem does not reside in the substances themselves, but rather in the adequate or inadequate use of them. Furthermore it is widely known that the original substances cannot be judged on the same basis as their extractions (e.g., coca as compared to cocaine; opium poppy/morphine-heroin; cannabis/ marijuana-hashish; natural sugar/refined sugar; cacao/chocolate, etc.). Observations of animals have also revealed that there exists a kind of instinct in all species to almost compulsively seek experiences that modify consciousness through the ingestion of natural intoxicating substances<sup>iii</sup>. The aspiration to constantly acquire superior levels of consciousness appears to manifest itself as an intrinsic impulse of all living beings. This self-exploration of consciousness, through a modification of perceptions, includes much more than the use of psychoactive substances. There exists an

infinity of methods for the induction of these states through hypo or hyper stimulation of the diverse senses. Finally, in everyday life, human beings constantly modify their state of consciousness and sometimes achieve very powerful and spontaneous alterations of consciousness without the ingestion of any substances (eg. orgasm, dreams, trauma, extreme physical exercise, extreme pain, fasting, prayer- meditation, *etc.*).

Considering that modifications induced in the consciousness of the human being are at once natural, indispensable (you cannot live without dreaming), and furthermore represent a necessity for the realization of one's spiritual dimension, they must be protected as an inalienable right of people.

According to these concepts, the treatment of addictions can never focus solely on sobriety or abstinence without offering another means of access to consciousness, the beyond, or the world of the spirits; however each one wishes to formulate it. More importantly, it seems to us to be an obligation to anticipate an alternate route of access to the "other world;" otherwise we take away from the patient their full human realization, which is to say, the transcendental dimension, and consequently take humanity out of one prison only to enclose it in another.

Ayahuasca appears to offer a viable route and an alternative for access to the "other world", in addition to benefiting from an Indigenous tradition still very much alive and enriched with instruments for the transmission of knowledge. In the face of drug dependence derived from a wild counter initiation, one could propose to the "addict" a new initiatory path, this time controlled, organized and guided. In this way, one can recover their legitimate intention of exploring the other world, and rather than deny it, take it into account in order to correct it and reintegrate it under adequate conditions for realization.

## **SPECIFIC CONTRIBUTIONS OF AYAHUASCA**

We want to emphasize that the use of ayahuasca is an example of more general procedures found in the practices of ancestral communities, which have maintained, across time, space, and culture, certain characteristics that are constants for the induction of altered states of consciousness (ASC).

The principal rules of use are the following:

- There must be a clear intention by the subject: induction of ASC is never given for simply frivolous or merely curious proposals;
- The induction is guided by an experienced and initiated expert (master);
- The experimenter requires a certain degree of preparation (that is to say it should not be an impromptu experience)
- A context is established for the induction that includes precise rules, especially concerning the energetic management of the body (diet, sexual behavior, postures, *etc.*) and the control of the immediate context (location of the experience in an appropriate place and time);
- The body is an essential instrument for the induction of ASC and consequently the initiation, the rest is of secondary concern and variable; and
- The intention is that one begins to dominate the techniques of induction, in order to acquire the same effect while reducing the strength of the substance used to stimulate induction of the ASC.

Elements of the framework for induction, according to the constant principles indicated above, are manifested through the ritual procedure. The ritual is a symbolic mechanism of contention and integration for the experiences that emerge during nocturnal sessions with ayahuasca that last an average of five hours. It is an imposition, in form and action, on the sensory world (this world) of a relationship with the invisible world (the

“other world”). Ritual establishes a door or interface between the phenomenological world of manifestations and the invisible world of archetypes. It permits consciousness to circulate from "this world" to the "other world" and vice versa without any overriding discontinuity. Consequently, ritual assures the assimilation, by ordinary consciousness, of the data acquired in this extraordinary state of consciousness. With ritual, the subject is not dissociated, contrary to what occurs in the practices of addiction where it is easy to induce a journey from "this world" towards the "other world," but without assuring return in the opposite direction. As a result, the addicted subject dissociates, leaving a part of his living consciousness trapped in the "other world." This is why the “coming down” or "crash" of the “addict” is the worst moment, whereas at the end of a well conducted ayahuasca session, the participant feels unified and in peace since they are experiencing for themselves a consciousness that is enriched, amplified, and without dissociative affects. It appears significant to us that in their efforts for self-initiation, the consumers of drugs attempt to intuitively recreate ritual frameworks for support, as indicated by Thomas Szasz. They miss, however, the efficiency of real ritual protection due to their lack of knowledge of the ritual’s functional rules (Szasz 1974).

It should be understood that the ritual is subject to the intensity and rigorousness of symbolic forms that reign in the Universe, which are trans-cultural, and belong to a transcendental order. The ritual involves a language that cannot be improvised and requires a long apprenticeship. Many Westerners, lacking formation in this domain, erroneously imagine that an aesthetic and agreeable context is sufficient, and that ritual is no more than an elaboration of a suggestive environment designed to create a simple state of relaxation. Ritual is always operative and effective, and a lack of recognition of what could be called a "technology of the symbolic or sacred" can generate perturbations in subjects during and after their exploration of the "other world". This notion is beginning to be taken into consideration by some investigators who emphasize the inadequacy, or even danger, of drinking ayahuasca outside of essential ritual structures, and recommend returning to the experience acquired by Amazonian healers over thousands of years (Metzner et al. 1999). Even if it is true that ritual forms can be adapted to the cultural or psychological context of the participants or the master of ceremonies, their essence is found beyond that, in an order of nature, especially that of our nature, manifest in our bodies. For this reason, the essential instrument of apprenticeship, knowledge transmission, and therapy in traditional societies, is the body itself. It assumes a psychic function related to integration of the world order (Mouret M., 1990). The human body as a microcosm is the image of the macrocosm, as has been noted by many mystics. Saint Gregory the Great once said: "Man shares existence with rocks, life with plants, sensation with animals, knowledge with the Angels, and is therefore, in a certain sense, each one of them".

It is necessary to specify that the body in this context not only designates a somatic entity but also a physical-energetic whole. The body assumes an essential function of presence in the world and for our own selves. It is in itself the personal interface between worlds, and thus constitutes the foundation for all ritual. Our conceptualization of the world is created on the basis of our somatic experience. This somatic experience registers all the memories of our life, as well as the trans-generational memories inherited from our ancestors. The induction of an ASC with ayahuasca permits an escape from the rational conceptual world (higher cortex of the brain), exploration of the emotional and psycho-affective field (sub cortical areas of the brain), and arrival at the archaic unconscious functions of the ancient brain (we use here the Triune Brain Scheme, proposed by Paul MacLean (1990). In this process, consciousness passes through the successive thresholds that isolate us from our somatic memories. This produces a reduction in the critical, categorizing functions attributed to the left cerebral hemisphere, while an increase is observed in the emotional, melodic functions characteristic of the right cerebral hemisphere. Upon decoding one's somatic memories and reintegrating the psychic-emotional energy related to them, the drinker of ayahuasca frees himself from active emotional knots that are habitually hidden in his ordinary consciousness. We observe clinically that the somatic memory affects the autonomous nervous system, initially generating an ortho-sympathetic stimulation followed by a second phase of para-sympathetic relaxation with which the participants terminate the therapeutic session in a state of serenity and relaxation.



Since the effective doses of ayahuasca at the cerebral levels are close to toxic doses (Callaway J., 2005), the ortho-sympathetic phase can be accompanied by digestive evacuation in the form of vomiting and diarrhea. This has earned ayahuasca the deserved name "purge" or *purga* by the local population. At the time of vomiting, the subject experiences, in a concomitant manner, the elimination of emotional charges linked to recovered memories, and lives the purge subjectively as an expulsion of fear, anger, and negative sentiment. Due to this link, the purgative effects do not constitute an undesirable secondary effect from drinking ayahuasca, but rather represent an essential, cathartic, curative function. The proposal by some authors (Ott J. 1999) to use only a mixture of the active constituents ("pharmahuasca") of the ayahuasca mixture without the purgative effects, in order to assure comfort to the drinker, appears to us to be inadequate in this sense. It is also characteristic of a Western approach that reduces the interest of ayahuasca to mere visionary effects disconnected from the general somatic purification, and relegates consciousness to a strictly cerebral or mental dimension. I believe it is useful to insist on referencing the thousands of years of indigenous experience and the necessity for preparing the mixture considering the integrity (*totuum*) of the plants.

It is of special interest to note that in the process with ayahuasca, there is potential for discovery of trans-generational memories and therefore the understanding of problems that go beyond the biography of the patient, and that are due to the inheritance of problems not resolved in past generations, including, for example, "family secrets."

The experience of ASC emphasizes, therefore, a re-connection with our ontogenetic memory, and thus the reintegration of our internal order with the bosom of the grand universal order, which represents a profoundly curative and healing act. The master-healer, through ritual and using his own body as a central axis of this ritual, re-establishes a super order. This permits the patient to pass through phases of relative disorder or confusion in the process of exploring his internal imbalances in order to subsequently reintegrate and enrich himself through an existence that carries meaning and coherence. This results in the imposition of the spiritual dimension, transcending the peculiarities of individual life. The "addict" assumes an external object as a source of plenty and thus idolizes it. "Addicts" reveal a collective Western illness that fundamentally negates subjectivity and the transcendental nature within human nature. Spirituality is rejected as a byproduct of the mind and a "free spirit" is considered as an individual without roots, without obligations, without memory, without limits and without ties. The idealized Western subject functions as a closed self-referential system, finds he is prisoner to himself and at the mercy of all the unconscious psychic forces, both individual and collective. In other words we are dealing with a "wild" or "uncivilized" being. Recovering a sense of the universal order, through the guided use of ayahuasca, within which he has his role and function, the "addict" returns again as subject, citizen and member of the human community, re-humanizing himself.

We summarize some of the principal advantages of the use of ayahuasca for patients who are addicted to drugs:

1. The visionary effect of ayahuasca permits access to realities of the invisible world that are then made visible or perceptible and are discovered as active elements in the subconscious of the subject. The emerging material requires a symbolic interpretation in the style of dream interpretation. In its shortcoming, the classic dissociative Western perspective, ignorant of the metaphoric and analogical dimension, cannot perceive anything except hallucinations or perceptual distortions without object. Through the effects of ayahuasca, the object is not material but rather psycho-emotional or spiritual.
2. Ayahuasca allows patients to go beyond verbal expression and verbal limitations. Those patients with low capacity for symbolization, and for whom verbal therapies are less effective, benefit from the visionary induction without requiring immediate verbal explanation. The invasion of the psyche of the

“addicts”, with subduing experiences, makes them return to states of pre-verbal fusion. Becoming conscious of their problems through the "seeing" provides them with direct access to their interior world.

3. The drinker of ayahuasca does not lose consciousness during the session and because of this, is at the same time The Observer and The Observed. He can actively intervene in his internal process and thus return as the direct protagonist of his treatment. This provides him with a notable improvement in self-esteem and a powerful sense of self-confidence over that which he has discovered, generating motivation to implement the changes necessary in his life. He can verify the certainty of the interpretive proposals of his therapist, and retake the reigns of his being that had escaped him.
4. Ayahuasca acts as a revealer of intimate truths without ever violating the intimacy of one's being. It cannot go beyond the intention that was invested in the act of drinking the beverage. In this sense, the lack of sincerity or commitment to the treatment constitutes an obvious limitation and even a counter-indication: one cannot repeat the Prometheus-like act of violating the secrets of life with the induction of an ASC.
5. Ayahuasca permits the displacement of the life problems of the patients into the scenery of the imaginary and there re-elaborates the intra-psychic conflicts in another way. Solutions and alternatives appear, which had not been previously conceived by the patient, and the amplification of consciousness permits a novel perspective of the principle knots and blocks.
6. We have not observed any addictive phenomena generated by ayahuasca, eliminating the possibility that its use constitutes a form of treatment through substitution. Instead, one notes an increasing sensitivity of the patient and a slow reduction of the dose. Ayahuasca serves as a very powerful facilitator in psychotherapeutic work and the development of self-knowledge.
7. There does not exist any risk of toxicity in the use of the natural beverage, which respects the physiological barriers and natural mechanisms of self-regulation through the functions of evacuation (diarrhea, vomiting, sweat, and urine) when the patient reaches the limits of his capacity of resistance. We are reminded that the studies on rats by Dr. Mitras Costa of the University of Campinas in Brazil, indicated that the lethal dose reported for a standard human being (75kg) would be 7.8 liters of ayahuasca, which represents approximately 50 times the usual therapeutic doses (Callaway 1996). The extremely disagreeable taste of the beverage makes it completely impossible to reach this dose. No cases of death following the ingestion of ayahuasca have been reported. Clinical studies of the Hoasca project carried out by Callaway's team (Callaway J. et al.1999), clearly indicated that the correct, long-term usage of ayahuasca not only excluded negatively affecting the drinkers, but also actually improved them as much physically as psychologically, when compared to a control group (Grob et al. 1996). We have noted the same salubrious effects among the *Ayahuasqueros* (master healers trained in ayahuasca preparation and use) who are healthy at advanced ages, as well as among ourselves.
8. Ayahuasca generates cathartic physical and psychological effects concomitantly with a re-equilibrium in the autonomous nervous system and reparative results at the emotional level. Clinically, one observes a notable improvement in the immunological system although we lack sufficient scientific studies on this issue.
9. Ayahuasca is focused directly on the transpersonal and trans-generational psychic matrices, which permits it to supersede the cultural, social, intellectual, idiomatic or religious framework of the participants in a session.

10. Experiences under the effect of ayahuasca remove and reconstruct somatic memories (anchors) that persist in daily life outside of the ordinary diurnal consciousness of the patients.
11. At the psychological level, ayahuasca activates the processes of psychic repair such as:
  - increase in intellectual capacity and concentration;
  - emergence of memories and recognitions;
  - reformulation of conflicts;
  - reduction in anxiety
  - stimulation of dream life;
  - identification of the "shadow" that, therefore, releases possession of the subject and induces it to understand the other and ask for forgiveness;
  - reduction in projective phenomenon;
  - rapid gratification of effort with an increase in tolerance for frustration; improvements in self-esteem;
  - recognition by the subject of the uniqueness of their being and their location in the world; and
  - facilitation of the process of differentiation or individuation.
12. All of the elements summarized here open the patient to other perspectives making them more flexible and facilitating a more effective intervention with diverse psychotherapeutic techniques. This opening has been constantly observed by invited therapists, who could compare the responses of the Takiwasi patients with those of their own regular patients.

We think it useful at this point to indicate the limitations on the use of ayahuasca in a therapeutic context. The counter-indications are relatively limited with respect to organic problems. As a precaution, we exclude people with serious metabolic (e.g., diabetes) or functional (e.g., cardiac insufficiency) deficiencies. We also exclude pregnant women, especially because of the risks of miscarriage in the first three months due to the force of occasional vomiting. It should be noted that in the Indigenous traditions that benefit from thousands of years of experience, pregnancy did not represent any counter-indication for the administration of ayahuasca, and was even recommended for strengthening the fetus. For energetic reasons, the Indigenous masters avoid, nonetheless, administering ayahuasca to women more than three months pregnant or who are in their period of menstruation. We have been able to prove, especially in this latter case, that in effect menstrual blood releases subliminal odors that while unobservable in the normal state, with the olfactory stimulation produced by the ingestion of ayahuasca, have a potential for being very disturbing and a risk factor for the development of a bad session (bad trip). These energetic dimensions, which are unknown in the Western world, but universally recognized, deserve more profound study because they are erroneously interpreted in the West as moral or cultural behaviors with macho or chauvinistic connotations.

We also avoid subjects with digestive lesions that could degenerate into hemorrhages during the force of the vomiting (stomach ulcers, dilated veins of the esophagus). Risk of serotonergic shock has been identified with the use of anti depressants, the serotonin systematic reuptake inhibitors or SSRIs (Callaway and Grob 1998), although there have not been incidents of specific cases described in the scientific literature. In our experience, we continue to suspend all of these anti-depressants three months in advance, assure a previous detoxification with purgative plants, and consequently, have never observed a case of serotonergic overdose.



We also avoid the use of ayahuasca in cases of dissociative psychosis with the manifestation of delusional elements (psychosis, schizophrenia). In borderline cases, and in an adequate context, by means of the phenomenon of self-regulation and psychic defense, if the person cannot approach their realm of psychic hiatus (division or *clivage*), they will simply eliminate the beverage or it will not have any psychoactive effect.

Apart from these cases of exclusion, we believe that the principal problem for the use of ayahuasca among Western subjects resides in our cultural deficit of knowledge about the symbolic dimension that affects patients as well as therapists. Transferring the use of ayahuasca from the Indigenous cultural framework to a modern therapeutic framework poses problems for the coherent integration of the visionary material that is accessed. When the Western subject accepts his vision as a message of the primary level and does not read into it the symbolic significance, he does not understand the metaphoric code, and can erroneously interpret its meaning. The brutal discovery of the psychic and energetic potentials enclosed within our being and in nature contains a potential for a fascination that can end in the possibility of alienation. In fact it is common to see Western subjects or addicted patients discover their callings as " healers" or " shamans" at the end of a session where they were able to visualize the circulation of energies. The therapist needs to teach them that they saw something common and ordinary and that there exists an abyss between seeing their eventual potentials and believing that one already completely possesses them. The subject can consequently attribute to the egotistical self the powers that pertain to the higher SELF. The therapist, thus, plays a fundamental role in permitting the patient to discern what emerges from their projections and what could really constitute fundamental information that transcends them. By defect, we find ourselves again with the frequent risk in the New Age environment of producing an inflation of the ego instead of the amplification of consciousness. The rigorous demands of the rules, with respect to the administration and drinking of ayahuasca, impose a specific framework that at times is not taken into account by those Westerners who tend to reduce it to mere "beliefs" or folkloric forms. One requires a physical preparation (purgas, for example), psychic preparation (identification of the motivation and intentionality of the subject), adherence to food rules (diets, fasting, exclusion of certain foods such as chili and pork), sexual restrictions (abstinence), and assurance of the absence of other psychoactive substances (marijuana for example). These principal limitations are often inconvenient for those who seek visions which exclude the ritual framework that they consider superfluous. These requirements actually strongly condition the therapeutic results, and disrespecting them could present real danger for the psychic stability of the subject.

This returns us to a core concern, which is the preparation of the therapists who not only accompany the ingestion of ayahuasca, but they themselves must also ingest the beverage in order to tune in with their patients. In the ASC induced by ayahuasca, the subject is less accessible through rational linear language and requires a symbolic and metaphorical language based on the energetic modulations which are simultaneously delicate and powerful. These are achieved through the sacred songs (*ikaros*), use of perfumes, tobacco smoke, diverse sonorous instruments, prayers, and gestures over the body of the patient. This work requires a long, very demanding apprenticeship, with long periods of diets, fasts, sexual abstinence and solitary isolation. The therapist utilizes their own body as the central axis of the ritual and therefore assures its effectiveness, the security of the patients, and the maintenance of their psychic integrity. This kind of preparation is required if one wants to reach the transcendental dimensions of the higher SELF of the patient and not remain in the superficial mental effects. In other words it demands that the therapist be a true initiate in the material and have an unyielding dedication to a vocation that will demand sacrifices.

## **THE TAKIWASI CENTER**

The solidification of the advanced hypothesis of addiction as wild, unconscious, counter-initiation, together with the possibility of curing it through offering a valid initiation where ayahuasca plays a central role, has led to

efforts to create a structural organization for patient care through the development of a protocol associated with the practices of traditional Amazonian medicines and the resources of Western psychotherapy. After six years of experimentation and training of a group of therapists in shamanic practices, the Takiwasi Center was created in 1992 in the city of Tarapoto in the Peruvian High-Amazon. The patients come on their own free will, live during an average of nine months in residence in a therapeutic community that has a maximum of 15 patients. They begin with the immediate and total elimination of all addictive substances (“cold turkey”), including tobacco, as well as stimulant foods (chili, coffee). They do not use psychotropic medication during the entire process, except in rare cases of emergency. The patients are only males (for legal reasons), which facilitates the necessary sexual abstinence required for the regular use of psychoactive plants.

The treatment process functions within a tripartite therapeutic approach that combines: the use of medicinal plants; psychotherapeutic follow-up; and daily group cohabitation (community life). The plants, which constitute the original contribution of Takiwasi, are divided into:

1. Purgative plants that permit physical detoxification and a rapid and drastic reduction in the withdrawal syndrome without the use of pharmaceuticals (within two weeks the majority of the patients sleep placidly without the use of any hypnotics); and
2. Psychoactive plants, which constitute two groups:
  - ayahuasca, which is used in nocturnal ceremonies once a week for an average of 25 sessions during the entire process; and
  - plant-teachers, as are called a very large group of psychoactive plants whose effects are activated under particular conditions that require individual isolation, strict dietary rules (in particular abstinence from salt), sexual abstinence, etc. The conduct of these eight-day retreats in the jungle ("diets" or *dietas* in local terminology) requires a very specialized control by the therapist because they powerfully mobilize the subjectivity and energetic body of the patient. These diets are carried out every three months and play a central role in the therapeutic process, assuring equilibrium with the ayahuasca sessions and the integration of the process made during the previous trimester. Each plant teacher has a specific psychotherapeutic effect which permits it to sharpen the focus in order to achieve a mobilization of the patients in the desired direction (confronting their fears, resuming their capability to make decisions, grounding themselves, remembering traumas of the past, strengthening their internal structures, etc.). From the perspective of the patients, as well as the therapists and Indigenous healers, the "diets" allow one to go through thresholds in the therapeutic process (qualitative leaps) and finally, they play a more important role than ayahuasca in obtaining a cure. The patient undergoes an average of four diets during his stay.

We emphasize that the use of all plants at Takiwasi takes place in a ritual context in which the integration of the effects of the plants occurs simultaneously at the physical, psycho-affective and spiritual levels. All of the psychic materials received through the use of the plants (physical reactions, emotions, visions, dreams, insights, intuitions, etc.) are then analyzed, deciphered, interpreted and processed by the patient himself through various psychotherapeutic techniques, both individually and through group dynamics (construction of masks, hyperventilation, verbalization, symbolic reading through the analysis of stories and myths, etc.). The psychotherapy is enriched with ritual practices without the use of the plants, marking the passage from one step of the process to another (rites of passage), permitting the slow integration of these phases. Psychological perspectives are extended with the expression of the transcendental dimension in these rituals, through

meditation or worship practices, and religious liturgies for the patients who believe in a specific religion (the majority are Catholic in our context). All of those who accompany the patient, including the Catholic priest, follow the same process with the different plants (purgatives, ayahuasca and plant-teachers).

This space of preparation and integration inspires decisions with respect to attitudes, behaviors, and expressions of a bodily, affective, relational and spiritual nature, which are molded into daily cohabitation with the group. Community life permits a confrontation with the real and assures that the integration does not remain in words, concepts or good intentions alone, but is rather solidified into a true life change. The incidents and difficulties emerging at this step of materialization will be reworked in sessions with plants and psychotherapy, forming a permanent feedback loop between the three spaces of therapeutic work (medicinal plants, psychotherapy, and community life). The outcomes from this protocol, which have been analyzed on several occasions<sup>iv</sup>, have been recently evaluated (Denys 2005, p. 22) in 15 former patients through correlation with answers to the Addiction Severity Index (ASI). The results show that "the patients who are 'well' validate on 82% of the elements of the research reference base, in comparison to 69% of those patients who are 'improved', and 19.5% of those patients for whom the situation had not changed. This leads one to believe that the specific objectives of the practice, defined by the therapists of the center, are in correlation with the general objectives for the improvement of the behavior of "addicts".

We want to cite some key complementary elements from the affirmations of the ex-patients who were subjected to this protocol:

- "All of the patients say that these plants help diminish the unpleasant effects of the abstinence syndrome".
- "Ayahuasca appears to facilitate introspection and the discovery of one's self" (14 of 15 patients)
- "Ayahuasca enables one to see, understand and forgive in a gentle, liberating process without blaming" (8 of 15)
- "Ayahuasca teaches you (recognition of mistakes; knowledge of oneself, one's will and one's interior strength; new capacities; decision making ability; motivation for change; projection into the future)
- "The protocol induces a change in the quantity and quality of dreams"(10 of 15)
- "One lives in an experience of communion with nature"(11 of 15)
- "One discovers the existence of an invisible dimension to life"(11 of 15)
- " The relationship to the sacred helps the therapeutic process"(12 of 15)
- "The ritual use of the natural psychoactive substances is differentiated from the non-ritual use in order to provide protection, guidance, healing and to inspire respect" (13 of 15)

We emphasize the importance of the initiatory dimension, which appears to confirm the importance of responding to the behavioral ordeals of the drug consumer through a well-conducted initiation. The initiatory death during the ayahuasca sessions takes three forms: an impression of dying, an impression of going crazy, or an impression of being swallowed by serpent. These experiences are followed by a notable change in behavior in the majority of the cases. Although this latter form is frequently described in the Indigenous world, it is also experienced by patients outside of the Amazonian culture who are unaware of these descriptions. Anne Denys (p. 28, 29) observes that for the patients whose treatment was not successful "the fact that they did not experience the release of a difficult emotional load and an initiatory death appears to produce a lack of integration of the associated teachings. . . [and that] . . . the absence of a relation with the sacred appears to be a possible determinant of the addictive behaviors." In other words, "the experience of a protected and safe framework of a fictitious death experience [I would say 'symbolic'], since at no time are the vital functions in danger, enables the individual to transform their mode of representation [of life]" (p. 31).

## CONCLUSIONS

We believe that subsequent investigations about the adequate use of hallucinogenic substances (visionaries), such as ayahuasca, should be oriented towards the treatment of addictions, increasing neuro-pharmacological analysis in the clinical field, and with special consideration of the operative symbolic or religious dimension<sup>V</sup>. This requires the necessary deconstruction of the modern taboo that excludes spirituality from investigative work. It calls for us to dare to consider the subjective experiences of the individual as a departure point for research, to appreciate subjectivity through the rigor of symbolic laws, and to value subjectivity as real in its totality.

It is this path that was followed by the wise Indigenous peoples, and to which we are invited in order to escape our reductionism. Our participation requires a qualitative leap that involves admitting the true existence of the other world (or at least considering this hypothesis) and thus opening up to a transcendental dimension that is also inhabited by forms of autonomous consciousness related to the human being. Some rumors say that C. G. Jung was, in the end, asking himself if his Archetypes were not simply spirits. Many testimonies have already served as the basis for this type of study (Clavo C., 1995, Plotkin M.J.,1993). For this reason, we believe it is necessary to take into account:

- The special difficulties in the training of therapists destined to direct sessions with ayahuasca, who require a solid vocation to help, the disposition to make personal commitments by passing through the initiatory route themselves for the acquisition of knowledge of the symbolic language.
- Incorporation of the use of ayahuasca under the natural form of a beverage, its oral ingestion within a non-improvised ritual framework, and the complementary structure of interpretation, integration and contention of the experiences of ASC.
- The necessary association of a group of complementary perspectives with the purgative plants, the plant teachers, psychotherapeutic accompaniment with initiated therapists, community life and perspectives of spiritual opening.
- The necessity for Westerners, in order to open themselves to other cultures, to reconnect and reconcile themselves with their Judeo-Christian affiliations that nurture and provide structure, and who's mysticism encompasses the symbolic tools that they need for their search into other cultural forms.

In this context, and in accordance with the ethical values for the treatment of addicted persons, we do not propose to merely achieve abstinence as an end in itself. Rather, more importantly, we strive to prepare and empower the person so that they can enjoy a life aware of themselves: recognizing their own objectives and limitations in total freedom.

- i** For further details about the neuropharmacology of ayahuasca see: **Callaway J. et al.** (1999). Pharmacokinetics of hoasca alkaloids in healthy humans. *Journal of Ethnopharmacology*, 65:243-256.  
**Callaway J.C.** (1999). Phytochemistry and neuropharmacology of ayahuasca”, in *Ayahuasca*, R. Metzner, Thunder Mouth’s Press, New York. pp. 259-261.  
**McKenna D.J. , Callaway J.C. and Grob C.S.** (1998). The Scientific Investigation of Ayahuasca: A Review of Past and Current Research. *The Heffter Review of Psychedelic Research*, 1:65-76.  
**Riba J. & Valle M. & Urbano G. & Yritia Morte A. & Barbanoj M.J.** (2003). Human Pharmacology of Ayahuasca: Subjective and Cardiovascular Effects, Monoamine Metabolite Excretion, and Pharmacokinetics. *Journal of Pharmacology and Experimental Therapeutics*.
- ii** For example, Allen Ginsberg and Bill Burroughs in South America came to affirm that one required a spiritual guide or “monitor of multiple realities” (Leary T. 1983) in order to induce ASC, but, paradoxically, Timothy **Leary, Allen Ginsberg and Ricard Alpert** (1964) write at the end of their famous book, *The Psychedelic Experience*: “experience is certain . . . all the dangers which one can fear are useless productions of the Mind . . . try to maintain faith and confidence in the potentials of your own brain”.
- iii** See for example a history of drugs according to:  
**Rosenzweig M.** (1998). *Les Drogues dans L’histoire, Entre Remède et Poison. Archéologie d’un savoir oublié.* De Boek Ed., Bruxelles.  
**Escotado A.** (1989). *Historia de las Drogas*, 3 volumes, Libro de Bolsillo, Alianza Editorial, Madrid.
- iv** **Ronald K. Siegel** (1989) goes into great depth on this theme and describes it with humor:  
“After sampling the numbing nectar of certain orchids, bees drop to the ground in a temporary stupor, then weave back for more. Birds gorge themselves on inebriating berries, then fly with reckless abandon. Cats eagerly sniff aromatic “pleasure” plants, then play with imaginary objects. Cows that browse special range weeds will twitch, shake and stumble back to the plants for more. Elephants purposely get drunk on fermented fruits. Snacks on “magic mushrooms” cause monkeys to sit with their hands in a posture reminiscent of Rodin’s *Thinker*” (op.cit. p.11).
- v** For the detailed results of this study, see the report of Dr. Rosa Giove published by the Peruvian Inter-ministerial Organization for the Struggle Against Drugs (DEVIDA), in (Giove R., 2002) and also (Mabit J., 2002). Various doctoral and master's theses in psychology, ethnology, health and other areas have been carried out at Takiwasi. (see Pressler-Valder 2000, Perrin 2002, Moure 2005, Pfitzner 2005, Denys 2005).
- vi** Dr. David Larson of the University of Oxford shows that the psychiatric studies that take into account the spiritual or religious variables in their assessments are rare. In a retrospective study of the five years between 1988 and 1992, less than 1 percent of the quantitative psychiatric studies published in the four major Anglo-Saxon psychiatric journals included one or more measures of religious commitment of the patients: only three of the 2348 studies examined were focused on a religious variable. See Larson (2001). *Handbook of Religion and Health*. Harold G. Koenig, Michael McCullough, David Larson Ed. , p. 672.



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