The evolution of a pilot program utilizing ayahuasca in the treatment of drug addictions

DR. JACQUES MABIT & CLAIRE SIEBER

Shaman's Drum Journal, Number 73, pp.23-31, USA, 2006.

The idea that psychoactive substances can be used to treat drug addicts may seem paradoxical to Western psychotherapists, yet there is growing evidence that the ritual use of plant medicines may provide one of the most effective treatments for people suffering from substance addiction.[1] For more than fifteen years, my associates and I have been developing and testing an experimental rehabilitation program at Takiwasi, a residential center located in the Amazonian foothills of Peru, which actively incorporates the psychoactive beverage ayahuasca in the treatment of drug addicts. After having observed hundreds of addicts undergo hundreds of ayahuasca sessions at our center, we can affirm that the ingestion of ayahuasca—under controlled conditions of preparation, prescription, and psychotherapeutic follow-up—can produce surprising therapeutic benefits, with a total absence of dependence.

I first visited Peru in 1980 as part of a Médecins Sans Frontières (Doctors Without Borders) French program, working on a primary health care development project. I was immediately confronted with limited medical resources as director of the small rural hospital of Lampa, located in the Andean mountains near Lake Titicaca. For these extreme technical limitations, I saw myself obligated to call upon the local resources and I therein discovered the extraordinary richness of the ancestral healing practices of Peru, including Peru's enormous reserve of medicinal plants. These Indigenous medicines revealed themselves as effective, low cost, and culturally adapted compared to the Western medicine I was proposing. I spent the next three years, from 1980 to 1983, in Lampa studying Indigenous medical traditions in southern Peru and their possible integration with western medicine. My work gave me an opportunity to meet and observe traditional *curanderos* (healers), and my experiences with them convinced me that they were surprisingly effective in treating many physical, psychological and psychosomatic illnesses resistant to conventional medicines. At the time, I didn't fully understand exactly what the *curanderos* were doing, but I realized that the controlled induction of altered states of consciousness—with or without plant medicines—was a critical component of the region's Indigenous shamanic and spiritual practices. I noticed that the *curanderos* practiced a holistic approach, working simultaneously on the physical, psychological, and spiritual levels. It was also clearly significant that these traditional healers operated within a highly effective healing system that provided participants with a sense of purpose.

Through my work, I learned that the Peruvian Ministry of Health had begun to recognize the vast potential of resources available through the country's Indigenous shamanic healers, and it had been supporting investigation on traditional medicines through its National Institute of Traditional Medicines (INMETRA).

Upon my return home to France, I went to work for two years in different non-governmental organizations (NGOs) evaluating health development projects all around the world. I could observe that in different cultural contexts of poor countries (Philippines, Burkina-Faso, Bangladesh, Madagascar, etc.) traditional medicines possessed the same characteristics as in Peru and were, in fact, the first resources for local people. For cultural values and economic reasons, these medicines are predominant, especially among those from rural areas.

During my earlier travels in Peru, I had noticed that the country is divided into three distinct regions—the coast, the mountains, and the jungle—and that each part has its own traditions and medicines and its own psychotropic plants: Sampedro mescaline cactus on the Coast, Coca leaves in the Andean Highlands and

Ayahuasca in the Amazonian jungle. I decided that the diversity of settings could provide a marvelous opportunity to study and compare the efficacy of several Indigenous therapeutic traditions, so I made arrangements to return to Peru in 1986, in order to study Indigenous healing procedures within the structure of a research project in medical anthropology.

INSPIRED BY INDIGENOUS THERAPIES

After visiting the three main regions in Peru I fell in love with the High Amazonian jungle and decided to finally concentrate my study exclusively in this area, around the Huallaga river and based in Tarapoto city where I have been living since that time.

I discovered the unsettling fact that Peru—long renowned as one of the world's foremost producers of coca—has become a major drug consuming country,[2] whose principle addictions include cocaine and free base of cocaine. Free base of cocaine or pbc (*pasta básica de cocaína*) is a product of the first step in processing coca leaves to obtain pure cocaine powder. As a result, it still contains numerous toxic residues from the solvents used to extract pure cocaine. It is a type of paste that is smoked, highly poisonous due to the solvent residues, particularly addictive, and extremely destructive in its effects. Its psychic effects are similar to those of crack, however, crack is distinct as it is chemically prepared from pure cocaine powder. Even today, despite the epidemic of cocaine and free base addiction in Peru, the number of professional rehabilitative treatment centers is minimal, and most of the centers are concentrated in the capital city, Lima. Outside of Peru's largest cities, the treatment of addiction-related pathologies has fallen, by default, on the doorsteps of Indigenous healers, who have demonstrated an amazing capacity to develop therapeutic treatments, most often based on one or more regionally available purgative and then psychotropic plant preparations.

I was intrigued to discover that Peruvian Indigenous healers were having good success using psychotropic plant medicines to treat Native groups strongly impacted by alcohol addiction. For example, North Peruvian coastal healers had achieved a high rate of success—around sixty percent, after five years—treating alcoholics through the use of traditional rituals involving the mescaline-containing Sampedro cactus (Chiappe Mario, 1976).

This demonstration of the adaptive capacity of local medicine was very interesting for me, yet, as a medical doctor, I was disappointed by the deficiency in anthropological explanations about the topic. I therefore decided to explore the origin of the empirical science of these Indigenous *curanderos*, and their process of apprenticeship.

When I questioned the *curanderos* as to how they had acquired their knowledge, they typically responded that it had come from dreams or through the ritual ingestion of ayahuasca and other psychotropic plant substances. Mysteriously, they said: "Nobody teaches you, but the plants speak to you". Frequently, I concluded my conversations with these healers asking a personal question: "Could I, a Western doctor, learn, as well?" Their answer was encouraging, and yet challenging: "Yes, the plants can teach you as well, if you love and respect them. If you ingest them strictly, according to the traditional rules—involving dieting, isolation in the forest, and sexual abstinence—the spirits will come to you and speak to you. This is the only way to learn."

Their response confronted me with a dilemma. My training as a medical doctor had taught me that "science" depends upon observable facts, requires a rigorous methodology, and demands concrete results. It also defines certain conditions necessary for experimentation and the transmission of facts. The healers proposed that I leave aside the pretense of strict objectivity in order to adopt a knowledge system that takes subjectivity into account as a valid source of information. In other words, I would have to break down my rationalist paradigm. I realized that if I really wanted to learn about Indigenous medicines, I would have to abandon my Western analytical approach and humbly embark on a course of self-experimentation.

It wasn't until 1986 that I attended my first ayahuasca session. Having heard rumors about the psychedelic potency of ayahuasca, I was afraid of what I might experience. My fears, ironically, blocked the experience and nothing memorable happened to me that first time. Afterwards, I felt stupid and disappointed and

decided to really let go of my resistance for the following session. The second time I took ayahuasca, I was propelled into a dramatic experience within five minutes. Suddenly, I was fighting with a giant black snake and being pulled inside a very deep, dark hole. I was fighting for my life, which forced me to ponder what life really meant for me. At one point, I considered that I had been very foolish to come to the jungle, leave my western safety, and take a poisonous brew valid only for Indigenous peoples. I felt I would die. Abruptly, I realized that in the end, Jacques was not important, that perhaps it was time to die and the world could go on without me. At that moment, when I finally renounced the importance and vanity of my ego, everything changed. The snake disappeared, releasing me, and I was free to rise up out of the abysm. I could make many connections for events in my life and find an unexpected coherence through them. That night, it seemed that in just a few hours, I had done the equivalent of ten years of psychoanalysis, and I felt astonishingly clear-minded. I realized that the therapeutic potential of Ayahuasca was incredible and totally underestimated by science. Two days later, I decided to take ayahuasca again.

During an ayahuasca ceremony, after about ten sessions ingesting the plant, I met in a vision the guardian spirits of the jungle who asked me what my purpose was in this journey. I answered that I would like to learn this medicine. So, they responded to me: "You are allowed to enter this territory but only through this specific way" and —to my total surprise— I saw myself working with drug addicts. Before this vision, I had only been interested in studying Indigenous therapies—I had never contemplated working in any drug treatment programs, and I had no idea how to do that. I had no personal experience with drugs. However, my ayahuasca revelation was so strong that it felt more real than ordinary reality.

For the next three years, from 1986 to 1989, I continued working regularly with ayahuasca and exploring the use of many other plants. Through this work, I found that ayahuasca is never used alone in an Indigenous context, instead, it is accompanied by the ingestion of purgative brews, smoking tobacco, receiving floral baths, etc. I came to appreciate that ayahuasca was both the heart and soul of many Amazonian traditional medicinal practices, but I was also intrigued by how *curanderos* used other purgative and psychoactive plants (teacher-plants) during special isolation periods in the jungle with strict diets to enhance their therapeutic potential. These diets (*dietas*) were considered essential in apprenticeship and more important that ayahuasca itself.

At the time, I was facing some personal existential questions about the meaning of life and the lack of soul in Western medicine, so I threw myself into an existential quest, purging myself with various plants during *dietas*, and learning to heal myself.

In 1989, during another ayahuasca session, the ayahuasca spirit appeared like a wise woman and reminded me that, if I would like to go ahead learning, it was time for me to begin my work with drug addicts. I tried to negotiate for a delay but she told me that "The fetus has a time of gestation and no training to be born: he learns through birth. You had your time of gestation, now you have to be born". The day after that session, a psychiatrist friend of mine called from Lima to ask if he could send me a patient: a drug addict he could not treat and was wondering if some *curanderos* would be able to give him purgative plants. The synchronicity of this request was so obvious for me that it was impossible to refuse the patient. It was the beginning of the Takiwasi adventure.

Over the next three years, I followed the teachings of Indigenous healers, experiencing new plants and slowly elaborating a therapeutic protocol for drug addicts. At the same time, I began contacting people, looking for support and information as to how best to realize this project and manifest the vision. I began traveling around South America, the United States and Europe, trying to find effective drug treatment models to follow. Unfortunately, I was soon confronted by the fact that Western medicine has been notoriously ineffective in curing substance addictions. Published accounts of subjective experiences with plant medicines were also scarce, inspiring my general disillusion with the lack of alternative medicinal, therapeutic and rehabilitative models for drug addiction treatment.

Luckily, during this process of apprenticeship and development of the Takiwasi project, I felt guided through my dreams, ayahuasca visions, and synchronistic events. By way of this subjective information, I was

directed to visit healers around the world. The Philippines, Colombia, Brazil, Syria, Mexico, Loyalty Islands, and Mongolia, are among the places I traveled. Each journey was a source of vital information for the process. Eventually, I was guided to visit the Tham Krabok Buddhist temple in Thailand where the monks had reportedly cured drug addiction through the combination of plant medicines and a strong spiritual focus. While I was visiting, I asked the monks to teach me, but, since I would be returning to Peru, they questioned how they could teach me if I was living in Peru. I suggested that we could work "through the dreams," and they agreed, giving me a mantra to maintain contact with them. A few months after this trip, I met them again in a vivid dream where they healed me and showed me a profound teaching. Their teaching was summarized in the concluding statement of the dream: "Goodness builds the world".

In 1986, when I returned to Peru, I met a Peruvian empirical botanist who shared my interest in Indigenous healing practices. We decided to test the assertions made by the *curanderos* that, if we explored the effects of ayahuasca on ourselves, the plants would teach us about healing. Over the course of participation in more than 350 traditional sessions, we developed a strong spiritual connection with ayahuasca. There is not room here to provide detailed descriptions of the years that we spent in apprenticeship with the plants, studying their preparation and use, mastering the use of sacred chants, and learning how to perform shamanic therapeutic interventions. However, I will say that the *curanderos* spoke the truth—the plants do teach.

THE BIRTH OF A NEW APPROACH

My personal work with ayahuasca provided me with an opportunity to open a door into transpersonal consciousness that helped me to heal myself. Through this personal experience, I began to ponder if such healing states could be integrated into a Western-style drug treatment program. During the course of my work with *curanderos* in the Peruvian Amazon, I had seen that when natural psychoactive substances were used within the context of controlled rituals, they could be consumed regularly without causing harm. I had even met ex-drug addicts who claimed that working with plants, including ayahuasca, had cured their addictions. I began to wonder if these Indigenous shamanic methodologies could be replicated within a controlled clinical environment subject to verification.

Unfortunately, I was keenly aware that the Western medical establishment has been extremely reluctant to explore ayahuasca's therapeutic potential—due to a prejudicial stance indebted more to irrational fears than to scientific rationality[3]. Since the entheogenic, or visionary effects of ayahuasca have been described all too often in the mainstream press as "hallucinations," this potent consciousness-raising plant beverage has been stigmatized as a recreational psychedelic substance, unworthy of serious scientific research.

When I began to look into Western drug prevention programs, I realized that most are severely limited because they are based on a puritanical approach that considers all psychoactive drugs to be socially wasteful and abusive, and assumes that the exclusive goal of drug addiction therapies should be complete abstinence. As a last resort, where complete abstinence fails, Western medicine has resigned itself to developing drug treatment programs that are largely restricted to reducing general health problems and social risks. Focusing primarily on damage control, rather than actually healing individuals, these programs renounce any attempts to free the addict from drugs. According to this model, the best way to avoid the negative consequences of drug addiction is to educate users about the drugs they consume, the potential risks that they run, and the way to use those drugs responsibly. In many mainstream drug treatment models, institutional authorities endeavor to fit patients into mainstream social norms. Since such programs assume they know what is best for the patient, they ultimately reinforce his internal pattern of dependence, making him a prime prospect for relapse into addiction.

On the other hand, non-scientific associations, involved in drug rehabilitation, maintain objectives of the abstinence model, while respecting the user's innate intelligence. This approach begins by addressing both the spiritual needs and quest for meaning of the individual, even if these are not initially or consciously formulated by the patient. In this case, the drug user is treated as a well-intentioned person, encouraged to take responsibility for his life and able to quit drugs, replacing his addiction with a new sense of life. This approach

has been applied in therapeutic communities such as Narcotics Anonymous (NA), as well as in certain church groups. However, these methods stress abstinence, and have rejected all manners of inducing altered states of consciousness as part of their methodology.

The inadequacy of these models inspired me to see if drug addiction could be tackled from a radical new perspective. Based on the biological principle that life gravitates spontaneously towards a broadening of perceptions and a concomitant amplification of consciousness, biologist Ronald K. Siegel (1990) considers the drive to seek alternative states of consciousness to be the fourth major instinctual drive of animal behavior. Siegel points out that many animal species consume natural psychoactive substances with great avidity whenever possible[4]. Obviously, if this intense biological drive is found in all animal life, it would suggest that the human tendency to consume substances that induce altered states of consciousness is innate and entirely natural. In addition, the self-exploration of consciousness, through a modification of perceptions, is not limited psychoactive substances. Human beings have developed an infinity of methods for the induction of these states through hypo or hyper stimulation of the diverse senses. In everyday life, we constantly modify our states of consciousness, sometimes achieving 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, yoga, etc.).

This leads me to believe that humans have an instinctive psychological need to seek altered states of consciousness because those states naturally engender a renewed sense of meaning, thereby providing therapeutic healing and integration. I have come to see that drug use often begins as an attempt—albeit clumsy and sometimes dangerous—to break through and transcend the limitations of an uninspired and devitalized lifestyle. Unfortunately, because the use of psychotropic drugs has been criminalized in Western cultures, they are often used outside of controlled settings, under chaotic conditions that tend to produce confused, counterproductive experiences.

RITUAL VS. RECREATIONAL USE OF PSYCHOACTIVE SUBSTANCES

During the time that I spent observing and working alongside Amazonian *curanderos*, I noticed that the region's traditional shamanic cultures incorporate the ritual consumption of ayahuasca and other psychoactives into their initiatory rites of passage for adolescents. I could see that the intense visionary states generated by the ayahuasca helped the maturing youths to experientially integrate the values, symbols, and myths shared by their community.

In contrast, the secularization (de-sacralization) of Western culture, along with the disappearance of authentic rites of passage, has left people without any understanding of the personal intentions and ritual settings needed to integrate their experiences of altered states of consciousness. In today's secular society, drug users are basically cast adrift on the high seas of consciousness, with neither compass nor map of the territory, and they consequently tend to run aground or finish badly.

One reason that traditional entheogenic rituals have been effective in treating modern drug addictions is that traditional procedures are frequently designed to support the specific initiatory and therapeutic goals that are lacking in Western society.

Traditional peoples have consistently demonstrated that even powerful psychoactive substances can be consumed in their natural forms without inducing substance dependence. There seem to be several reasons for this. To begin with, no substances under the inadequate title of hallucinogens create dependency. Ethnobotanic evidence supports the fact that natural visionary plant substances are almost never addictive in their natural state. Only when natural plant medicines are refined and processed into concentrated drugs does their use often lead to increasing dependence and greater and greater consumption[5]. In fact, the oral consumption of natural visionary plant substances may actually enhance a person's sensitivity to the alkaloids contained in those plants. As a

result, the dosages needed to attain altered states progressively decrease, rather than increasing. This is one reason that I believe using visionary plant medicines in addiction therapies may offer the best hope of achieving total therapeutic cures.

Contrary to the relatively casual ways that Western people tend to seek altered states of consciousness, Indigenous shamanic practices are based on the disciplined induction of non-ordinary states of consciousness in carefully structured ceremonies[6]. For practical survival reasons, Indigenous cultures often incorporate procedures into their rituals that enhance the psychoactive effects of plant medicines, while reducing any potential toxicity. For example, *curanderos* have adopted rigorous fasting, dietary, and sexual restrictions that are essential for enhancing the effects of ayahuasca and avoiding negative side effects.

When psychoactive plants are consumed orally, the risk of toxicity is already relatively low because the body's digestive system provides a natural defense against overdosing. In cases of potential overdose (something that rarely occurs, due to the disagreeable flavor of most plant medicines), the digestive tract naturally eliminates the excess substances through vomiting. In the case of ayahuasca, this self-regulating phenomenon not only provides a safety mechanism but also plays a vital role in catalyzing purgative, detoxifying effects, while concomitantly expulsing physical and psychological burdens.

Another reason that traditional peoples seldom have problems with psychoactive plants is that they treat these potent plants as valuable spiritual allies, not recreational diversions. The *curanderos* generally consume ayahuasca and other psychoactives exclusively within disciplined rituals and controlled settings, which reflects their refined experiential understanding of these substances. Ayahuasca ceremonies, for example, are typically held at night, a procedure that minimizes external visual distractions and promotes inner visionary experiences. The invocation of protective spirits, and the use of repetitive rhythmic chants, not only help to stimulate and sustain altered states of consciousness, but are also crucial symbolic elements used to guide the ritual through the "other" and "inner" worlds. These elements demonstrate an advanced awareness, accumulated over thousands of years of practice, of the structures needed to ensure safe, significant, and constructive exploration into other realms through altered states.

THE INTEGRATIVE FUNCTION OF AYAHUASCA

Western psychotherapeutic traditions have taught us that dreams and visions are natural therapeutic processes that engage the metaphoric and integrative functions of symbolization in order to encourage the progressive readjustment of personality structures. I have found that the psychedelic visions produced by ayahuasca are similar to dreams in the way that they promote the processing and integration of subconscious material activated or revealed during states of altered consciousness. Certainly, many of the visionary "movies" or scenarios catalyzed by ayahuasca are reminiscent of nocturnal dream states, and both states seem to involve the processing of unresolved emotional and symbolic content.

However, ayahuasca visions offer some significant advantages over dreams. At the very least, the psychotropic effects of the ayahuasca beverage seem to provoke a general amplification of perceptions, an acceleration of mental functions, and the disarmament of rational ego defenses— all conditions that encourage the recovery and transformation of deep subconscious complexes. The state inspired by ayahuasca is one of conscious dreaming in which one is able to be the protagonist, and guide their own experience.

The transformative healing power of ayahuasca may owe much to the fact that its effects are not limited to visual imagery. Ayahuasca tends to engage the entire perceptual spectrum, enhancing auditory and olfactory sensations that seem to evoke deep somatic memories controlled by the so-called reptilian and mammalian brains. The activation of somatic memories, in turn, seems to stimulate intuitive and creative functions associated with the right brain, encouraging the patient to confront his habitual problems from a new angle. By simultaneously activating subconscious symbolic content and accelerating creative cognitive processes, ayahuasca appears to help the patient formulate innovative solutions that are tailor-made to fit his personality.

BIRTHING OF A PILOT PROGRAM AT TAKIWASI

In 1992, several associates and I opened the Takiwasi Center, in a five-acre park bordered by a river, just outside the city of Tarapoto, in the high Amazon of northern Peru (Mabit, Giove, Vega, 1996). The center is dedicated to developing and testing an experimental approach to drug rehabilitation using core elements from traditional Amazonian healing practices, while also integrating Western psychotherapeutic methods. Our program is entirely voluntary, and we never coerce patients into participating against their will.

Based on our studies of Indigenous traditions that have successfully used ayahuasca in the treatment of drug addicts, my associates and I decided to develop a new psychotherapeutic approach for drug treatment and rehabilitation that would recognize the therapeutic value of using psychedelics to explore spiritual states of consciousness. Initially we constituted a small team of 2 medical doctors (Rosa Giove and myself Jacques Mabit), 1 adminstrator, and 2 local apprenticing healers, to manage the center. Supporting this small, local group was an external, multidisciplinary team of investigators—Julio Arce (a professor of phylochemistry at the University of Iquitos), Clara Cardenas (a Peruvian anthropologist), and Fernando Cabieses (a professor of neurophysiology). The initial group, with our extensive personal experience working with ayahuasca, had observed its ability to detoxify and transform addicts, and so we decided to structure our program around Peru's ceremonial healing traditions. In order to provide a transformative symbolic structure familiar to Western therapists and patients, we chose to supplement the traditional approach with Western psychotherapeutic methods.

We enlisted the help of several master *curanderos* in the region who were not only ready to transmit their methodologies and knowledge to those willing to learn, but were also willing to work within the ethical guidelines of Western psychotherapeutic institutions and within an educational framework familiar to Western society. As a result of this association of Western-trained therapists and traditional healers, a few patients volunteered to work with us. Our initial successes encouraged us to gradually formulate an alternative therapy program that integrates traditional wisdom with modern psychotherapeutic techniques.

Since Takiwasi was conceived as an experimental pilot center, we decided to focus on developing and testing small-scale therapeutic practices and models that could be replicated later, using seminars, conferences, and training programs to disseminate the most efficacious programs. Our aim has been to maintain a small program base, limiting our work to no more than fifteen patients at any given time. Working within an institutional structure, Takiwasi has developed a successful pilot program that has been producing very encouraging results—effectively helping about two-thirds of our patients.

In contrast to many Western drug treatment approaches, the Takiwasi model is definitely not based on abstinence—it respects the addict's innate need to experience altered states of consciousness, and it furnishes him with safe, non-addictive means to reach them. In fact, the program actively encourages the ritual ingestion of beverages that we make from the ayahuasca vine and several other non-addictive psychotropic plants, which we have found helpful in catalyzing rapid psychological transformations. We have found that the combination of cathartic ayahuasca sessions, followed by guided psychotherapeutic processes, encourages residents to face deep somatic memories and transcend their wounded egos. In the most responsive cases, the patients experience a healthy deflation of ego defenses, which helps them to transcend the ego and achieve reconciliation with their spiritual nature.

Our use of Western psychotherapeutic techniques at Takiwasi mirrors some of the ways that ritual and symbolic structures have been used in Indigenous initiatory traditions. For example, in traditional Amazonian initiations, ayahuasca—the "vine of the dead"— is typically used to open doorways into the "other world," in order to communicate with ancestral and animal spirits. In a similar way, we use ayahuasca at Takiwasi to transcend the veils of ordinary consciousness, so that the patient can explore and come to terms with his inner universe. At no point are the patients actually under the threat of death during an ayahuasca session (there have been no reports of death associated with the ingestion of ayahuasca). However, it is common during the ayahuasca sessions, to be confronted with the prospect of one's own death. This confrontation provokes a re-

evaluation of one's life and its significance, thus helping patients to value their existence and set meaningful life objectives. Through this experience, they also discover the spiritual significance of the "other world", their "inner world", and the forces that exist therein. This discovery demands respect for forces of life and death that are beyond their control, aids in the recognition of forces that are within their control, and alerts them to the obvious dangers of drugs taken for recreational purposes. Patients cultivate awareness of the power behind altered states of consciousness, and realize that the ingestion of consciousness altering substances, and touching other realms, is not a game.

It is no exaggeration to say that medicinal plants play a central psychotherapeutic role at the center, and that our therapists function primarily as caretakers offering guidance and security. The visionary therapeutic experience focuses mainly on self-discovery, so that neither the therapist nor the patient is required to master the complex Indigenous cosmologies traditionally associated with ayahuasca practices.

THE TAKIWASI APPROACH

The Takiwasi model relies on a three-step approach, which integrates the use of plant medicines, psychotherapy, and community life. Initially, we concentrate on purifying and healing the physical body. Next, we focus on the psychological-emotional level, helping patients connect with childhood memories and emotions. The third aspect, community living, is fundamental for the application of personal insights gained through the patients' experiences with plant medicines and psychotherapy. Spirituality, in the form of personal search for meaning and realization, is encouraged throughout all three phases of the approach. As noted earlier, the Takiwasi program is based on the assumption that addicts have an innate need to explore transcendental, or spiritual, states of consciousness, so we have incorporated a strong spiritual component into our program in order to encourage patients to continue exploring deep spiritual work. We recognize that every patient has a different connection with spirituality, but we require all residents to find some way to express their developing spiritual connection during their stay at the center. Since many of our patients are rooted in Peru's Catholic traditions, some of them have chosen, for example, to make a crucifix or build a shrine as a part of their spiritual realization.

The three aspects of the treatment (plant medicine, psychotherapeutic follow-up and community life) are entirely symbiotic— each one feeding into the others in constant feedback loops. Realizations of a behavioral, spiritual or social nature, that emerge during ayahuasca sessions, are addressed in psychotherapeutic follow-up, and then, necessarily applied in the patients' daily coexistence with the group. Issues arising from communal co-existence, such as personal conflicts or advances made in individual social interactions, are also subsequently worked out on the symbolic level in ayahuasca sessions, during psychotherapeutic follow-up, and with the opportunity for immediate realization during daily group activities. And so on.

Although the Takiwasi model supplements traditional medicine practices with modern psychotherapeutic techniques, the three steps mirror basic shamanic initiation processes that have been used in Amazonian cultures for generations.

DETOX AND PURIFICATION

Traditionally, the ingestion of psychoactive plants has been moderated by specific disciplines, including rigorous restrictions on food, sex, external contacts, and daily activities. We have incorporated similar purification techniques at Takiwasi because we have found that they induce a temporary reduction of critical discrimination and defensive functions—conditions that help accelerate the recovery of buried memories and that facilitate the cathartic release and transformation of traumatic emotions.

The Takiwasi rehabilitation program uses two primary detoxification methods. First, patients undergo an intensive physical detoxification phase lasting ten days to a month, which utilizes a variety of Indigenous

plant medicines to physically cleanse and mentally purify them. Upon arrival, the first cleanse that is administered to patients is a laxative. Depending upon the state in which patients arrive, they will goes through one or two purges with Yawar panga (*Aristolochia didyma*). The ingestion of Yawar panga works on physically, mentally and emotionally purifying the patient. It has general cleansing properties, but is focused primarily on the thorax and abdominal areas of the body (Giove 2002: 20). Following this, patients undergo an enema to help clean out their liver which usually has high levels of toxins accumulated through cigarette and alcohol consumption. Successive purges with plants such as Nardo (*Amarillis sp.*), Sauco (*Sambucus peruviana*), Rosa Sisa (*Tagetes erecta*), Paico (*Chenopodium ambrosioides*), and Tobacco (*Nicotiana tobacum*), are ingested once or twice a week by the patients. Each plant has a specific area of the body and mind that it is destined to cleanse. Through the guidance of a healer trained in the use of substances such as tobacco, *agua florida*, and *camphor*, patients are further assisted in their cleanse. For one week, they consume a beverage made from Camalonga (*Thevetia peruviana*), which requires a strict diet excluding sugar to enhance the body's sensitivity to this plant. This purification process helps to shorten and reduce the intensity of withdrawal symptoms, and prepares the patient to receive ayahuasca.

Ideally, the second phase consists of nine months. Nine months is significant as it represents the period of gestation of a human fetus. Following this concept, the treatment of the patient at Takiwasi is meant to symbolize a re-birth. This phase, lasting nine to twelve months, focuses on "psychic" detoxification and integration. This addresses the psycho-emotional triggers that have led the patient to, and sustained their addiction with drugs. During this second phase, we basically use ayahuasca sessions to accelerate the recovery of subconscious content, which is then explored through various psychotherapeutic methods, leading to the transformation of subconscious psychological complexes into highly coherent metaphorical content. This phase includes attending regular ayahuasca sessions, on average once a week, and culminates in an eight-day-long isolated retreat in the forest every 3 to 4 months during treatment (discussed below).

In addition to catalyzing the recovery of subconscious memories pertaining to psychological wounds and conflicts, ayahuasca's unique purgative nature can spontaneously provoke physical evacuations (vomit, diarrhea, or sweat). It is easy for the metaphoric mind to interpret the purgative effects as shamanistic ejections of psychic or emotional "infestations". Purging, therefore, can help resolve emotional conflicts and hidden fears by exteriorizing physical, psychic, and metaphysical "intrusions" and "poisons." In other words, purging releases emotional burdens.

Psychotropic exploration of these inner worlds can also bring into consciousness transpersonal symbols that reflect universal or trans-cultural psychological complexes (love, hate, rejection, abandonment, fear, peace, etc.). Given that these fundamental symbols are known in many cultures, they do not necessarily require extensive verbal interpretation or analysis, which represents an enormous therapeutic advantage. However, we have found it productive, particularly when working with addicts, to follow each ayahuasca session with a post-ayahuasca psychotherapeutic session facilitated by a therapist who is trained to direct visionary revelations into precise and rigorous symbolic frameworks aimed at helping the addict recognize the spiritual source of his addiction. When re-visited in post-ayahuasca sessions, the patient's visualizations can be directed towards the more profound realization that spiritual forces do exist, and demand respect, thus humbling patients and re-directing their spiritual search away from substance dependency, and towards higher levels of awareness.

Therapists at Takiwasi are required to follow the same initiatory process as patients. This ensures that patients are accompanied not only by the presence of their therapists (who ingest the same purgative plants, including ayahuasca, alongside patients), but also have the advantage of sharing a symbolic language (acquired through experience with the plant medicines) with the therapists. A shared symbolic language has proven effective for patients who are reluctant to accept their experiences, or who have a low capacity to put these experiences into words. Since the ayahuasca ritual goes beyond verbal limitations to reach experiential levels of communication (pre-verbal, supra-verbal), it enables those who have difficulty with verbal expression, to see and feel aspects of their consciousness that they have otherwise been unable to access. The ability to recognize and work through emotions buried in their sub-consciousness on an experiential level, gives them direct access to their own inner world. Therefore, personal recognition of, and solutions to inner conflict may be directly

manifest in the patient's actions, rather than remaining confined to their capacity, or incapacity, for verbal expression.

During their treatment some patients begin to act out steps in their own self-healing, without necessarily being aware of the significance of these developments. For example, one patient decided to make a grotto with the Virgin inside. When this man first arrived at Takiwasi, his heart was hard, like a stone. Even after taking ayahuasca more than forty times, he experienced limited benefits, but he stayed with the program. When he told me that he wanted to make a cave and put the Virgin in it, I immediately saw that his project was a metaphor for his desire to open his stone heart and restore feminine love and purity inside it. It was quite a project. Even though he worked every day, it took him three months to carve out the grotto. When he was finally ready to literally and figuratively put the Virgin inside, we celebrated the event with a ceremony involving religious music and candles. At one point during the ceremony, he took off a ring that he always wore and offered it to the Virgin, explaining that it was a ring he had made in jail, and he didn't want to be in prison any more. Although he was literally referring to prison, this patient was actually freeing himself from a more profoundly symbolic prison. That ceremony turned out to be a turning point in his treatment, and illustrates the need for therapists as well as patients to undergo the same treatment with plants, in order to cultivate a shared awareness of this vital symbolic dimension.

Once every three to four months, patients go through an eight-day retreat in the jungle, known as a *dieta*. This *dieta* or diet, involves eight days alone in a *tambo* (small bamboo cabin), receiving a daily portion of rice and boiled green bananas for sustenance, limited visits from the healer and therapist, as well as a daily dosage of a specific medicinal plant. This medicinal plant, also known as the teacher plant or *planta maestra*, is chosen to best suit the patient's needs at this point in their treatment, based upon the advice of their therapist. Ajo Sacha (*Mansoa alliacea*), for example, is a plant that, on a physical level addresses problems of discomfort, general pain, and heat. On a psychological level, it reinforces physical strength and will power. It teaches empowerment and self-esteem, as well as capacity for decision-making (Giove 2002: 48). Often overlooked in literature pertaining to traditional Amazonian medicine, these *dietas* have been cited by patients, and therapists alike, to be of more importance in Takiwasi's treatment than the sensationalized ayahuasca alone. The *dietas* are, in fact, vital and complementary to the use of ayahuasca. They provide a contemplative retreat where patients have no choice but to face the issues that have arisen during their treatment, and other issues buried deeper in their subconscious, which are more likely to emerge in this isolated context with the help of the *plantas maestras*.

One of the explicit goals in the Takiwasi program is to provide guided initiatory experiences that inspire patients to live self-actualized, spiritual lives. With that goal in mind, the post-ayahuasca psychotherapeutic sessions are geared towards helping patients integrate, as well as understand, their visionary experiences. For that reason, we encourage the patient to translate and interpret his own unconscious material, in order to empower him with the tools to explore subsequent dreams and visions on his own. We also endeavor to teach patients how to better navigate altered states of consciousness, so that they can continue to learn from appropriate psychoactive experiences once they leave the center. We stress here that these altered states are not exclusively achievable through plant substances, but rather, can be reached through dreams, prayer, meditation, yoga, fasting, etc.

In addition to offering ongoing sessions involving the consumption of ayahuasca and other plant medicines, the center employs a complementary program of psychotherapy, art therapy, group therapy, workshops, and consciousness-raising activities. These post-ayahuasca psychotherapeutic sessions encourage an acceleration of cognitive processes, an amplification of the attention span, and a deepening of mental concentration.

Patients participating in these therapeutic processes frequently experience initiatory reawakenings of their inner souls, which can manifest in the form of dramatic dreams, waking visions, sudden intuitions, and memory flashbacks during ordinary consciousness. The on-going processing of unconscious material tends to reinforce the insights gained during psychotherapeutic sessions and helps facilitate their integration into the

patient's life. For example, patients are also expected, depending upon their condition and abilities, to participate in various therapeutic work projects—crafts, teaching, horticulture, construction, etc.

CONCLUSIONS

Over the course of fifteen plus years now, the Takiwasi model has been tested on hundreds of patients coming from a variety of social and cultural origins. Promisingly, the program seems to work equally well with the local alcoholic, the European college student dependent on pot, the urban bourgeois who functions on cocaine, the dealer addicted to cocaine-based paste, and the delinquent pathological liar who smokes crack. Our experience suggests that, after undergoing a nine-month treatment—which typically includes about twenty ayahuasca sessions—most patients can develop a spiritual foundation that will allow them to find a meaningful path to follow.

Our successes using ayahuasca to help patients at Takiwasi transcend their addictions have convinced me that drug rehabilitation professionals can no longer afford to take a negative stance toward the consumption of psychoactive substances. On the contrary, I contend that we must actively explore and encourage potential therapeutic uses of psychoactive substances in appropriate settings, with adequate tools and guidance, so that they do not lead to dependence. Even more broadly, we must promote the induction of altered states of consciousness through diverse methods (including music, fasting, prayer, meditation, isolation, yoga, dance, physical exercise, and deprivations).

Through the validation of the legitimate aspects of the drug user's quest, and redirecting this quest into a structured, meaningful experience, we have found that we can avoid both the ineffective bellicosity of "everything is forbidden" and the lax defeatism of an "anything goes" attitude. Ayahuasca actively assists in the discovery of personal aptitudes, qualities, and life purpose or vocation through the process of helping the patient to explore his inner universe. By encouraging the patient to explore alternative states of consciousness with respect and careful study, and to return to a true path of initiation, we believe, it is possible to help him rekindle an awareness of, and authentic relationship with the Mystery of Life.

Notes

1. Native Americans on some reservations in North America have been able to significantly reduce the incidence of alcoholism by adopting the ritual use of peyote and tobacco, and by reviving their ancestral spiritual practices (Hodgson, Maggi, 1997).

2. Since dependency on basic paste or pbc (*pasta básica de cocaína*) develops quickly, and supporting the addiction typically pushes the user into a socially marginal existence, pbc addiction has become a serious social problem in Peru.

3. When we started our research, we were shocked to find that out of the more than 500 articles and other resources available on the subject of ayahuasca, less than 10% of the authors had experienced ayahuasca, and among the fifty or so who had, less than ten reported they had attended more than five sessions. As far as we could tell, none had gone through the classic apprenticeship steps of dieting, abstinence, and isolation.

4. Ronald K. Siegel describes animal tendencies to amplify consciousness: "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*" (1989: 11).

5. It is important to note here that there is a world of difference between refined and synthesized drugs as compared to the original plant medicines. When natural psychoactive substances that have served for centuries as effective medicines in Indigenous cultures are transformed into highly addictive poisons within Western urban societies, it is doubly unfortunate. When coca leaves—which have nourished and supported the daily spiritual life of Andean peoples for centuries—were taken out of their traditional context and introduced into secular contexts, it didn't take long before they were chemically transformed into a highly addictive cocaine-based paste. Similarly, poppies and tobacco, once used as natural remedies by Indigenous cultures, have been turned into destructive, addictive poisons within the Western world.

6. Ironically, most Western attempts to utilize synthetic and semi-synthetic entheogenic substances (including LSD, MDMA, and DMT) as psychotherapeutic tools have been administered in secular, clinical settings, without any understanding of the role played by traditional spiritual and symbolic frameworks, and generally without engaging the therapist experientially in the method. Furthermore, some studies have intentionally used invasive methods (injections or IVs) that circumvent the body's natural physiological barriers.

REFERENCES

CHIAPPE, Mario. 1976., El empleo de alucinógenos en la psiquiatría folklórica. *Boletín OPS, N°* 81:2, 176-186.

GIOVE R. (2002). *La liana de los muertos al rescate de la vida* . Ed. Devida, Peru, 182 p.

HODGSON and MAGGI, 1997.

MABIT, Jacques. "Ayahuasca Helps Cure Drug Addiction." translated from the French by Kenneth A. Symington. Original Title "L'ayahuasca au secour des drogués", in: Revue Nouvelles Clés, Nº2, été 1994, pp.45-47, France.

MABIT, J. & IOVE R. & VEGA J. (1996) . Takiwasi : the use of Amazonian Shamanism to rehabilitate drug addicts. In Yearbook of cross-cultural medicine and psychotherapy. Zeitschrift für Ethnomedizin, Verlag für Wissenschaft und Bildung ed. VWB, Berlin Germany, pp.257-285

MABIT J., CAMPOS J. & ARCE J. (1993). Consideraciones acerca del brebaje Ayahuasca y perspectives terapéuticas . *Revista Peruana de Neuropsiquiatría*, tomo LV, Nº2, pp. 118-131, Peru.

SIEGEL, Ronald K. (1989). *Intoxication: Life in Pursuit of Artificial Paradise*. Pocket Books. Simon & Schuster Inc. New York.