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► **To cite this version:**

Piera Talin. Healing with the brew: Ayahuasca's Reconfiguration of "addiction".. Beatriz Caiuby Labate; Clancy Cavnar. Ayahuasca Healing and Science, Springer, pp.137-152, 2021, 978-3-030-55687-7. 10.1007/978-3-030-55688-4_8 . halshs-03350814

HAL Id: halshs-03350814

<https://shs.hal.science/halshs-03350814>

Submitted on 24 Jan 2023

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Chapter 8

Healing with the Brew: Ayahuasca's Reconfiguration of "Addiction"

Piera Talin¹

Abstract: This chapter provides an ethnographically-grounded, qualitative analysis of the experiences of people recovering from substance dependence among Italian and Brazilian chapters of the Santo Daime church and among Brazilian spiritualist communities that make ceremonial use of ayahuasca. It suggests that substances such as ayahuasca are very peculiar pharmacological tools whose value needs to be made sense of within specific ecologies of use and care that are not yet easily comprehensible within the biomedical paradigm. The goal is to reveal how the pharmacology of ayahuasca, its rich semiotic worlds, and the thick relational fabric within which it is used, together, produce a uniquely potent and deeply caring, situated efficacy. The healing presented here emerges out of a loose assemblage of empirical, case-by-case assessments within structured networks of support. This gives the ritual space an iterative and reflexive dimension, thereby enabling a form of care that is attentive to the specificity of different situations and contexts. The chapter concludes with reflections on the conceptual challenges biomedical studies of ayahuasca face in making sense of the complex, dynamic, and amplified efficacy of psychedelic-assisted interventions within an epistemology that presumes a radical distinction between the "pharmaceutical" and the "social." Within such an epistemology, it becomes difficult to account for the specific, situated, and contextual efficacy that healers witness and patients experience. Supporting such a dynamic of care and making it legible within current evidentiary norms—that are standardized according to universal norms—presents a considerable challenge.

Keywords: Ayahuasca, Addiction, Care, Community, Healing Efficacy

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Introduction

In this chapter, I provide an ethnographically grounded, qualitative analysis of the experiences of people recovering from substance dependence with the ritual use of ayahuasca. A range of clinical, biomedical, and ethnographic studies have suggested that the psychoactive Amazonian brew ayahuasca plays a positive role in overcoming a range of mental health issues, such as substance dependence, anxiety, and depression. A growing corpus of biomedical studies—many of them reported in this book—examining the pharmacological effects of ayahuasca seems to give credence to anthropological research that has long recorded its therapeutic uses in traditional settings.

Ayahuasca is a shamanic herbal brew, most commonly composed of the admixture of the native Amazonian *Banisteriopsis caapi* vine and leaves of the *Psychotria viridis* shrub. Over the course of the twentieth century, ayahuasca was integrated into a range of syncretic Christian religious practices, giving rise, in Brazil, to three religions: Santo Daime, União do Vegetal, and Barquinha (Labate & MacRae, 2010). These spread alongside neoshamanic uses, to Latin American urban centers and were subsequently “globalized” (Tupper, 2008). In this process, ayahuasca was translated, so to speak, to fulfill new and distinct objectives, such as therapeutic ones (Labate & Cavnar, 2014). New ceremonialized (Barbira Freedman, 2014) ritual ayahuasca forms emerged, which seek to harness and manage the powerfully evocative, visionary, and emetic experience to a range of therapeutic ends.

The existing literature on ayahuasca and addiction shows that physiological and psychological mechanisms are deeply enmeshed (Bouso & Riba, 2014; Fernández & Fábregas, 2014; Talin & Sanabria, 2017; Thomas, Lucas, Capler, Tupper, & Martin, 2013). I argue that psychedelic substances such as ayahuasca are very peculiar pharmacological tools whose value needs to be made sense of within specific ecologies of use and care that are not

yet easily comprehensible within the biomedical paradigm. When assessing the use of ayahuasca treatments for addiction, the risk is that addiction is taken for granted as primarily a biological problem, and that emphasis is placed mainly on the pharmacological efficacy of ayahuasca. There is, indeed, a lot to know about the pharmacokinetics of ayahuasca and its possible mechanisms of action. However, I argue that these effects can only be rendered fully meaningful within certain settings. My approach thus echoes Mesturini Cappo's (2018), who suggests that we need to view ayahuasca as “entangled,” that is, as inextricably caught up in relations that go beyond the human and beyond any narrowly defined understanding of its agency. Mesturini Cappo reminds us of the colonial and postcolonial rationale at work in efforts to reduce ayahuasca’s efficacy to its biochemical action. My ethnographic data point to some key extra-pharmacological elements that I believe need to be assessed in equal measure to pharmacological mechanisms. I argue that the success of such treatments cannot be reduced to either the pharmacological effect of ayahuasca or the ritual. Indeed, one without the other is very unlikely to be effective at all. My goal in this chapter is to pave some further ground toward accounting for the potent interfusion of these distinct elements. I adopt the term *curar* (to cure or heal) that my informants use to signify a process that involves more than abstinence. This often involves a re-scripting of the past or a transformation of people’s understanding and experience of substance use. Addiction itself, as a category, unraveled in the experience of its healing in the context of ceremonial ayahuasca use.

The healing that I present here emerges out of a loose assemblage of empirical, case-by-case assessments within structured networks of support. This loose assemblage gives the ritual space an iterative and reflexive dimension, thereby enabling a form of care that is attentive to the specificity of different situations and contexts. This contrasts, in my informants’ perspectives and narratives, with the highly structured approaches that

characterize standard addiction-treatment programs. The practices of care and networks of support that are provided in and around the regular ritual practices of ayahuasca religious groups I study do not assume to know addiction in some generalizable way. If anything, they bring about an increased awareness of the specificity of each situation and of each person's particular circumstances.

In studying how ayahuasca healing for substance dependence works, I uncovered some of the normativities that people struggling with substance dependence encountered in mainstream addiction treatment centers. This brings me to think in terms of fluctuations and stabilizations of habit rather than in terms of addiction as irreversible rigid essence (Fraser, 2016).

Methods: Situating My Study

In this chapter, I focus on the recovery trajectories of persons struggling with substance dependence—ranging from alcohol, tobacco, and antidepressants to crack cocaine and heroin—who find support in overcoming their “addiction” in regular ayahuasca churches or spiritual groups (that is, outside of ayahuasca centers that have developed specific protocols dedicated to helping people with substance dependence). There is an important literature on addiction recovery with ayahuasca (Labate & Cavnar, 2014; Loizaga-Velder & Verres, 2014a; Mabit & Martin, 2007; Mercante, 2013; Ramos Gomes, 2016), but much remains to be investigated, particularly as claims about ayahuasca's efficacy in addiction recovery become more mainstream and new experimental practices are developed in Latin America and beyond. I draw on observations and interviews with ritual experts and participants who give or receive support to those with substance dependence histories within the context of ayahuasca ritual practice. These are structured ritual spaces whose purpose and function span well beyond healing. While they are not explicitly promoted as healing spaces,

participants may be drawn to them because they have heard of the therapeutic benefits attributed to ayahuasca.

The multi-sited ethnographic research on which this chapter is based was carried out among Italian and Brazilian chapters of the Santo Daime Church and among urban Brazilian spiritual communities that emerged from, but have broken with, the original ayahuasca religions, groups often referred to as “neoayahuasquero” in the literature. In Italy, I conducted ethnographic research among the two largest Santo Daime groups associated with the ICEFLU, with from 30 to 80 ritual participants, and two smaller ones, with about 20 participants, in northern and central Italy. One of these groups is an established community where people live together and have a dedicated ritual space, while the others are networks of participants who live in different places and meet regularly for the rituals and other activities. Ethnographic work was also conducted in the Céu do Mapiá community in the Brazilian state of Amazonas, one of the largest Santo Daime communities, founded in 1983 by Padrinho Sebastião Mota de Melo. This community of roughly 1000 inhabitants stands apart from the others I studied by its size and isolation. It is in the Purus National Park, a conservation zone, and organized around an ideal of spiritual and ecological community life.

The research was conducted within the context of the European Research Council-funded ChemicalYouth Advanced Grant program (ERC-2012-AdvG-323646). The program adopts research methods from medical anthropology and science and technology studies to explore the lived effects and pragmatic regimes of chemical and pharmaceutical use from the perspective of consumers themselves. This is to say that it approaches substance use from the perspective of user practices rather than discourse. Methodologically, the research draws on in-depth narrative interviews exploring the beliefs and expectations surrounding drug use and practical experimentation, and on ethnographic research using long-term fieldwork and participant observation within ayahuasca communities.

The narratives of people who overcame substance dependence through the ritual use of ayahuasca were collected, recorded, transcribed, and systematically analyzed. In-depth interviews were conducted with ritual experts and with a physician and a psychologist working at a public center for addiction treatment. Finally, in-depth interviews were also conducted with community members responsible for “holding space” during ayahuasca rituals; these individuals spoke about witnessing the recovery processes of people struggling with addiction or about their own recovery.

Based on the rituals I observed, ceremonies involving ayahuasca tend to be performed after dark, and participants are invited to wear white clothing. New participants are introduced to the ritual after preliminary contacts and screening have been carried out with the group’s leadership. Ayahuasca doses are adapted to each person and carefully evaluated on a case-by-case basis. Inside the large *salão* (ritual space), chairs are positioned around a central table on which ritual objects have been carefully positioned, including flowers, candles, and icons. To one side, a table covered with a white cloth is set up, from which the ayahuasca brew or Daime sacrament is served. Designated helpers carefully assist each participant to their place, and “hold the space,” tending to practical matters and helping where needed. The ceremony begins with prayers, songs or hymns that open a *trabalho* (ritual “work”) that will last four to six hours.

The Material-Semiotic Efficacies of Ayahuasca

Pharmaceuticals, drugs, and herbal remedies have pharmacological, or material, properties and effects as well as social and symbolic ones (Barry, 2005; Gomart, 2002; Hardon & Sanabria, 2017; Sanabria, 2016). The two are indissociable. Such substances affect bodies and social identities simultaneously. They are political and pharmacological agents. Anthropological work on drugs has shown that the social setting and cultural and individual

expectations that shape the consumption of a substance deeply shape the substance's pharmacological efficacy. It is, in fact, rather nonsensical, from many traditional and indigenous perspectives, to differentiate the two, as Western science attempts to through randomized clinical trials. For this reason, feminist philosopher Wilson (2015) advocates transcending approaches that focus on either pharmacology or meaning, and other dichotomies that still plague our understandings of pharmaceuticals and drugs.

Indeed, ayahuasca does not function therapeutically in quite the same way as most of the drugs in the Western pharmacopeia are understood to function (and are evaluated). That is to say, it requires a whole system of support to make it efficacious. As Tupper (2008) has shown, contemporary ayahuasca drinking practices are framed by a global drug policy regime predicated on scientific materialism that explains drug efficacy solely by reference to biochemistry and psychopharmacology. While this captures the important psychopharmacological properties of the brew, it misses an equally interesting variety of phenomena. These concern the unique potential of substances such as ayahuasca to catalyze powerful ritual experiences into lasting, durable change. As Loizaga-Velder and Verres (2014) note, this potential is dependent on such experiences being appropriately managed and integrated through trained guidance that helps direct the psychological dynamics that ayahuasca instigates. In what follows, I review the potential of structured ceremony in providing such support, calling attention to the shared meaning that is constructed through collective ritual participation. I do so by drawing on a range of theoretical approaches in social sciences and anthropologies of drugs to explore the interesting zone where meaning and matter, symbolism and substance intermingle and reconfigure habits, experiences, and understandings. A better comprehension and qualification of the events that take shape in this zone of intermingling is key, I suggest, to grasping the complex, potent, ambiguous, and promising therapeutic potential of ayahuasca.

Drawing on Wilson’s insights, I ask about the serotonergic effects of rituals that are afforded to individuals seeking support in their recovery trajectories. This approach invites us to embark on conceptual and empirical work that does not replicate existing distinctions within social studies of healing between mind and body, pharmacology and culture, etc., that do little to elucidate the complex intertwined trajectories of healing.

Drawing on material-semiotic analyses of how drugs are made to matter and rendered efficacious, I consider in what follows how ayahuasca can catalyze cathartic transformations under certain conditions (Menozzi, 2011). The scripting of the experience—the way the effects of ayahuasca can be made to concretize lasting changes under adequate guidance—is a process that challenges existing conceptual vocabularies for the effects of interventions, that, as we have seen, tend to ascribe efficacy to either substance or context. The extensive anthropological literature on the performative efficacy of ritual has examined the role of sound, smell, kinesthesia, and the use of ritual objects in making rituals work

(Calabrese, 2013; Csordas, 1988; Sax, 2004; Tambiah, 1977). This literature points to ways in which bodies and the human sensorium are transformed by ritual participation. The work on psychedelic rituals shows the critical and tangible importance of scripts, such as trip reports (Doyle, 2011) or music (Brabec De Mori, 2012; Kaelen et al., 2015), in shaping and giving form to the experience. Brazilian anthropologist Mercante (2013) writes of addiction curing with ayahuasca as a long process of social reintegration. Ayahuasca rituals enable a “directing” of the effects of the brew; they circumscribe a field of possibilities, containing the experience and providing tools to render it meaningful. This process blends the somatic, symbolic, and collective dimensions of the experience. The layering of effects is what makes such interventions so powerfully cathartic and catalytic for those who experience them.

I suggest that focusing on the ambiguous, dense, material-semiotic space where conceptual distinctions between matter and signification collapse is a necessary step to

complement existing accounts of ayahuasca's efficacy. This allows me to better qualify, alongside social theorists Gomart and Hennion (1999), not "what acts" but rather, "what occurs." Pharmacological type explorations—or "what acts" questions—place agency in the thing, in a causal sequence. By contrast, the emphasis on "what occurs" enables us to focus on what emerges in the unfolding of an event, such as a ceremony. That is, it brings the focus to the space of potentiality between pure agentic subjectivity and pure chemical determination (Gomart & Hennion, 1999). Carlo, one of my informants, reflects on this deep intermingling of the chemical and the ritual in the following interview extract:

In the days after a trabalho [ritual work], it requires much less effort to reduce the methadone; you can halve the methadone dose in a few days. *The stronger the trabalho is, the easier it is.* ... When the work is strong, the ayahuasca has this pharmacological effect and improves your condition.

In this person's experience, the intensity of the ritual directly affects the experience of withdrawal, making it more manageable. The reference to "work," here, suggests that the intensity of the experience is not about the intensity of the dose, but rather of the quality of the ritual experience that the person had.

Francesco, who had a long career as a drug user and as a successful musician, described his first experience of ayahuasca. He uses terms that mingle the biological and the symbolic, a description perhaps shaped by his religious background:

I was asked to try not to take drugs for at least twelve hours before the ceremony. I was in the train with my heart beating, the withdrawal symptoms beginning, emotions, nervousness. This is what the "medicine of the forest" [ayahuasca] found when it came into my body. I was sweating and shaking. They put me in the shower, they gave me a pair of white pants. I sat there with all my prejudices: "Who are these people?" Then I let myself go, I said, "okay, let's try." After fifteen minutes, I see this

strange light in the center of the table, after twenty minutes it became a lighthouse and then the rest is something completely indescribable. The incredible result is that since that day, almost five years ago, I have only taken two painkillers for back pain. No other drugs whatsoever. ... The strongest feeling I can describe is that I didn't understand anything, but it was like being washed from the inside with Christ's tears. I say it in the religious sense. Like transparent water, or blood, or something that cleanses. I felt sanded from the inside. In fact, in my opinion it reset my body and capacity to feel, so much that it simply cancelled the craving. ... The Daime reset all my sensations, it washed and cleaned the receptors from all the substances I abused. ... The Daime completely erases the desire of the body and the mind. The body doesn't want it [heroin] anymore. Even when I felt the desire, the idea, then I felt a sensation of nausea, a poisoning. Then, in the following months, there isn't only the physical care or social re-education, there is also a resolution of the deepest suffering, the questions of life, which are the ones that you carry forever.

Many of the people I had the opportunity to speak with about how partaking in ayahuasca ceremonies helped them overcome long struggles with substance dependence relayed similar instances of ineffability in attempting to capture "what occurs": the efficacy of the ritual blends both materiality and potent symbolism.

A further aspect of this material-semiotic dimension of the efficacy of ayahuasca ceremonies concerns the question of purging. The term *limpeza* (purge or cleanse) used in the ayahuasca rituals I studied collapses the material and symbolic domains. Wagner, who has been officiating ayahuasca ceremonies within the Santo Daime tradition for several decades, explains purging as a deeply psychosomatic process: "people are expelling attachments, behaviors or negative emotions through the catharsis of the body." Marco is 45 years old and

began using cocaine and heroin at the age of 22. After several attempts, he realized he could not stop, and began using methadone until 2007, when he had his first experience with Daime and stopped using drugs altogether:

At that time, I used to take methadone in syrup. I was very intoxicated and very ill.

This session took place over two days. The first day was a real ordeal, I felt that I had to throw up, but I couldn't and so I was in this limbo. I had no revelations, it was just suffering, and after the first day, I wanted to go home. "If you stay, you might have a chance of opening to something new. If you leave, you know exactly what will happen." someone told me. So, I stayed. The next day, the ayahuasca was much more gentle with me and I was able to purge.

I threw up things that I never saw again, they were like black snakes or worms. I had the feeling I was vomiting something psychic or spiritual. There was this material support, but it was connected to something else. I don't know exactly what happened, but in the days after, I was deeply relieved. It was as if a black cloak that enveloped me and all my perceptions was suddenly removed, and so many new things could receive light. Suddenly, this cloak had been removed and I could breathe.

This cleansing process can take different forms, include the catharsis brought about by the flow of tears. For example, Antonia explains: "I didn't have visions and I didn't vomit. Instead, I started crying thankful tears. For a person overburdened with guilt, it was an extraordinary event." Francesco explains that ayahuasca helped him gain a clearer experience of his body: "What I can eat, or not. I received from my use of Daime a method of caring for my body. Daime cleans." Roberto, a long-term heroin user who was in and out of addiction treatment centers for many years, reports that, while the congregation was singing, at the height of a ritual, he had a vision of himself journeying at great speed inside a tunnel:

I had often asked myself how the twenty years of drug use had modified my physical and mental conditions. How would I be if I had not taken so many drugs? While they were singing, I felt a turmoil inside myself. I felt like my fifteen-year-old self again. I entered a tunnel and no longer felt my body. In the tunnel, I began to smell all the scents, to feel all the effects and taste all the drugs I ever used. I tasted everything, all the heroin and all the cocaine. Heroin, as it was when I started, is not the same as today's heroin. In all this time heroin, and its quality, changed many times, it was grey, then beige, then yellowish, then white. I felt the effect of each change. This experience was so strong for me. When the effects of the vision faded, I felt like a young boy again with the *joie de vivre* of a young boy. I was happy in my heart and I began to smile. I entered the ritual depressed and came out very happy. I felt better and my eyes were shining. Ayahuasca had wiped everything clean and I felt like a new person, just as if I had never used drugs in my soul, in my body, in the wholeness of myself.

A few days later, he had a relapse and took heroin again. Doing so, however, did not lead him back down the same process of addiction. He explains that this relapse experience enabled him to realize that he did not have the same attachment to heroin: "I needed to understand how disgusting heroin is. I experienced the clear difference between dirty and clean, and realized that I didn't want heroin anymore."

Wilson (2015) notes that 95 percent of the body's serotonin is found in the neural networks that innervate the gut (Wilson, 2015, p. 66). Perhaps it is not surprising, then, that the gut, through the central practice of purging evoked above, is so involved in ayahuasca experiences that pharmacological studies consistently associate it with the serotonergic mesolimbic pathways. Her analysis of the somatic entanglement of affects reminds us that these are always heavily modulated by social, suggestive, spatial, placebo, material, cultural,

symbolic, and semiotic events. This imbrication of the mental and enterological upends distinctions between the gut and mood, between vomiting and emotion: “The vicissitudes of ingestion and vomiting are complex thinking enacted organically” (Wilson, 2015, p. 63). This invites us—in keeping with the narratives of people who undertake the perilous and dedicated trabalho (work) of healing within ayahuasca ceremonial contexts—to deeply question the categories with which we come to understand both dis-ease and healing.

Ayahuasca Reconfigures Addiction, and Our Understandings of it

Much of the literature on ayahuasca treatment for addiction does not critically engage with the notion of addiction itself, taking it relatively for granted. This can be understood as a strategic requirement for ascertaining the validity of this treatment modality within biomedical frameworks and conceptualizations of addiction. Yet, as social theories of addiction have shown, addiction is a complex, enmeshed, and biosocial process that cannot be reduced to a simple medical fact (Garriott & Raikhel, 2015). There are many addictions (Campbell & Lovell, 2012; Netherland & Hansen, 2017). In my ethnography, which took place entirely outside of specialized addiction treatment centers, I seldom encountered the term “addiction.” People spoke of healing problems of *dependência* (being dependent), which had less reductionist connotations than terms such as “*vicio*” (literally, vice) or addiction. Drawing on their narratives, I aim to pave further ground beyond “denaturalizing” addiction as a disease (Raikhel & Garriott, 2013). My suggestion is that ayahuasca reconfigures the very meaning and experience of addiction. The people I encountered had for the most part undergone standard addiction treatments, which they often experienced as highly normative and, at times, coercive. They spoke of these standard treatments as providing tools to manage, rather than recover from, their addictive habits or “patterns,” as some referred to them.

Because ayahuasca has a potent pharmacological action, there is a risk of overstating its psychopharmaceutical efficacy. Yet ayahuasca is no magic bullet. In fact, what is interesting about substances such as ayahuasca is that they explicitly challenge the magic-bullet rationale in biomedicine. Magic bullets are targeted therapeutic agents understood to cure the cause of illness by intervening at the point of pathogenesis. Yet the restoration of wellness often defies, complexifies, and troubles such causal understandings of health-making.

What is clear in my informants' narratives is that the substance does not bring about healing alone. The ritual in which it is rendered therapeutic is integral to its effect. For example, Francesco had previously used peyote, which is also known to be effective in treating addiction (Calabrese, 2013), but doing so had not brought about recovery from his heroin addiction. He explained this was because: "I used it as a drug," that is, without therapeutic intention. What my findings make clear is that it takes more than drinking ayahuasca for durable changes to take place. While ayahuasca may, pharmacologically speaking, facilitate such changes, these are rendered effective in the longer term within certain contexts and collective structures that enable a reconfiguration of one's self understanding and insights into one's addictive patterns. Marco spoke of such patterns as "loops":

Methadone was part of the loop. For two to three months, I used to smoke heroin, then take methadone. Psychologically and spiritually the deeper issues were never addressed. The roots of the problem were still there. It was always a matter of time, an opportunity to restart the loop. I have done fifteen or twenty of these loops, each lasting from two to four months, with more or less the same characteristics. I always felt wrong in what I was doing. That it wasn't right. ... With ayahuasca, I had this view from the top. I saw how everything was part of the loop of addiction. ... The

Daime showed me how these forces of addiction act. I talk about it as if they are conscious, because that's how I perceive them. These forces aren't interested so much in the substance, but to what we bring out when we are addicted to something. If you take away their support, they find other supports, and in the world in which we live now, there can be so many different supports. People who haven't had problems with substances are dependent on a lot of other things, unaware that these things are a support for these forces of addiction to act in them. These destructive effects may not be as striking as with heroin, perhaps. But addiction can prove harmful in many more ways.

I had the opportunity to meet again with Roberto and Carlo, two interviewees, several months after their first extended interview. The collective discussion took place during a Santo Daime event and included a psychiatrist who had earlier treated Roberto in a residential addiction treatment center in Italy. The doctor qualified methadone as "a wonderful medicine that corrects the abstinence from heroin" but recognized that it that was also highly addictive, making it, in her words, more "insidious" than heroin. Reflecting on Roberto's experience, and his many relapses, she recognized that the clinic's approach had not worked for him. Given what a difficult case he had been, she stated that she was stunned by how effective ayahuasca had been in his recovery process. Roberto replied:

I tried to decrease the methadone. The clinic's prescription was 140mg of methadone for several years, and then maybe I could decrease it to 80. For the clinic, there was no problem in taking methadone for the rest of my life. But methadone is as much an enslavement as any heroin addiction. I could not abide by the rules of the residential program because they detracted [sic] me from my will to recover. In the residential program you can't do what you want. They are always controlling you, everywhere, even in the bedrooms. The Santo Daime community where I lived for some time is

not a community for addiction treatment, with gates and closed doors, doors with no handles, to stop people getting out at night. There are no prohibitions on meeting with others. The clinic is like a prison. Yes, you choose to go into a residential program, but often it isn't really a choice, because when you arrive, you've hit rock bottom, you are forced to go to such a place. In the Daime community, the rules are self-imposed by the community members. There is a lot of freedom, and I thrived in that freedom. It is a healthy place. It's only 15km from a big city with one of Italy's largest drug markets, and I never once went there to buy cocaine or heroin. I didn't feel the need nor the desire for the drugs. It was fully my choice to be there. I think that is essential for the quality of recovery.

The people I encountered in my research often had come to ayahuasca rituals after unsuccessful attempts to recover through outpatient clinics or psychiatric residential centers. Most of my interviewees felt out of place in such centers, where they felt stigmatized as socially dysfunctional "junkies." One of my informants joked that in the center through which he had regularly transited, he was told he was an "atypical addict," highlighting the implicit normative construct the institution holds of a "normal" addict. Further, my informants noted that such institutions tend to normalize certain kinds of drugs over others. While they navigated through their recoveries using ayahuasca to titrate off their substitution treatments, for example, they were told that ayahuasca was a "drug" while, at the same time, being prescribed heavy doses of methadone or psychiatric medications that several interviewees highlighted as deeply paradoxical.

Caring for Specificity

For the people I encountered, feeling part of a community is a key aspect of the healing experience. This is consistent with the literature that has shown that regular church

attendance has a positive impact on health. For example, studies have found that weekly church attendance can add up to three years to one's life (Hall, 2006), and that religious observance stimulates immunity and is associated with lower blood pressure (Koenig & Cohen, 2002; Woods et al., 1999). These effects may be the product of an increase in supportive social relationships, to exposure to a context favoring healthy behaviors, and to the cultivation of a sense of meaning and coherence. Luhrmann (2013) has argued that the experience of a positive interaction with the supernatural is good for people and may be at the heart of what gives religion health-boosting properties.

This brings us to the final section of this chapter, in which I examine the potential of fluid and adaptable ritual forms as unique forms of caregiving. There is a phenomenal variety of patterns according to which people use drugs and sometimes develop problems (Weinberg, 2013). Yet, what transpires from my informants' narratives is that addiction treatment institutions are rarely able to attend to the specificities of people's particular drug use predicaments. In contrast, there are tailored and dynamic care practices in the spaces where ayahuasca is ritually used. I provide a brief ethnographic description of these practices to shed light on their potential therapeutic importance.

During the ritual process itself, there are highly structured forms of caregiving in which dedicated helpers are responsible for attending to the possible needs of participants. They are specially trained to provide non-invasive supervision of the experience to allow each participant to safely experience his or her cathartic process. Their role is characterized by minimal physical and verbal contact, but they remain at hand to help should it be needed (such as providing a place to rest, some water, a tissue, or a place to purge). Ritual leaders pay great attention to how such care is provided, so that it is neither intrusive nor neglectful. For many of the people I interviewed, the experience of partaking in a collective process of this nature, of receiving this kind of non-directive care, was, in and of itself, deeply

transformative. The conducting of the ritual—particularly in emergent practices such as those that break with the highly formalized ayahuasca religions—is iterative, as ritual leaders are highly attuned to what is happening in the congregation, and can adapt and respond accordingly. For example, if someone has a difficult experience during a ritual, a specific hymn may be “activated.” As one ritual leader explained, hymns have “vibrational influences that connect people with their own powerful mechanism of self-healing.” While rituals are highly structured, there is also space to adjust to what is unfolding.

This brings us to reflect on what “good care” could mean in the treatment of addiction. Mol, Moser, and Pols (2010, p. 14) define good care as a “persistent tinkering in a world full of complex ambivalence and shifting tensions.” Their point is that care is fundamentally contextual. The theoretical concern with care is itself a method; it requires a sustained detailed ethnographic attention to the subtleties of caring. Such practices are necessarily local, responsive, and heterogeneous, bringing together complexities and frictions that resist universal principles. The practice-based approach advocated by Mol and colleagues emphasizes the reflexive and experimental nature of care that involves “persistent tinkering,” making care a perpetual endeavor, one that is never finished and always in the making. Such tinkering blurs the boundaries of the objects configured through care. It is my suggestion that the tinkering that operates in ayahuasca rituals reconfigures (for the people experiencing healing) the notion and contours of what addiction is. I argue that it is precisely by making these normative contours unstable, by caring differently, that such ayahuasca rituals can come to be experienced as effective.

The community of Mapiá has a long experience addressing substance dependence or *vicio* as people in this context usually refer to problematic uses of drugs and alcohol. Also, for this reason, in 2002, Spanish psychiatrist Josep Maria Fabregas established an ayahuasca addiction treatment center close to Mapiá from which many collaborations were established

(Fernández & Fábregas, 2014). The program of the clinic was based on different forms of psychotherapy and the participation of the patients to the Santo Daime rituals. The clinic has been closed for several years but Céu do Mapiá still draws people with complex substance dependence trajectories for healing.

In Mapiá, there are different places dedicated to healing, including the Santa Casa Padrinho Manoel Corrente. At the Santa Casa, patients are attended to with a variety of herbal medicines, acupuncture, and physical therapy. The center provides overnight monitoring of patients as well as healing “works” with ayahuasca. It provides different forms of support: a person may be housed in the Santa Casa itself or in a neighboring home through informal arrangements loosely overseen by the ritual leaders, an example of affinities that may arise between different elements. When payment is not an option, a person contributes to the upkeep and development of the home or space with their time and labor, which is understood to be an integral part of recovery. For example, Renato, who was recovering from crack addiction, had been hosted in a little house next to the Santa Casa where he took care of the garden. He developed close bonds with one of the older families, oscillating between living in this family house and returning to the little house next to the Santa Casa: “I live here, I live there, it depends. People here give me freedom to be in peace.” What I wish to emphasize with these brief ethnographic descriptions is that there is no *a priori* spatial or social differentiation between people in recovery, people passing through, and people living in the community permanently.

In the more than 30 years since its foundation, the community of Céu do Mapiá has experienced several important changes. Some of the changes reported by the population of the community include when the first television arrived after more than ten years, when the founder Padrinho Sebastião Mota de Melo died, when the quality of life significantly increased with the diffusion of the Santo Daime in the rest of the world, and when the growth

of the population started to include new inhabitants not following the religion and its intense calendar. Along the years, the presence of addiction, and people in search of healing also shaped the nature of Mapiá. Each specific situation and person that found their way to Mapiá participated in shaping the way the community and the ritual leaders attending to the work of healing approached the problem and tinkered with the creation of different responses.

The community itself is undergoing a profound generational transition, as youth turn away from the doctrine and experiment with alcohol and drugs. In 2009, a new *terreiro* was opened with a specific focus on supporting young people who are “abusing” alcohol, as the terreiro leader referred to it. His narrative blends references to the “spirits,” or traces of past conflicts, of the indigenous people who were killed on the land, and of the importance of the structure that is provided by the ritual calendar and behavioral prescriptions of the Santo Daime.

Elsewhere, I have argued that a sense of belonging is generated through the collective labor of preparing and participating in ritual, and this, together with the sharing of ayahuasca, works to produce a sense of “spiritual kinship” (2013). Among ayahuasca congregations, the community is often referred to with the kinship term *irmandade* (brotherhood), evocative of the intimate nature of the ties and mutual obligations created in such contexts. In this chapter, I wish to highlight the fact that “community” is not limited to humans, but includes a broader ecology of beings (De la Cadena, 2015). This lively web of beings is not one that has undergone the totalizing erasures of colonial ecologies, as Myers (2017) eloquently puts it. Plants, animals and their spirits, and the spirits that live in the landscape and forest, are part of this broadly conceived community. Doyle (2011) coined the term “ecodelic” to refer to a signature aspect of psychedelic experiences, namely their capacity to bring about an understanding that we are all part of a “densely interconnected ecosystem.” (p. 20).

This experience is particularly strong in Brazil, where the rituals I observed were on the outskirts of cities, in spaces privileging a relationship to natural features such as the beach, or vegetation groves. For many people who travel to Mapiá, the immersion in this Amazonian landscape is a key feature of their therapeutic journey. Within the Santo Daime doctrine, the brew is considered a sentient being in addition to the trees, flowers, animals, birds, insects, wind, water, and sky. The fact that the brew comes from the Amazonian forest is not incidental for many of those who experience it there, and its efficacy derives from the everyday practices and activities in this ecological web where it is grown, harvested, and consumed. For example, Alfonso says: “I drink the brew on the edge of the *igarapé* to observe a snake, to listen to the jaguar in the woods. I become enchanted and am taken to places that do not exist on this earth, only in ayahuasca, with this song of the jaguar and the monkeys, the birds, to travel to the other world. I have a strong connection to the eagles here.”

Feliciano grew up in a Latin American capital and began using alcohol and cocaine when he was young. He first encountered the Santo Daime in his home city, and found the experience helpful in managing his cocaine addiction. He traveled to Brazil and made a first visit to Mapiá. But, returning to his home city, found he re-engaged with his addictive patterns. Eventually, he moved to Mapiá, where he helps others who are struggling with addiction. In his narrative, life in the city, especially for the poor and more vulnerable, is violent and alienating, disconnected from nature. He speaks of the community of Mapiá as a refuge, not just from drugs, but from the intensity of urban life that can lead to drugs. This community, founded on an ideal of sustainability, a simpler pace, and a direct contact with the means of existence, gives meaning and support to his life.

Conclusion

Fraser (2016) argues that addiction experts generally do not conceive of addiction as a unitary disease that can be addressed by narrowly conceived medical responses; nevertheless, such ideas endure and continue to garner support in the absence of strategic alternatives. She suggests that, among many addiction service providers, “there is little faith in addiction as a unitary coherent phenomenon that can be readily addressed by dedicated narrowly conceived responses, yet this idea continues to be promulgated because strategic alternatives are absent. *From where might these alternatives emerge?*” (2016, p. 14 emphasis added). My goal has been to highlight an alternative approach to addiction that is based on a radically different understanding of the therapeutic substances’ efficacy and which reconfigures understandings and experiences of “addiction.”

I pointed to the conceptual challenges biomedical studies of ayahuasca face in making sense of the complex, dynamic, and amplified efficacy of psychedelic-assisted interventions within an epistemology that presumes a radical distinction between the “pharmaceutical” and the “social.” Within such an epistemology, it becomes difficult to account for the specific, situated, and contextual efficacy that healers witness and patients experience. In presenting the situated, specific, and iterative dimensions of care practiced in ritual settings, my aim is to show that standardization according to universal or externally determined norms can inhibit the potential of such rituals to respond dynamically to what a situation requires. Supporting such a dynamic of care and making it legible within current evidentiary norms presents a considerable challenge. It invites us to collectively move beyond a discussion about whether psychedelic-assisted interventions are effective in the treatment of addiction, and to ask instead for whom and under what conditions they can be.

The ritual uses of ayahuasca to heal addiction that I studied are based on practices of care enacted during the ayahuasca rituals that extend into everyday life via the dense networks that connect people within the communities organized around the ritual use of

ayahuasca. Here, I want to suggest that this social component of ayahuasca ritual experience is fundamental to understand its healing efficacy. Hence, to return to Fraser's important question, the alternative I have presented is not simply one based on the pharmacological properties of ayahuasca, but on the *ritual* use of ayahuasca which gives the substance its social, temporal, affective, and existential qualities. In this sense, ayahuasca ritual use for addiction healing is more than the treatment of illness. It consists in the active participation and building of different habits in a person's world. Such healing trajectories are based on dynamic and situated forms of care and space holding, whose aims are, in a sense, much broader than overcoming addictive patterns, seeking instead to support people in giving meaning to their lives. What is noteworthy is the way such groups adapt and respond to the specificities of people's recovery trajectories. Thus, while methadone substitution treatments are not common in Brazil, in the European context, people are experimenting with different means of gradually coming off methadone, with the ritual use of ayahuasca as a further step in their recovery process.

Acknowledgements: I am particularly grateful to those who shared their stories with me and to Emilia Sanabria for the inestimable collaboration and support until the final stage of this chapter. Thanks also to Anita Hardon, Bia Labate, Mariana Rios and Emily Yates-Doerr for their precious feedback on earlier versions of this chapter. This research was made possible by generous support from the ERC Starting Grant n°757589 "Healing Encounters" based at CERMES3 (Université de Paris, EHESS, CNRS).

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