



Research paper

Ayahuasca's entwined efficacy: An ethnographic study of ritual healing from 'addiction'

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ABSTRACT

Background: A range of studies has demonstrated the efficacy of the psychoactive Amazonian brew ayahuasca in addressing substance addiction. These have revealed that physiological and psychological mechanisms are deeply enmeshed. This article focuses on how interactive ritual contexts support the healing effort. The study of psychedelic-assisted treatments for addiction has much to gain from ethnographic analyses of healing experiences within the particular ecologies of use and care, where these interventions are rendered efficacious.

Methods: This is an ethnographically grounded, qualitative analysis of addiction–recovery experiences within ayahuasca rituals. It draws on long-term fieldwork and participant observation in ayahuasca communities, and in-depth, semi-structured interviews of participants with histories of substance misuse.

Results: Ayahuasca's efficacy in the treatment of addiction blends somatic, symbolic and collective dimensions. The layering of these effects, and the direction given to them through ritual, circumscribes the experience and provides tools to render it meaningful. Prevailing modes of evaluation are ill suited to account for the particular material and semiotic efficacy of complex interventions such as ayahuasca healing for addiction. The article argues that practices of care characteristic of the ritual spaces in which ayahuasca is collectively consumed, play a key therapeutic role.

Conclusion: The ritual use of ayahuasca stands in strong contrast to hegemonic understandings of addiction, paving new ground between the overstated difference between community and pharmacological interventions. The article concludes that fluid, adaptable forms of caregiving play a key role in the success of addiction recovery and that feeling part of a community has an important therapeutic potential.

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Introduction

Clinical, biomedical and ethnographic studies suggest that the psychoactive Amazonian brew ayahuasca may be of promise in addressing substance dependence and other mental health issues such as anxiety or depression. Although, to date, no randomized controlled trial has ascertained efficacy against a placebo, a growing corpus of biomedical studies examining the pharmacological effects of ayahuasca, gives some credence to anthropological research that has long recorded its therapeutic uses in traditional settings. This raises an interesting question concerning the ability of existing biomedical approaches to fully understand

the complexity of its therapeutic effects (Labate, dos Santos, Anderson, Mercante, & Barbosa, 2010; Tupper & Labate, 2014). In this article we contribute to this discussion by providing an ethnographically grounded, qualitative analysis of the experiences of people recovering from substance dependence with the ritual use of ayahuasca.

Ayahuasca is an herbal brew, most commonly comprising of a mix of the native Amazonian *Banisteriopsis caapi* vine and leaves of the *Psychotria viridis* shrub. It is widely used in an array of shamanic ritual and healing practices in the Western Amazon. Over the course of the twentieth century, ayahuasca was integrated into a range of syncretic Christian, Spiritist and Afro-descendent 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 centres and were subsequently 'globalized' (Tupper, 2008).

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In this process, ayahuasca was transformed, so to speak, to fulfil new and distinct therapeutic objectives (Labate & Cavnar, 2014a, 2014b). New ceremonialized (Barbira Freedman, 2014) ritual ayahuasca forms emerged, which sought to harness and manage the powerfully evocative, visionary and emetic experience to a range of therapeutic ends. This article critically examines the biomedical concept of addiction in relation to the way these ayahuasca healing practices take shape in structured, interactive ritual contexts.

The existing literature on ayahuasca and addiction shows that physiological and psychological mechanisms are deeply enmeshed. Our argument is that we need to add to this important body of work, a sustained and detailed ethnographic analysis of people's experience of addiction healing in therapeutic and ritual contexts where ayahuasca is rendered efficacious. We 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. Our review of biomedical accounts of ayahuasca and psychedelic treatments of addiction, points to a zone of encounter or 'cleavage' between neuroscience and cultural critique (Wilson, 2015). 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, we argue that these effects can only be rendered fully meaningful within certain settings. Our ethnographic data point to some key extra-pharmacological elements that we believe need to be assessed in equal measure to pharmacological mechanisms. We argue that the efficacy 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. Our goal is to pave some further ground towards accounting for the potent interfusion of these distinct elements.

Addiction, and addiction recovery, cannot be taken as simple medical facts (Garriott & Raikhel, 2015). Addiction therapeutics typically frame rehabilitation and recovery in terms of managing addiction, rather than 'curing' or overcoming it (Raikhel & Garriott, 2013, p. 25). Terms such as rehabilitation or recovery lack specificity, blurring different understandings and goals of addiction therapeutics (Kaskutas et al., 2014). They assume a somewhat linear trajectory out of addiction. We present ethnographic research examining people's healing experiences, that is, their attempts to heal substance use that they see as problematic. We use the term '*curar*' (to cure or heal) to signify a process that involves more than abstinence. It may, for example, involve a re-scripting of the past or a radical transformation of people's understanding and experience of substance use.

Methods: situating our study

We focus on the recovery trajectories of people diagnosed as 'addicted' who find support within regular ayahuasca churches or spiritual groups. Most of the literature on ayahuasca treatment for addiction draws on studies in dedicated treatment centres or using healing protocols specifically adapted to people with substance dependence (Labate & Cavnar, 2014a; Labate et al., 2010; Loizaga-Velder & Verres, 2014; Mabit & Martin, 2007; Thomas, Lucas, Capler, Tupper, & Martin, 2013). With few exceptions, such studies do not provide ethnographic, qualitative analyses of people's processes of *cura*. We draw on observations and interviews with ritual experts and participants who give or receive support within the context of ayahuasca ritual practice. These are structured ritual spaces whose purpose and function span well beyond healing (see

Labate and Cavnar (2014b), Labate and Jungaberle (2011) and Labate and Macrae (2010)). 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 multisited ethnographic research on which this article is based was carried out among Italian chapters of the Santo Daime church and among urban Brazilian spiritual communities that emerged from, but have broken with, the original ayahuasca religions. The research was conducted within the context of the European Research Council-funded ChemicalYouth Advanced Grant program (ERC-2012-AdvG-323646). The program utilizes research methods from medical anthropology and science and technology studies to explore the lived effects and pragmatic regimes of use of chemical and pharmaceutical use from the perspective of users themselves. 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 with ayahuasca communities.

The bulk of the research was conducted in 2015, using semi-structured, in-depth interviews and participant observation of ayahuasca rituals in Italy and Brazil where the ritual use of ayahuasca is not illegal (Labate & Feeney, 2012; Menozzi, 2011). The narratives of seven Italian people who overcame substance dependence (on heroin, cocaine, crack, methadone, alcohol, tobacco and antidepressants) through the ritual use of Daime (the name given to ayahuasca in the Santo Daime church) were collected, recorded, transcribed and systematically analysed. In-depth interviews were conducted with ritual experts, and with a physician and a psychologist working at a public centre 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. Research was also informed by participation in community events outside ritual time (collective meals, formal and informal gatherings, and partaking in the daily activities of people who work with ayahuasca and who, in some cases, are longstanding acquaintances). Our analysis further draws on scientific and policy documents pertaining to the therapeutic potential of ayahuasca.

Based on the rituals we 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 contact and screening have been carried out by the group's leadership. A person wishing to participate is asked to not use any drugs for several days before the session (including not using methadone if the person is struggling with opioid addiction). Ayahuasca doses are adapted to suit 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 assist each participant to their place, and 'hold the space', tending to practical matters and providing assistance where needed. The ritual begins with prayers, songs or hymns that open a *trabalho* (ritual 'work') which will last four to six hours.

The healing that we present 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. This contrasts, in our informants' perspectives and narratives, with the highly structured approaches that characterize standard

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