

## The Alternative of Indigenous Knowledge to the Therapeutic “All or Nothing”

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### Abstract

Ancestral medicines respond to the clumsiness with which Western peoples induct altered states of consciousness with a highly sophisticated practical knowledge, according to which not only is the controlled induction of non-ordinary states of consciousness not harmful but it may even confront the modern phenomena of drug-addiction. From his clinical experience in the High Peruvian Amazonian forest, the author describes the therapeutic benefits of the wise use of medicinal plants, including non-addictive ones with psychoactive effects such as the famous Ayahuasca vine. The elaboration, within an institutional structure, of a therapeutic system combining indigenous practices with contemporary psychotherapy yields highly encouraging result (positive in 2/3 of the patients), pointing beyond the cultural context that produces drug-addictions and therapies. This invites us to reconsider the conventional approaches towards the universal notion of initiation. Forgotten in the West, this archetype seems to resonate with the drug-addict's spiritual journey.

### The Backwards Approach

After having held to the strict position that the final objective of drug-addiction therapy was complete abstinence, the Western world, in response to failures and limitations, has begun to consider the possibility of merely reducing risks. The notions of substitution and prevention indicate a certain tolerance towards altered states of consciousness. Seen as, in a certain sense, “inevitable,” one would now be satisfied with limiting their negative secondary effects. In the face of a Puritanism resigned to an almost constant failure this new attitude opens a new space, indicating a possible way out of drug-addiction. It now seems thinkable that drug-addiction is an attempt, certainly clumsy and sometimes extremely dangerous, of self-treatment by self-medication, responding to a real need to escape the constricting mud of a dry and devitalized lifestyle, lacking exciting perspectives on life or room to blossom.

Some dare to push both reflection and action a bit farther, proposing, for example, to ravers that they know what they consume, the risks that they run, and the best way to avoid the negative consequences of their conduct<sup>2</sup>. That is to say that the drug-user is considered a thinking and consenting subject and invited to take responsibility for his actions. The “repressive machine” that tends to substitute itself for the subject, making him decisions, revoking his responsibility, and, in the end, reinforcing an internal pattern of dependence, gives way to an

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<sup>2</sup> Research-action-prevention, new drugs, new uses. Ecstasy, L.S.D. and dance-pills, a study of practices of intoxication and risk-taking in raves, multi-centered study of Paris and the PACA Region, experimental practices and risk-prevention, Doctors of the World, Paris, 1997.

approach which appeals to the intelligence of the user and accepts the authenticity of his quest, even if it is often unconscious, for a true liberty that is often confused with caprice.

A fundamental turn-around occurs when some recognize, in this halting and generally disorderly pursuit, answers to barely formulated existential questions and processes similar to those utilized by a number of traditional peoples (Sueur, Benezech, Deniau, Lebeau, Zizkind, 1999). In fact, one finds the induction of altered consciousness towards initiatic and therapeutic ends in all traditions. Such experiences, always guided by a ritual frame, often depend upon a fine understanding of the animal and vegetable substances that serve as their catalysts. One may also affirm that, often, the same substances that serve as the "remedy" in indigenous cultures are the "poison" in Western society. Hence the cocoa, which structures and illumines the Andean world without mishap, becomes a highly addictive cocaine-based paste when taken out of context. Similarly, cannabis, poppy, and tobacco may generate either remedy or poison according to their mode of consumption and their context of ingestion.

It is necessary to add to the study the fact that biologists observe that all animal species without exception consume natural psychoactive substances with great avidity when possible (Siegel, Ronald, 1990). In fact, Siegel considers this conduct a fourth instinctual instance of animal biology, as if life tended spontaneously towards a broadening of perceptions and a concomitant amplification of consciousness. It becomes difficult, then, to extract man from this vast biological movement that embraces all animal life.

### **Indigenous Knowledge**

Our observations of the field, particularly in the Peruvian Amazon, yields a supplementary fact: not only do the natural psychoactive substances utilized by indigenous peoples not generate dependence, but they are utilized to treat the modern phenomenon of drug-addiction. This means that the concept of toxicity suddenly reverses and that the Western obsession for "substances" (drugs) is displaced or, in any case, expands towards the concept of the field (the subject), and the taking into account of context (ritualized or not). For, psychoactive substances may be a treatment for "drug-addicts," a fact that still seems paradoxical or impossible even to the specialists in question. And yet, the facts are there.

This phenomenon also works for ethnic groups strongly affected by substances such as alcohol, which represents for them, inversely, an imported product removed from its context. Hence, the healers of the Peruvian coast treat their alcoholics through the ritual use of the mescaline cactus with a high rate of success (around 60%, 5 years back) (Chiappe, Mario, 1976). The Native North Americans reduce considerably and quite rapidly the incidence of alcoholism in their reserves by reviving their ancestral practices, including the ritual use of peyote and tobacco (Hodgson, Maggi, 1997).

The ritualization of induced modifications of consciousness, with or without substances, establishes a universal symbolic frame within which these experiences acquire significance by allowing the individual symbolic to inscribe itself within a model of cultural integration. In ethnic groups, then, such experiences frequently accompany rites of passage, particularly at adolescence, permitting the youth's appropriation of the discourse, images, and myths generated and proposed by his community. It is evident that the fundamental lack of cultural consensus in our fragmented postmodern society, the desacralization of the lived interior and exterior, and the disappearance of all authentic rites of passage leave void the space for the integration of experiences of altered consciousness. In other words, the drug-user sets off randomly with neither compass nor map, often finishing badly.

These considerations lead to the following conclusion: not only must we no longer take a position of passive tolerance, out of either spite or permissiveness, toward an inevitable consumption of psychoactive substances, but, on the contrary, we must place ourselves in an active attitude of exploration towards the coherent therapeutic use of psychoactive substances without effects of dependence. Even more broadly, we must be open to every induction of altered states of consciousness through diverse methods (music, dance, fasting, isolation, physical exercise, pain, etc.) This calls for the application of therapeutic techniques that create both a space of temporary contention and an authentic symbolic frame which, as in the ritualized indigenous space, integrates therapists and users.

Traditional peoples also teach us that non-altered natural substances that are assimilated with respect to the organisms natural barriers *do not induce dependence, in spite of their powerful psychoactive effects*. The fact that their active principles are similar, if not identical, to the neuromediators naturally secreted by our organism reduces the danger of toxicity. In case of overdose, which is generally difficult to produce given the extremely disagreeable flavor of the beverages, these substances, integrated in a biological complex, are eliminated by the EMONCTOIRES. This self-regulating phenomenon provides for safe prescription and is an integral part of the expected effects of ingestion, as well as those of purgation-detoxification (hence their special interest in the domain of drug-addictions). The context of ingestion requires rigorous dietary, postural, and sexual regulations. In the course of successive ingestions, sensitivity increases instead of creating a habit. As a result, the doses gradually decrease: their use in addiction therapy *is not, then, a simple substitution*. It is remarkable that no visionary natural substance is addictive. Visions seem to be the proof of sufficient cortical integration, of a metabolization of the symbolic charge revealed during the experience of altered consciousness. Enteogenic substances (also misnamed hallucinogens) are hence at the first rank of those that may be used in a therapeutic setting. This has already been attempted in psychotherapy (LSD, MDMA, Harmaline, DMT, etc.), but generally without an integrating symbolic frame (or ritual space), without engaging the therapist in the method, with synthetic or semi-synthetic substances or extracts, and through processes of assimilation that violate physiological barriers (injections).

## **Ayahuasca**

This highly psychoactive ancestral beverage is situated at the heart both of the empirical medicinal practices of Amazonian ethnicities and, recently, of new explorations of the therapeutic potential of medicinal plants, in particular in the domain of psychopathology, including drug-addiction therapy. The pharmacological sophistication of this preparation reflects the high degree of understanding of the Amazonian peoples, proven to have discovered IMAO at least 3,000 years before Westerners through investigative methods that cannot be dismissed as chance. Tryptaminics and carbolinics, the major active principles of Ayahuasca, are present in many natural secretions as well as in the central nervous system (pineal gland) (Mabit, Campos, Arce, 1993).

The enteogenic or visionary effects of this beverage have been hastily called “hallucinogenic,” stigmatizing from the start a product whose claim as a significant subject of research risks being dismissed, out of ignorance, by the academic community, due to a stance less indebted to scientific rationality than to the collective fears of the social body. We have insisted that the images stimulated by the use of Ayahuasca in a therapeutic context symbolically manifest the content of the unconscious. Moreover, these images are not without object (be it psychical) which differentiates them completely from the “illusions without object” that are by definition “hallucinations” (Mabit, 1988). The exploration of the unconscious through Ayahuasca permits the rapid extraction of an extremely rich and highly coherent psychical material, which could then be worked through various psychotherapeutic methods. Visions, like dreams, indicate the beginning of an integration at the superior cortical level.

The effects of Ayahuasca are not limited to the visual but embrace the entire perceptual spectrum as well as the non-rational functions tied to the right brain and to the paleo-cerebral or so-called reptilian brain. The clinical experience institutes the development of not only the projective but also the integrative functions of symbolization, authorizing the progressive readjustment of personality structures. These explorations touch cross-cultural psychical depths and, hence, may be applied in extremely broad and varied contexts of human life.

After the observation for 15 years of more than 8,000 instances of Ayahuasca ingestion under specific conditions of preparation, prescription, and therapeutic follow-up, we can affirm that the ingestion of these preparations has a wide range of indications, with a total absence of dependence. The expansion of the perceptual spectrum, which simultaneously engages body, sensations, and thoughts, makes possible the de-focalization of the ordinary perception of reality, thus permitting the subject to confront his habitual problems on his own and from a new angle. The intense acceleration of cognitive processes which accompanies this process permits the subject to conceive of original solutions that fit his personality.

### **The Takiwasi Center: A Pilot Project**

Our ignorance in regards to the controlled induction of altered states of consciousness may greatly benefit from ancestral medical knowledge. The master healers of various traditions are ready to transmit their heritage to those willing learn from the non-classical paths of self-experimentation required by all true initiation into the meaning of Life and of one's own life.

Six years of teaching beside Amazonian healers has led us to develop a therapeutic method utilizing the controlled modification of states of consciousness, and which is based on ancestral techniques involving medicinal plants, natural methods of detoxification, of sensory stimulation, and of sensory deprivation. This pilot project attempts to combine ancestral knowledge with contemporary psychotherapeutic practices while taking into account ethical considerations as well the requirements of the Western mentality. A group of no greater than 15 voluntary patients constitutes the natural frame of application in which no method of cooperative action may be exercised. The location is a park of more than 2 hectares, which is bordered by a torrent and is just outside of the city of Tarapoto, in the Peruvian High Amazon, in the piedmont of the Andes (Mabit, Giove, Vega, 1996).

The therapy is based on a three-part method which includes the use of the plants, psychotherapy, and community life. The guided experiences of altered consciousness generate psychical material which is reworked in the psychotherapy workshops and directed towards its concretization in community life. Inversely, everyday activities supplement the therapeutic sessions (with or without plants).

The initial use of purifying, sedative, and purgative plants reduces withdrawal syndromes, rendering unnecessary any return to psychotropic medication during the stay.

Then, the psychoactive plants intervene, powerfully facilitating the psychotherapy. From the brief sessions to the 8-day isolation in the forest with special alimentation, each ingestion of psychoactive plants is governed by specific conditions. Each session is also accompanied by a trained therapist and clearly inscribed into a precise and rigorous symbolic frame which assures the success of the session and its subsequent integration into the subject's life.

These techniques permit the exploration of buried memories and the emergence into consciousness of censured situations or events. These "revelations" both comfort the addict's conscience and motivate him to face his sickness. A temporary reduction of critical functions and discriminations facilitates the cathartic expression of emotions. These experiences, with the help of psychotherapeutic work, may then correct the defective formation of the subject's emotional expressions and ideals. The exploration of the subject's interior universe through a plunge under the veils of ordinary consciousness, by unblocking the paths of access to the deep Ego, brings to light extremely rich material in contrasts to these patients' often insufficient symbolization. During the subsequent sessions, the subject will learn to translate and to interpret this material in order to explore his subsequent dreams on his own, while continuing to benefit from a dream life stimulated by these practices. One also observes an acceleration of cognitive processes and an amplification of the attention-span and of the depth of mental concentration.

Temporary application within a very clearly defined frame supplemented by a carefully regulated lifestyle invites the resident to implement the knowledge obtained by this work. Hence, the Takiwasi space constitutes for the residents a laboratory in which they are at once the observers and the subjects of their observation, and in which medicinal plants play the central psychotherapeutic role, while caretakers offer guidance and security. The users are guided into liminal experiences in which they visit their interior gods and demons, and in which, inevitably, existential questions come to light and demand an engaged response. These experiences invest simultaneously the subject's psychical field, the whole range of his emotional sensations, and the specter of his psychical perceptions. Hence, the drug user's "quest" finds here its goal. This denouement poses clear limits which inscribe themselves in the depths of his somatic memories<sup>3</sup>. The vital space is invested with psychic powers transcending the Ego, which makes possible a salutary deflation of the Ego, a reconciliation with human nature, and an acceptance of our modest inscription in time and in matter, rendered nevertheless exciting because of its perceived meaning. In other words, this is a process of initiation, a semantic experience which carries meaning, and which is able to structure the personality and to respond to the chaotic and disorderly quest of the drug-addict, which may be seen as a path of counter-initiation or as a savage initiation (Mabit, 1993).

This therapeutic method does not, then, simply focus on abstinence, but it also offers an adequate alternative. This alternative method, which respects altered states of consciousness, is able to respond to the drug-addict's quest by furnishing it with clear ends and with non-dangerous means to reach them. This process supposes an internal structural change which goes beyond the palliative of a simple external application, never totally satisfying and most often ineffective.

The duration of the stay is, in general, 9 months, and the follow-up is ideally 2 years. Takiwasi has received patients of all social and cultural origins. The techniques, which mainly demand self-exploration through the senses, do not require any analytic verbalization or integration, which represents an enormous therapeutic advantage. One may even say that these experiences of altered consciousness give access to ineffable, inexpressible trans-verbal spaces, which are as much pre-logical or infra-verbal as they are ecstatic or supra-verbal. Here, the local alcoholic peasant meets the European college student dependent on pot, the urban bourgeois who functions on cocaine, the dealer addicted to a cocaine-based paste, or the delinquent pathological liar who smokes crack. To the contrary of what certain theorists say, the exploration of the interior universe by these methods does not require that either the therapist or the subject belong to the native culture of these practices. For, these practices give access to personal intra-psychical symbols which remain coherent to the subject and which touch depths that could be called transcultural by virtue of reaching universal psychical complexes (love, hate, rejection, abandon, fear, peace, etc.). At the same time, the accompanying psychotherapy assures an eventual retro-alimentation. We have now mastered these techniques ourselves, and we make use of

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<sup>3</sup> See *Revue Greco – Groupe de recherches et d'études sur les conduites ordaliques*, 9 boulevard, Saint Marcel, 75013 Paris.

them with patients from cultures other than our own: they are, then, accessible to any Western therapist willing to fulfill the requirements of its long apprenticeship.

## Results

Since its founding in 1992, the Takiwasi Center has received more than 380 patients. One study has just been made (Glove, not yet published) of the first 7 years of activity (1992-1998) examining drug-addicts or alcoholics having assumed at least 1 month of treatment and with at least 2 years of time out of the clinic – that's a sample of 211 treatments (175 patients and 36 re-internments). 2/3 of the patients consumed mainly a highly addictive and debilitating cocaine-based paste. 80% consumed alcohol alone or in addition to other drugs. More than half of the patients (53.5%) had already tried treatment, 1/3 of which had tried psychiatric services. For 49%, the gateway drug was alcohol, and for 42%, cannabis. The average age was 30 years and an average duration of consumption of psychoactive substances at the time of entrance was 12.5 years.

At 31.3%, with a tendency to augmentation, the index of retention (percentage of prescribed exits out of total exits) gives proof of the relative acceptance of the therapeutic method. The voluntary exits make up the majority (52%) compared to ¼ prescribed exits (23%), ¼ runaways (23%), and the rare expulsions (3%).

The evaluation of the results integrates qualitative givens, as well as the incidence of abstinence or relapse due to poor prognostic criteria. One should note that the patients leave free of any post-residential medication. In addition to the evaluation of the relation to addictive substances, especially those that the subject consumed before, we take into account the personal evolution (internal structural change), the indications of social and professional reintegration, and the capacity for familial (re)structuration. According to these criteria, we may distinguish three categories:

- "good": favorable development, problems apparently resolved thanks to an true structural change manifested upon several life levels.
- "better": favorable development with evident structural changes, but vestiges of the original problem still present.
- "same or bad": relapse of consumption of substances, although often more discrete, no convincing structural change, frequent abandonment of substances for alcohol.

Out of the total, then, 31% were "good" and 23% "better," while 23% were "same or bad" and 23% unknown. With hindsight, we can affirm that about 35% of those who have lost contact with the Center are, in the end, "good" or "better" (that's 8% of the total), which means that about 62% of the patients have, in the end, positively benefited from the follow-up of the model proposed at the Takiwasi Center. When one only takes into account the sample of the patients with "prescribed exit," (those who have completed the entire program) the positive results are raised to 67%.

When the patients relapse or simply reoffend, 55.5% return to Takiwasi and 26% find other local practitioners of traditional medicine, which demonstrates their high opinion of this approach. When this occurs, purgative plants are more solicited than psychoactive plants. This absence of any addiction may ease the fears of a too-great respect acquired for the latter.

This method, officially recognized by the Peruvian authorities, has expanded into a number of programs including educational programs (for students), psychiatric and anthropological research, and out-reach (written and audio-visual media, and seminars for personal development).

## **Conclusion**

Evidently, the mere repression of drug consumption represents a simplistic approach to the problem, with demonstrated ineffectiveness as a therapy. We may well call it illogical and even amoral since it omits the substances that are currently the most deadly (alcohol and tobacco). In addition, the accelerated development of new substances on the market outstrips any repressive attempt at control and relegates to failure the game of penal interdictions. We are hence condemned to approach the problem under another angle, whether we want to or not.

Similarly, if risk reduction and substitution only indicate proof of failure and a last-ditch effort of pure social convenience, they are nevertheless, in our view, reprehensible and morally dubitable because they consecrate a tacit rejection of healing and the officialization, in manner of speaking, of a population of second class citizens tolerated for lack of a therapeutic alternative.

The high degree of diffusion of the drug phenomenon in the 50's and 60's was born of the contact between a few intellectuals with traditional peoples, and, in particular, of North-Americans with Amazonian Indians (Ginsberg, Leary, Alpert, etc., -- see Leary, Metzner, Alpert, 1964). These intellectuals believed that they could appropriate ancestral knowledge while only retaining the physical substance, reducing “the approach of the gods” to the consumption of an active principle, playing neurochemists like apprentice sorcerers (see Leary's delirious work, 1979). This caricature of Western materialism, which functions by the transgression and the reductive apprehension of both the interior and the exterior universes, has generated a terrible drama. The phenomenon of substance addiction is characteristic of Westernized societies and continues to be practically unknown in indigenous populations or among original peoples free from cultural mixing. By approaching this original knowledge with respect and through careful study, it seems possible to correct this transgression and to reinstate an authentic relation with the Mystery of Life by returning to the true paths of initiation. By safeguarding the legitimate quest of the drug user and by redirecting it according to the inevitable laws of life, which are jealously conserved by the ancestral traditions, perhaps we may avoid the lax defeatism and depression of the “anything goes” attitude as well as the rigid and useless bellicosity of “everything is forbidden.”