AYAHUASCA AND THE TREATMENT OF ADDICTION •••

AYAHUASCA E O TRATAMENTO DA DEPENDÊNCIA

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••• *in the title the term dependency includes alcoolism*

Introduction

This text was drafted based on data collected as part of a Postdoctoral research project investigating three communities in Brazil and one in Peru using ayahuasca to treat addiction problems.

The psychoactive drink discussed in this article is known by various names, including ayahuasca, but also Yagé, Daime, Hoasca, and Caapi, among others. One of the most important active ingredients is betacarboline, taken from the liana Banisteriopsiscaapi, as well as dimethyltryptamine (DMT), combined with a derivative of leaves of Psychotriaviridis. The two combined substances act on the level of serotonin in the brain (McKenna 2004, Winkelman 1996).

Beginning in 1930, the use of ayahuasca influenced the emergence of three religious systems in Brazil: Barquinha, Santo Daime and Uniao do Vegetal. Ayahuasca is also used for other purposes, including for therapeutic purposes (Labate, 2004). One of the more prominent effects that results from the ingestion of this drink is the presence of visions or spontaneous images, called mirações (see Mercante 2002, 2004, 2006a, 2006b, 2006c, 2010 and Shanon, 2002).

A particularity of this work must be taken into consideration: the Brazilian institutions studied in this paper are in an ambiguous situation with regard to ayahuasca, which was regulated in 2010, but strictly for religious purposes. So the therapeutic practice is not recognized because it relies only on acts of faith (Grupo Multidisciplinar de Trabalho - GMT 2006: 10 - Multidisciplinary group having studied the work with ayahuasca). (5)

At the time, the GMT had recommended not to allow the use of the tea for therapeutic purposes until human clinical trials could be undertaken to determine whether the use was safe. Thus, the institutions surveyed under this article claim to use the tea only in their religious practices. However, these practices have a therapeutic effect, although this is attributed to the ritual.

Interestingly, one of the centers surveyed (Takiwasi) enjoys the title of public service conferred by the local town hall, while the other is recognized by the Health and Justice Secretariats of its state. On the other hand, Takiwasi is one of the few therapeutic communities in Peru that has legal recognition, a status accorded by the Regional Directorate of San Martin (Saldaña & Guirrimán 2008).

Throughout the field data collection work, 50 interviews were conducted: 25 with patients and 25 with informal caregivers (6). As part of this research, the definitions of therapy and therapist have been broadened. In the Caminho da Luz center, none of the caregivers were formally trained. In Takiwasi, the curanderos or the guides responsible for directing not only the Ayahuasca-based rituals but also other sessions where the plants were used (see description below) may be psychologists or not, but also indigenous healers - vegetalistas - in training. At the Ceu da Nova Vida and Ceu Sagrado centers,

those administering ayahuasca do not have formal training in health care.

As Calabrese says (1997:244) : “the term therapy is used in a broader sense to mean any human omnipresent activity whose manifestations support health in a wider sense. The creation of a therapeutic relation does not result only from the conscious intervention of a specialized healer. This bond is built from a cultural model or arises spontaneously from an individual.”

Ritual, spirituality, religion and religiosity

I think it is important to clarify here the terms Religiosity and Spirituality. I use the term Ritual as a synonym for Ceremony, as an orderly event that aims to create a space promoting contact with a transcendent universe, as identified by my informants.

According to Magnani (1999: 51) : “we can say that at one end of the spectrum is religion, a institutionalized system of beliefs and rituals provided by a group of experts; while Religiosity can be seen as a particular and common style that can express the religious fervor; on the other side, Spirituality refers more to the expression of a idiosyncratic personal experience”.

Csordas (1994) identifies the origin of religion as a phenomenological experience taking place in one’s own heart (p.164), as the thesis that religion is based on a primordial sense of otherness (p.164). So, for Csordas, the “otherness” is part of the very structure of being-of-this-world when religion would be inevitable and perhaps even necessary (p.164). Thus, there would be a religious impulse that is inevitably and culturally prepared within a myriad of symbolic, institutional and experiential forms (p 173).

Following this line of thinking, it is not enough then to differentiate between Spirituality, Religiosity and Religion. It may even be this global core of experiences that Csordas is referring to by these 3 notions.

On another level, the conceptual differentiation between these 3 concepts refers to a previous discussion on the differences between magic and religion, between public and private, between the individual and the social. On a conceptual plan, there seems to exist a difference, but does this difference exist in the framework of ayahuasca experiences? Does such a demarcation and separation exist between the ritual and the nature of the intimate private experience?

Simmel (2010a) affirms that up to now, religiosity has survived religions as a tree outlives the seasonal reaping of its fruits (p. 11). There seems to exist an intimate attitude of the soul (p.11). Simmel (2010b) wonders if the social relations lead to religion.

For this author, Religiosity does not create a transcendant sphere by extracting spirit out of social norms in an empirical way, but it produces a sociological sphere that reflects the psychic constitution of the intimate religious state. [...] In this case, the relationship between this intimate religious state and the sociological institutions implied by this state

- that for those institutions already belongs to the church - doesn't refer to the transcendant sphere, but rather leads to psychic forms of the religion (p. 70).

Simmel distinguishes between the religious institution and the religious experience : the religious experience leads to transcendance while the experience of the religious institution leads to a modification of the individual psyche by the assimilation of the moral precepts and behaviors supported by these institutions. Treatment with the help of ayahuasca is based then on these 2 pillars: 1- a spiritual experience as a vital process, connected to the use of the tea during the rituals, and 2- the inner experience of the moral precepts and the behavior supported by the institution, even though this institution is not religious as such (Takiwasi).

The addicted person lives in a conflictual world in which good and evil are opposed, and tries to resist a constantly desired pleasure, as well as the absolute evil that is part of the world. Simmel (2011) affirms that religion, far from making this duality disappear, is quite the contrary, creating a kind of interaction between these pairs of opposites. Thus, for the addicted person to attain peace, it is not enough to make these two opposites disappear.

For Simmel, all religiosity is incomplete and linked to the fate of personal contingencies if it is based only on one of the following feelings: submission or elevation, hope or bitterness, despair or love, passion or calm, because one of the feelings will end up dominating the nature of the religiosity. It does not mean that the religiosity existing in oneself will stir up or maintain these feelings. On the contrary, religiosity - normally generated by the contrasts of the world, as by our destiny - will now flow as the waves of a river. With the help of religiosity, these forces, apparently contradictory but closely linked, will contribute to the secret unity of a deeper meaning. (2011: 32).

The original duality, that could not resist the drive of a charged drug consumption, is perceived by Simmel (2011) as the emptiness and indifference located between the kingdom of the light and the ideal and the heavy and rough kingdom, as an impassable barrier that prevents the direct opposition between both (p. 35). The charge, according to the vision of the institutions surveyed, would be stuck in this empty space.

There is no possibility other than finding the best in ourself (support and tools) because destroying evil is impossible. (p. 35). For Simmel, the solution is to search for transcendance by reconciliation with God. Interestingly, this is the experience that emerges from the account of several of the patients interviewed as part of the treatments examined.

Drug addiction and treatment

Berridge (1994) affirms that the notions of addiction and dependency were discovered in the 19th century, even though the ideas of chronic intoxication and drug addiction were known in the previous century. In fact, in the 18th century, no distinction was made between desire in general and the desire to take psychoactive substances in particular, and

for Berry, this specific distinction is at the heart of the development of the concept of addiction. In the18th century, he writes : a particular conjuncture of political, cultural and social forces, which gave rise to the hegemony of these concepts (Berridge 1994: 17), coupled with the claim of the medical profession to be recognized for its scientific authority.

The discovery of dependence, in the case of alcohol in particular, belongs to Thomas Trotter (Berridge 1994), and his "Medical, Philosophical and Chemical Essay on Drunkenness", published in 1804, in which he argues that addiction was a disease that was medical in nature (7). In relation to drugs and pharmaceutical substances, Edward Levinstein (1878), in Subjugation Morbid with Morphine, considers that morphinism was similar to dipsomania (an irrepressible and seemingly unpredictable need to drink alcohol). George Harley in "Contribution to the discussion: Proceedings of the Society for the Study of Drunkenness" (1884: 38) advanced for his part that drunkenness was something hereditary, as was madness (Harley cited in Berridge 1994).

In 1964, we began to use the term drug addiction, which is defined as : "a condition resulting from the repeated administration of a drug, on a continuous or periodic basis… can be chemical and can, in some cases, be motivated by physical bases and biochemical" (Berridge, 1994: 24). In 1977, the World Health Organization (WHO) started to use the concept of "Alcohol Dependence Syndrome", as well as "Handicaps related to Alcohol" (24). For Berridge, these definitions were politically motivated to maintain the power of the medical profession in this area. In response to this attempt of the medical profession to maintain control, the concept of the "problems of alcohol" evolved (1994:25), with the aim, in a way, to develop treatments other than those based solely on medicine, as well as the intention to find alternatives at lower cost than medical treatment; the problem involves a quick fix while the condition may be based on a permanent condition (25).

Babor sees a connection between different models of study of dependence, which results in a broadening of the range of treatments. The medical model is based on the idea that the dependence has a physical origin, thus representing a disease, which therefore requires appropriate medical treatment to control it. This perspective has been popularized since the 1960s by E. M. Jellinek, thanks to the concept of Alcoholism Disease (quoted by Heath (1987). In 1966, the American Medical Association (AMA) considered alcoholism as a disease and, in 1988, as an addiction. According to Babor, this model wants to attract the attention of the medical profession to this problem and include this type of treatment within health programs.

Heath (1987) also mentions that the book of W. Madsen, "the American Alcoholic: the Nature-culture controversy in the research and treatment of Alcoholism" of 1973, which relies on a socio-cultural analysis of Alcoholics Anonymous, had a strong influence on the view of alcoholism as a biopsychosocial disease (See also Campos 2005).

Psychiatric and psychological models are based on the idea that substance abuse is a mental illness and may be a symptom of an underlying psychological conflict, or a result of a behavioral disorder (Babor 1994: 42). This theory is based on the idea that it is the

environment that initiates and maintains dependency.

It is interesting to note that these notions are found in the basic foundations of the treatments of the institutions that are part of this research, despite some peculiarities: Takiwasi, for example, closely follows the psychological and behavioral approaches, while the center Caminho da Luz considers addiction to be the symptom of a spiritual problem..

Some scientific definitions seek to address this issue with a more operational vision to facilitate experimental research and discourse academic (Babor 1994: 47). According to Babor, the main parameters come from the cognitive-behavioral psychology and behavioral pharmacology, as alternative to medical models because they avoid mapping techniques for biological or psychological reasons for addiction. We are trying to draw attention to observable behaviors of dependent persons (Babor 1994).

Finally, Babor argues that because there is no single view of what dependency is, there is no single way to evaluate the different definitions that exist in this area. Thus, according to this author, specific cultural perspectives are associated with social theories of dependence; thus each can lead to various interpretations (52).

Before going further, however, it should be noted that the use of substances psychoactive treatment of addiction is not a recent practice.

The editors of the defunct Psychedelic Review (1963) presented a retrospective of the use of psychotropic drugs for the treatment of alcoholism (8). In particular, LSD was used in these studies, according to a medical and / or scientific point of view. (9) LSD treatment essentially continued in two ways: the psychedelic mode - when large doses are administered on some sessions; and the psicholitic *model, when small doses are administered over a long period of time, with or without psychotherapy (Halpern 2007).*

A brief review of the literature indicates to date that various psychoactive substances have been used as a tool to overcome addiction:

• Ayahuasca (Cemin & al 2000;. Labate & al. 2010; Labigalini Jr., 1998; McKenna 2004; Moir 1998; Ricciardi 2008; Santos & al. 2006);

• Cannabis - Cannabis sativa (Labigalini Jr. & Roberts 1997; Labate & al. 2010);

• Peyotl - Lophophorawilliansii, mexican cactus rich in mescalin (Halpern & al., 2005);

• Iboga - Tabernantheiboga, a plant from the African bush whose root contains ibogaine (Alpert et al 2007); LSD (Yensen & Dryer, 1999) (10)

With the exception of LSD, there is an attempt to merge medical and scientific models into a new model that would emerge from the western context, although ayahuasca, peyote and iboga are used by many indigenous peoples to solve different problems, but

not dependence as such.

In Takiwasi, the psychological model is combined with traditional medicine originating from Peru. Both models integrate and merge into an approach that combines innovative and unique practices and concepts. In the interviews conducted in Takiwasi, the idea that dependence is a minor problem, the result previous behavioral disorder, was quite frequently encountered. But we also take into account the problems of spiritual order - an explanation rooted in Peruvian traditional medicine - which results in treatment including diets, purges, saunas, ayahuasca taking sessions; the overall goal is to somehow relieve the patients. Without this spiritual alleviation, there is no opportunity to work on the problems of a psychological order.

At the other end of this hybrid and integrated model is the Caminho da Luz Center, model that could be conceived as having appropriated knowledge from the medical and psychological models. Such knowledges are then integrated and reinterpreted in the context of hybrid and unique practices. For this center, the addiction is considered a spiritual disease, whose cure is through the use of the plant. This new type of treatment could be called the Ayahuasca model, a hybrid model which includes many elements of the psychedelic and psycholitical models, since strong doses of psychotropic drugs are administered over long periods

The treatment centers

1- Takiwasi

Takiwasi was founded by the French doctor Jacques Mabit in 1992 in Tarapoto, in the Peruvian Amazonia (see Bustos 2008, Giove 2000, Mabit 2002, 2006, 2007, Mabit and others 1996, Moure 2005; Saldaña & Guirrimán 2008; Sieber 2007). In addition to ayahuasca, it is using various other techniques, such as dietas and purges (ingestion of certain plants to induce vomiting, defined as purifiers and therapeutics), as well as therapeutic support (for other examples of the use of traditional medicine in the treatment of dependence in other countries, see Heggenhougen [1984]).

A particularly important point in the Takiwasi entry process is that the newcomer is not included immediately in the group of participants already in treatment. The beginner is subject to an isolation period of 15 days. During this time, he will undergo an initial medical examination, undergo several purge sessions as well as an enema (purification).

This initial phase aims to help the patient to go through the most intense phase of the intervention process, that is the interruption of substance use, which involves some form of deprivation, and can lead to periods of crisis and the urge to consume, what is called in English craving. This phase aims to alleviate somewhat the shock that the entry of this patient into the group can cause, because the newcomer brings with him / her a hectic lifestyle and intense, that of the energy of street drugs , which could cause problems for those already involved in the treatment, some of which may be perceived as cleaner and purified.

The treatment is spread over three axes: the use of plants, psychotherapy and life in community. Plants are considered as characters (as if they were animated), some of which are part of the diet, but they are also used in purges like plants of contention. They are considered spiritual beings embodied in a plant body, acting beyond the simple chemical action, such a being smart inserted into the patient's body to aid in the treatment (See Henman 2008 and Lenaerts 2006 on the use of plants in the Ashaninka tribe where there it is understood in a similar way).

Harrington (2008: 11) states that plants are considered by patients and psychologists as able to pinpoint the severity of their problem with drugs, highlight the emotional roots of the problem, purify the body's energy and clarify the value of patients by restoring them to their bodies.

Purge rituals take place in the afternoon, the day before the ayahuasca session. The participants are directed to a specific place (a hut separate from the maloca (where the ayahuasca sessions take place) where there are several low benches, as well as seals, all of which are arranged in a circle. The healer leading the ceremony is in a chair in the center of the hut. He serves purgative plants and blows tobacco smoke (Mapacho) on the head, chest and hands of each patient.

Then the healer starts singing icaros - healing songs in the Peruvian tradition - (see Luna 1986) and, little by little, people start to vomit. Various plants are administered during the therapeutic process, and each of these plants has its own specific characteristics and properties. The session ends around 17:30. People are recommended to fast until the next morning. This ritual can be repeated when a patient feels the need to repeat such an intervention and it is quite common for patients to ask to take part in such purges when they feel agitated, anxious or feel negative energy (11).

Diets - dietas - sessions with plants - are held in isolation. For eight days, people live in a small wooden hut, open on one side and provided with mosquito net, furnished with a single bed. Internships always start on Saturdays. Each patient ingests a single plant during the placement, and each is endowed with its specific therapeutic properties. Diets take place at the Takiwasi Farm (located 4 km from the treatment center, in the woods) from the Friday on. That evening, people participate in an ayahuasca session and when that ends, starting on Saturday, the diet begins. Each participant can eat as much rice as he wants on a daily basis, accompanied by two green bananas, while the consumption of salt and sugar is forbidden. The sugar restriction also extends for 15 days after the isolation period. The diet ends on Saturday with the ingestion of a combination of onions, lemon, parsley and salt. The diet is a period of deep cleansing, done alone, while dreams can become extremely intense. These dreams will also be interpreted during psychotherapy sessions.

Psychotherapy is the catalyst for the material obtained during ayahuasca sessions, same as during the other stages of the treatment, in particular the dreams which occurred during the dietas. Other therapeutic tools and techniques include yoga, art therapy, and

psychodrama. As already mentioned, dreams are very important, and that's why all Monday nights, there is a dream interpretation group session. Friday is the post-ayahuasca meetings (held a few days after sessions with tea), which constitute in space for group therapy, as well as helping to support the organization of the community life of the center.

Community work sessions (considered as occupational therapy) are held from 8:30 am to 12:30 pm each day (except Sundays), during which participants do some work such as repairs, cleaning and the supply of the center, which allows you to work physically and in groups.

2- The Caminho da Luz recovery center

The Caminho da Luz Recovery Center, located in Rio Branco, Acre State, is managed by Master Muniz who, in 1993, began to treat drug addicts. His brother was his first patient. This center is part of the UDV (Uniao do Vegetal) line. In 2009-2010, it is said that the center was asking for 150 reals, but it seems that it is no longer necessary to pay from now on. Most patients come from poorer layers of Brazilian society but middle and upper class people also use the services of the center.

On November 17, 2009, there were 98 residents in the three units of the center, 73 men and 25 women. These three units are located in Vila Acre, a suburb of Rio Branco (where live the vast majority of patients), but also in the city of Bujari, as well as in Amazonas, on the banks of the Purus. This center is under the authority of Sesacre (Acre State Health Secretariat), by through Kadesh (Acre State Health Coordination Center), which provides financial assistance covering the care of 20 patients, as well as the salary of two supervisors, although in fact four people occupy these two positions.

The location of Vila Acre operates two separate institutions: the boarding school itself, where resident people during treatment, and the community, where people stay if they are unable to return home after treatment, or if they are homeless. A few people from the community do carpentry work (as well as some interns at the end of treatment and others are working outside, while still others are looking for donations for the operation of the center.

Each pair of live-in supervisors sleep in a one-room house. In addition to the garden, the sessions are happening in a room called «the salao». There are two ponds for swimming. The place where the sessions are held is rectangular space, without walls or floor wood, with a thatched roof, rough wooden benches and some chairs. At one end, there is a table covered with a white sheet on which the drink and a candle rest. It is there that the Mestre leads the session.

The treatment is based entirely on the taking of Hoasca, the term specific to the Uniao do movement Vegetal to designate ayahuasca. As soon as he goes into treatment, the patient takes three daily doses of tea: in the morning, after lunch and in the evening. This is the phase of detoxification and stabilization, or as Master Muniz calls it, the phase of the deprivation crisis. Once stabilized, the patient drinks tea only once a day, ie during

evening meetings. Sessions of Wednesday are called «horizontal sessions» (Sessoes do Acerto) and those of Saturday, the «vertical sessions» (Sessoes do Escala). (12)

During the meetings, recorded music creates a background sound on which the burracheira (the effect of tea) occurs. On the other hand, «horizontal sessions» and «vertical sessions» unfold according most typically to the traditional style of the União do Vegetal (see Brissac 1999): after the distribution of the Hoasca, everyone recites a Our Father, and everyone drinks the tea at the same time.

Then, various calls (hymns or songs) are sung by a person (sometimes it is the guide of the session that sings, but during the session, other people can make calls), which serves to open the session and to draw strength and protection from the Hoasca. They also play musical pieces from CDs, pieces that are chosen on the basis of appropriate message, namely the ability to raise important issues such as family, freedom, prayers to God to ask for strength, protection, forgiveness, to emphasize the danger of drugs and alcoholic beverages, etc.

The fundamental difference between the two types of sessions is that the «vertical sessions» serve, as their name suggests, to raise energy, while in «horizontal sessions », relational issues and the difficulties of group life are discussed openly by the guide of the ceremony because it concerns closely all the parties involved in various conflicts. In the «horizontal sessions», following a few calls and some songs, the Master can open a space where everyone is invited to speak.

In one of these sessions, a resident of the residential program came forward and, in tears, said: Master, I want to have the chance to become a good person, with love from the bottom of my heart. This person was in the final phase of recovery. He did not live in the boarding school anymore, and he had gone to sleep in a hammock next to the master's house, while the conditions were that they should build their home in the community. Subsequently, he told me that he had been the driver of the master (he had been a trucker), but that he had relapsed but he was coming back in the right way. He also told me that his wife wanted him to come home. He seemed to be afraid to leave the community.

Antonio, who was leading the session, gave a few sentences to motivate the residents Internal:

> *«God is everything in our life, he is everything we need to check. We have to kneel before God. The fight against drug addiction is a positioning motivation and happens all the time: To follow this path, we must fight; Everyone must be born again; or You only have one goal: to win. Either you win or you will be defeated».*

The tea is a powerful tool in this fight. You need to acquire this knowledge. Antonio also pointed out that the work of recovery is everyone's business, and not only the tea business: the Hoasca is part of the work, one of the hardest parts, it provides purification

in the depths of being. But each person must look inward in search, without heartache, hatred, bitterness, because they are forces that do not evolve. He also mentioned the question of discipline: Here, it is a place of obedience. Let's fight together and we will succeed. Obedience is the path for us all. Obedience begins by practice in this room.

Both types of meetings, like all sessions for that matter, are spaces for testimonials: about treatment, illness, strength and weakness. Confessions, apologies and public regrets are expressed. Meetings are times when the guidelines on behavior and group behavior are dictated, not by regulations from a book, but rather from the testimonies of individuals who have lived through personal difficulties (or who still live). The words of former drug addicts (or those of people currently in treatment) are valuable because they are based on concrete experience, precisely why they are respected.

The meeting is a preparation for a new day, to find the peace and harmony, a preparation for everyone to learn to behave in everyday life, so it is important to learn to concentrate when one drinks the tea. The person who misses a meeting will wobble on the path. União do Vegetal requires mental concentration, a need to be calm, to calm down, to get what one wants. Here is the way of God that we shows the human reality. The person remains alert, dedicated to the maximum and obeys the orders of the speakers, the guides. People are there to walk on the right path of God. There, the person is ready to move on through the difficulties of life. This tea can stir inner feelings (Councilor Pedro - Meeting, December 1st, 2009)

The desire to encourage treatment is quite evident in these discourses. For example, at the meeting of November 26, 2009, Paula, an facilitator at the center said: anyone who wants to change must have the will. Here we have this miraculous tea that can you help change your life. This will, however, is only the first step. Tea is not support for such a desire to materialize.

The family is another important pillar in the treatment process. Many reports describing the first experiences with tea often report the finding of deep regret, an awareness of the harm that the person has caused to his family, behavior that often accompanies the end of consumption. A desire to reconnect with his family would therefore be a sign of improvement in the process. As stated by Gustavo, a center worker: People doing the «right thing» touch the hearts of the members of their family, who come to help them.

Another source of motivation influencing the flow of the community comes from the emphasis that is brought to the point that after being healed, the person must seek healing for others who experience the same difficulties: «To you who go aboard, you have the chance to take care of yourself and give a hand to others who are in need» (Paula).

Addiction is not considered a physical illness in itself, but rather as spiritual; it would actually reflect a spiritual problem. According to Gustavo, a center worker: often, the person who comes here is not sick because of the chemicals, but she suffers rather spiritually.

3- Ceu Sagrado Spiritual Center

The Ceu Sagrado Spiritual Center is located in Sorocaba, a suburb of São Paulo. In addition to the addiction treatment center, the center has since 2003 been distributing lunch boxes for the disadvantaged population. The city of Sorocaba has also awarded the title of public service to this Center (Labate et al., 2010). Initially, the interventions of the center took place over a full week of rituals. Over time, Fernando Dini, and his brother Luciano, the leaders of the Santo Daime Church who supervise the treatment center, decided to set up an emergency room - Pronto Socorro - on the ground of a waste recycling company in Sorocaba. Pronto Socorro consists of two rooms and two bathrooms, in addition to a small room with walls covered with white tiles, same thing on the floor and on the ceiling. In the room is also a white table, behind which we find Jardel, the intake supervisor.

The room also includes a counter where the Daime (sacred tea) and cups are located, a gallon of water, a picture of Mestre Irineu. A plaque that certifies the formality of Pronto Socorro completes the decoration. In the reception room, there are some old dentist chairs, padded and slightly inclined. Jardel, serves 600 ml Daime to each participant, smiling: Receive your healing. Patients are then directed to the chairs and remain silent. It is important to specify that Jardel does not drink the Daime himself.

Many patients vomit and have diarrhea. This purge is considered a purification process (just like in Takiwasi and Caminho da Luz) because the toxins accumulated in the body due to repeated use of various psychoactive substances are thus eliminated. After about an hour and a half, depending on the intensity of the experience of each, Jardel can administer another dose of Daime to those who wish, but this time in smaller quantities. At the end of the experiment, Jardel talks about healing and about what the person can receive through the miracles of the Daime. It states that anyone who wants to continue the process of purification can go to the next work of the church.

If some people go to church, others don't but they can still come back Pronto Socorro if they feel the need (that day, it is recommended that each time they want to use drugs, alcohol or drugs, they can go back to Pronto Socorro, where they will receive a dose of Daime). Many people do not come back to Pronto Socorro, neither go to church. But many of the church members initially went in the first place to Pronto Socorro. Once in the church, they start to participate in the Santo Daime work calendar activities. In fact, even if the works of the church Ceu Sagrado are not necessarily targeted towards the care of drug addicts, they end up having a great importance in the healing process, which comes out quite often in the speeches of Luciano and Fernando during work in the Church.

4- Ceu da Nova Vida Spiritual Center

The Ceu da Nova Vida spiritual center is located in Sao José dos Pinhais, in the greater region of Curitiba, in the state of Paraná. It is run by Padrinho André Volpi Neto, 42

years old (in 2010), resident of Curitiba, and a graduate in business administration. He has, for 17 years, managed a plastic advertising products company. André is a former patient of Pronto Socorro and member of Ceu Sagrado. He started using drugs at the age of 18 and was dependent on cocaine for 13 years. He tried to stop trying various forms of therapy, including religion. His father knew the work of Ceu Sagrado (it is important to say that Andre had never heard of ayahuasca before). On June 26, 1999 he participated in a healing ritual in Ceu Sagrado and he has since stopped using any substance. The following year, at another work in Ceu Sagrado, he was inspired to start a program for drug addicts in Curitiba. Finally, in 2001, this is how the Spiritual Center Ceu da Nova Vida was born.

Until May 2010, the care of drug addicts took place on a weekly basis as part of a healing ritual specially developed for this purpose (see Schneider 2010). However, André realized that this system was not perfect because it was necessary to wait up to one week for to take part in a ritual, which was difficult for people in crisis. So, after talking to leaders of Ceu Sagrado in Sorocaba, he adopted a system similar to that of Pronto Socorro, a program that takes place on a daily basis. Patients could complete this program with works at Ceu da Nova Vida Church led by two ex-patients and fardados (members of Santo Daime), Felipe and Marcos, liaison officers for this church.

The church room is large, measuring 25 x 25 m. The ceiling is white and there is a big six-pointed star in bas-relief in the center. This star is lit during the work. The walls of the room, as well as the floor are also white. The decor consists of a frame with the bust of Mestre Irineu at the entrance, with another image where there is a hummingbird. On the wall to the right of the entrance, there is an image of Jesus-Christ, a symbol that marks the separation between the space reserved for men and the one reserved for women (men and women are separated in the church). On the women's side, there is a picture of of the Virgin Mother. At the back of the room is a glass table, with a six-star branches on which is an eagle on a cross of Lorraine (Caravaca), a crescent moon on the right, and a sun on the left. Around the star you can read the following: Spiritual Center Ceu da Nova Vida - Santo Daime.

A star-shaped table with six points is almost in the center of the Church, but not quite fully centered. During the works (but not during the meetings), the center of the Church is occupied by the musicians. This is an innovation compared to what is happening normally in the other Santo Daime churches, where in general the table is located in the heart of the church, and the musicians around. Under the portrait of Jesus, there is a small table - a glass surface resting on two white pillars - where the Daime is served to the men. A lit candle also rests on the table on the women side. People participate in two consultations a day, the first in the morning at 9 am, as well as in the afternoon at 2 pm. The service is done in total silence. From time to time, a hymn of the Santo Daime can be sung. The opening of the service is done with the Our Father and the Hail Mary. About 600 ml of Daime is served per person. The closure of the work is done with the two last songs of the Cruzeirinho of Mestre Irineu, after which we recite again the Our Father, the Hail Mary and the prayer of Charity.

A few considerations

What is the difference between the subjective effect of the drug in general and the effect of ayahuasca ?

Here is one of the questions I asked during the many interviews I did to document this research. And to my surprise, many people testified that in the beginning, there was no big difference between the two. Several of the people interviewed reported persecution experiences similar to those of crack smoking (13). I also noticed such a correlation between these two uses in my research on Ablusa in 2007 (see Mercante 2009), Abusa is an institution that used ayahuasca in the working with the homeless in Sao Paulo.

However, ayahuasca has allowed another type of experience: repentance, or in other words, a spirituel crisis. The expression «I could see the harm I did to my family» was expressed many times during the interviews. The environment in which you use crack or mela (cocaine paste) does not reduce paranoia, on the contrary, it stimulates it and probably amplifies it. When the effect of ayahuasca begins to be felt, a fear similar goes back to the drug addict.

However, the use of the tea takes place in a structured and ritualized environment, which favors a reconstruction process in addition to the support of the tea. So, once this initial feeling is over, we move on to the spiritual crisis, then rebuilding a new life based on forgiveness and redemption. This model illustrates once more the intimate interaction between the chemical and societal, between ritual and experience, between neurophysiology and culture (see Lende, 2005).

It would not only be the substance itself that creates the experience for the individual, but a much more complex process and not only crack or mela which would cause paranoia by itself, but just as much, if not more, the context in which use takes place of these substances. As Becker argues ironically (1967: 163): if it is shown that the drug is the cause of a true psychosis, this is the only case where a person can claim with authority that they have found the unique cause of this phenomenon.

I'm not here trying to say that the ritual use of crack or mela can allow the relief of the addiction because if it were possible, it would have already taken place. I also do not insinuate than the chemical has nothing to do with paranoia, but rather that such a biochemical base is not the only cause. After all, as stated by Simões (2008: 16): No doubt, is it important to know the psychoactive products and their properties, but this is only one part of the equation, as the human relationship with these products must also be taken into account, as are the motivations of the person, the methods of production and the specific use of these substances.

Becker (1967: 166) continues:

> *«we take for granted that the inexperienced user of psychoactive substances, although he wants to get «high», do not expect such a*

> *radical experiment that involves a series of assumptions. In any society where culture contains notions of sanity and madness, the person who perceives that her subjective state has changed may think she is crazy. Thus, if the person is more shaken than she had hoped, she may have a taste of madness, and can thus feel the feeling of persecution (Noia) result of the effect of the substance. Chaos reigns, not culture, not sociability without rules. And without rules, the mind would lose its references. This is where the non-ritualized use of the substances stands out such as crack and mela».*

The difference then lies in the context of use of ayahuasca. In this context, there is also a moment of rupture, and chaos. But the ritual is structured in such a way that concepts of socialization, life, pleasure or punishment can be modified. So, during this transition period, the individual may find himself in a space similar to that from an earlier chaos. However, the feeling of chaos that is emerging in the immediate future allows the healing precisely because it is considered and recognized as a sign of change, as a stage of transition and modification of previous behavior into healthy behavior and tamed.

In fact, the apparent structure of chaos is more related to contact with other people who try to overcome the same problem as to the effect of the substance itself. In the case of Takiwasi, it goes through psychotherapy - as much in group as individual - and to life daily common of residents. At Camino da Luz, much of the reordering occurs during sessions and meetings, especially during Q & A sessions in the light of hoasca, but also in informal conversations. In Ceu Sagrado and Ceu da Nova Vida, there is immersion in the social life of the Church.

As Carneiro (2008: 72) says, the bubbling of a collective flow erupts every time the foundations of subjectivity are shaken. This collective flow, which could previously burst when using crack or mela, can also awaken old reflexes of panic, tension, suspicion, not to mention the non-satisfaction of an individual basic need (weaning) in many. However, when taking ayahuasca, the quality of the collective flow would be rather founded on fraternity in truth, love and justice, light and the restructuring of life daily.

Vargas (2008) raises arguments that go in the same direction. The effect of psychoactive substances (PAS) would be, for this author, always linked to various types of engagement in the world (56). It identifies two categories of use of the PAS: one that improves the quality of life, or to prolong life; therefore a medical or therapeutic use, and a non-medical use, which will update other modes of engagement with the world, modes that, given life current, are no longer in duration but in intensity (56).

And it is precisely to maintain this intensity that the centers that use ayahuasca in the treatment of addiction are aiming. Because they do not offer to swap an illicit drug for a model of sober life, but rather to bring to another type of intensity. We do not refuse

access to ecstasy, but we frame it in a structured and formal vehicle (in the sense where one has and provides a form, a mold, a template) to support that access.

Substitution therapy

Another issue that emerged throughout this research was whether use of ayahuasca was not simply a substitution process of a medication for another. The use of ayahuasca (as well as AA - see ANTZE 1991 and peyote - Halpern et al. 2005; Garrity 2000) leads to a process of rebuilding life for the dependent person.

An example clearly illustrating a substitution therapy is found in the (legal) use of the methadone to treat heroin users (see Bourgois 2000). In this precise case, we are not aiming for a restructuring of life for the addicted person - simply a desire to replace a state of dependence but in a more socially productive way. Burgois (2000) stipulates that the use of methadone is a tool of social control towards the dependent person. Such an assumption - that ayahuasca would be a substitution therapy - would go in accordance with the intention of society that wants to limit non-ordinary states of consciousness (see Mercante 2010, 2012).

Marras (2008) argues, for example, that the effects of psychotropic substances would not reside only in substances as such, nor in society either, but in the relation to the other, in the inter-relation, whereas society considers that subjectivity experiences excessive psychoactive (p.175) would jeopardize the maintenance of social life, considered the objective counterpart of existence:

> « *As if social life, which is conceived as a kind of self-internalization of the individual (or society), was threatened by the action of a life too subjective in the same individual, as if one had to keep the balance, which is social stability. Maintaining the balance between consciousness and stability and maintaining society - which is the order (Marras 2008: 175).*

Thus, changing one's consciousness would be a threat and a breaking up with social contract of the individual / society building. That's why the company is trying to control the use of psychotropic drugs (alcohol as other illicit psychoactive substances). The effort consists then to maintain the stability of individual subjectivity, as well as the physical identity and conscious, civil and political of the individual - or the individual notion of the person (...) hence the lack of interest in finding therapies using these substances, despite proven success historically research using psychedelics (179).

Raiol Marcelo, addiction worker at the Caminho da Luz center (who does not drink tea), affirms that :

> *« this month, during the initial period of the first 10 to 15 days, I observed that it seemed there is some form of substitution at*

the substance level. Because for the new comers, as soon as the attendant serves the tea, we feel like a wave of relaxation that results from taking the medicine. This seems to me to be a misuse of tea. Because at the beginning, patients have not yet received the teachings of the tea or of the religion. The tea then constitutes a natural detoxifier and acts on anxiety before drug use gives way to abstinence.»

Oscar, a patient in Takiwasi, originally from Spain, said that in Spain people often use antidepressants to treat cocaine withdrawal cases. But often the person becomes a patient for life. This person cannot really reintegrate society. I then asked him about the difference between the use of methadone (in the case of heroin addicts) or antidepressants (cocaine) and ayahuasca, and he told me that indeed, there was a difference, that ayahuasca does not entail an addiction, as do the methadone and antidepressants.

«Here (in Takiwasi) yes we sometimes drink ayahuasca, but the next day, you do not want to start again. In my case, I feel saturated with ayahuasca. She shows me things that I want to put into practice. I do not want more revelations, but above all to concretely realize the awakening».

Gabriel, another patient in Takiwasi, originally from France, went through the treatment of substituting heroin for methadone:

« when I was on methadone treatment, or on other legal drugs within a state-administered treatment, it seemed that they (the other patients) could sleep more peacefully. With the heroine, I stole, harmed society, but in giving methadone to drug addicts, that is more or less remaining addicted, they did not did harm society anymore. This is a solution for society, because it serves more to give good conscience than to provide real help.»

Conclusion

This research work with the various groups interviewed was very rich. But as it was an exploratory research, several new questions were raised. And precisely because it was an exploratory research, it was used to assess the complexity of this field of study (or fields, to the extent that the work concerned various institutions), while indicating the directions for future research, both from a general perspective (ayahuasca and addiction), or more specific (particular issues specific to each institution evaluated). I want to focus on what I called the Ayahuasca Model.

By focusing on the use of this specific psychoactive drink, this model is as interested in neurobiochemical dependency as it has interest about social issues. Drinking this tea

modifies chemically the central nervous system and the brain, and the work focuses on psychological and psychosocial problems, because it is understood that neurobiochemical changes can be maintained if the environment in which an individual is evolving is not changed (sometimes internal / psychological, sometimes external / psychosocial). It seems that the use of ayahuasca would bring to light a series of emotions underlying drug use, which allows the patient to act on these emotions under the effect of tea. If the patient does not rebuild his inner world (psychological) from a new perspective, thus changing its way to be in relation to others (which includes participation in social groups), the relapse will be inevitable. This is one of the foundations that allows us to say that the use of Ayahuasca in the treatment of addiction is not a simple replacement therapy.

Through this treatment - in addition to the physical, psychological and spiritual purification - a process of moral cleansing takes place. But again, it's worth remembering that the Ayahuasca model includes different treatment models. While the different institutions are trying to convince their patients that there is an adequate way of living in the world, the risks of relapse are significantly lower, classifying the drug as evil, as an error. For its part, ayahuasca is on the side of light, representing a cleaning and ordering factor. Seen this way, ayahuasca treatment surpasses once more the simple substitution treatment.

There is another striking contrast: drugs provide moments of intense pleasure, which, however, disrupts the life of the addict. On the other hand, experiences with ayahuasca (as with purgative plants) can be extremely unpleasant, but they offer a structuring effect on the patient's life. This effect is built mainly on the interaction of the person with the other patients of the group, and not only on the sense of well-being that happens most of the day after the Ayahuasca session, as described by the patients interviewed, even if this session was unpleasant. It corresponds to a moral cleaning process, which process is reinforced by the action of the group, and not only by the institution and its standards of conduct and the results of the interaction between patients, which distinguishes between what is good and what is wrong. Healing would come from gradual adherence to good.

Personal and social transformation is the subject of various treatments. In fact, it is at the very heart of this process. As Antze (1991) states:

> *«In fact, the AA movement makes much more than just helping the compulsive drinker to get rid of a problematic habit. AAs offer followers a community that generally reorganize their entire lives by providing a new understanding of themselves and new ways to behave - in fact, a new identity » (p.149).*

As is clearly stated by the United Nations Office on Drugs and Crime (in collaboration with the World Health Organization - see UNODC / WHO 2008):

> *«Addiction is considered a multifactorial health problem [...] Recently, biopsychosocial model has recognized addiction as a multifaceted problem requiring the experience of multiple disciplines. A multidisciplinary scientific approach based on the areas of health can be applied to research, prevention and treatment. In recent decades, drug addiction has been designed according to different ideological beliefs or points of view, including either as a social problem, an educational or spiritual problem, or strictly as a faulty behavior to be punished only or as a problem of pharmacology. The idea that dependence could be considered a self-acquired disease, based on free choice and experimental use with illicit drugs, has contributed to the stigmatization and discrimination of drug addiction. However, the scientific evidence indicates that the development of the disease concept is the result of a complex and multifactorial between repeated exposure to drugs and biological factors and environmental» (1).*

This perspective argues that addiction must be understood not only as a chemical, psychological or moral problem, but essentially as a social problem - already underlined by several authors, including Alexander (2008), Langdon (2004) and Room (1985) - but also from the perspective of the few clients interviewed within the centers that are the subject of this article, a spiritual aspect..

The question is then the following:

does the spiritual aspect simply serve as an additional tool (which seems appropriate) for a re-socialization of the addict? (See Sanchez & Nappo 2007; Panzini & Bandeira & 2007; Heath 1987)

Or would there be anything else related to the transcendence experience that reorients the life of the addict?

Schneider (2010), for example, indicates that it is exactly the experience of spirituality resulting from drinking the tea that promotes the transformation of the addicted person, improving a previously neglected social life. Alpert & Lostof (2007) also indicate that the recovery from addiction is conceived as a spiritual event, according to the vision of the people who have undergone iboga treatment.

Moreover, if addiction and dependency were discovered during the nineteenth century, these problems are relatively recent, probably resulting from the current lifestyle of our society. So, could dependency, rather than being a problem, not be an effect (collateral) of our way of life? (15)

The symptom would then be addiction, and not the pursuit of special states of perception - this question is as old as human being (see Winkelman, 2000).

We live in a highly monophasic society (Lauglhin et al., 1992) or entheophobic (in the sense of a phobia of entheogens - or psychoactive substances - see Blainey, 2010), where the only valid reality is that which is perceived when we are awake, without having ingested anything to perceive the world differently.

Taking psychoactive substances would be a way to access multiphasic states, a gateway to transcendence that was in the past identified as the main goal sought in the use of drugs and alcohol by several of my informants.

Notes

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1- This research project was carried out over a period of three years of post-doctoral Department of Anthropology of the University of São Paulo, with the FAPESP grant, from 2009 to 2012 under the title : The therapeutic use and ritual of Ayahuasca in the treatment of chemical addiction and alcoholism. The main objective was to know the role played by ayahuasca in the recovery process within these centers. To note that the term recovery from the perspective of the treatment centers included in this text, indicates that a patient does not use any psychoactive substance - except, of course, ayahuasca.

2- See for example the definition of the American College of Physicians (1985: 405): Dependence which refers to the physical or psychological need to use a substance chemical and involves alcoholism and drug addiction. For a comprehensive review of the concept of dependence, see Alexander (2008).

3- This article, however, focuses on the issue of addiction.

4- See Labate and Araújo (2002) for more details on each of these religions. In short, in 1930, Mestre Irineu, rubber worker, from black Maranhao, after receiving a vision of the Virgin Mother, founded the Santo Daime. In 1945 the Barquinha (see Merchant 2012) were set up by Daniel Pereira de Mattos. Both Barquinha and Santo Daime have taken birth in Rio Branco, Acre. In 1960, it was the turn of the movement União do Végétal to see the day, created by José Gabriel da Costa, in Porto Velho. The three religions are based on a syncretism between Christianity, African-Brazilian religions and practices indigenous.

5- The GMT is a multidisciplinary working group set by CONAD (National Council on Drug Policy) in 2004, bringing together professionals from different fields (doctors,

psychologists, anthropologists) and representatives of the churches working with the ayahuasca who were charged at the time to prepare a document to provide regulatory guidelines for the use of ayahuasca at Brazil. This document was completed in 2006 and published by Resolution 01 of 25 January 2010 by the institutional security firm CONAD.

6- Patients and caregivers are generic terms. Due to the multisite nature of the search, it is not really possible to use other terms. In Takiwasi, we can say that there are therapists and patients. In Caminho da Luz, we find the speakers and the Mestre on the one hand, and interns on the other. In Ceu Sagrado, there are only addicts, same thing in Ceu da Nova Vida. In addition, the interviews revealed that many caregivers already been patients.

7- In the United States, as early as 1791, Benjamim Rush (Survey on the effects of beverages spirits the human body and their on the happiness influences of society) said that chronic drunkenness was also a disease resulting from a lack of will. In 1891, Carl-von Brühl Cramer said that intoxication was a disease of the nervous system, which produces an irresistible desire towards alcohol (Berridge 1994: 17), and named this disease dipsomania.

8- Chwelos et al. 1959; Jensen 1962; Ross MacLean et al. 1961; Smith,1958.

9- See Halpern (2007) for a relevant literature review on the subsequent ban on the use of LSD in this type of treatment.

10- See also Dobkin de Rios et al. (2002), Fernandez (2003), Halpern (1996, 2007), Winkelman (2001) for a general review. Labate et al. (2010) conducted a review of literature on the use of ayahuasca as a therapeutic tool. The book Psychelic Medicine (Wilkelman & Roberts 2007), in two volumes, largely covers the use of substances psychoactive in the treatment of various problems, including addiction.

11- Interestingly, a mixture of anise seeds, turnip, salt and honey in hot water has been used a thousand years ago by the Persians to cause vomiting and decrease the toxicity of opium (Heggenhougen 1984). Heggenhougen also states that in a Buddhist monastery in Thailand, the same technique is used today. Gomes (2011) has made an analysis of the work of the Flor Das Aguas Padrinho Sebastião Center, directed by Walter De Lucca, a program that used ayahuasca to help homeless addicts. In the therapeutic process, purges were also used with Yawar Panga, planted with which Walter had experimented at Takiwasi. Note that drug addicts supported by De Lucca often asked for purges on a voluntary basis.

12- This practice has since been modified. At present, patients drink tea only once a day, in group meetings, and only if they wish.

13- A basic mixture of cocaine with sodium bicarbonate, the cheapest form of cocaine on the market. The crack is consumed in the form of stones and are smoked by users. «Crack» is the sound heard when small stones are lighted.

14- Cocaine base paste, known in Acre as «Mela».

15- Heath (1987), citing Bales (1946), states that there are fewer problems involving alcohol among Jews in the United States - who have a way of life where social cohesion is very important, with learning that takes place at home in a ritual context - the Irish (who have a high rate of consumption problems alcohol, as well as a high index of economic difficulty).

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