THE PSYCHOLOGY OF PLANTS

AN ETHNOGRAPHY OF PATIENT-PROVIER RELATIONSHIPS
AT THE TAKIWASI CENTER FOR REHABILITATION

Nora Harrington
School of Social Sciences
Hampshire College

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Introduction

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Nora: How is your relationship with Jorge [the patient’s psychologist] different than your relationship with your psychologist at the rehabilitation center in Barcelona?

Jago: It is similar but deeper... In Barcelona, they are more outside. Here...they are taking plants with you, vomiting with you in the maloka with you. These things open you up to say, “Jorge, I have this problem.” There have been moments when he put down limits that he had to, saying, “You can’t do this, you can’t leave, you can’t talk to anyone.” It hurts you then, right? Annoys you. But you accept it because it is part of the responsibility, the protection. At the end there is... a lot of gratitude.

In September of 1992, four Peruvian health professionals and a French doctor established a drug addiction rehabilitation center in Tarapoto, Peru. They intended, by founding the center, to investigate the systematic use of Amazonian “shamanistic knowledge” in the treatment of drug addiction (Mabit, 2005). Today, the Takiwasi Center for Drug Addiction Rehabilitation continues to use medicinal plants of traditional Amazonian medicine in conjunction with Western psychology in the treatment of patients from around the globe. For almost fifteen years, the Takiwasi center has sought, and continues to seek, “an efficient, low cost and culturally adapted alternative therapy” (Giove, 2002).

I had the unique opportunity to spend two months as a research intern with the Takiwasi Center in the summer of 2006. The internship was established on the premise that I would complete an ethnomedecideographic research project during my stay. At Takiwasi, some of the plants that they administer to treat drug addiction are consciousness-altering. Both patients and providers participate in the ritual ingestion of these plants. I was interested in how the communal, ritual ingestion of these plants affected the patient-provider relationship.²

After analyzing my data and reflecting on my experience, I would posit that the ritual ingestion of plants at Takiwasi, when coupled with the rest of their treatment program, affects patient provider

¹ A small circular building on Takiwasi property.

² When I first arrived, I was interested in how the paramount importance of spiritual development for both patients and psychologists affected the relationship between these two parties. When I came back to Hampshire, I realized that my original question assumed that patients and psychologists at Takiwasi experienced spiritual development. My would-be thesis question therefore assumed too much. Luckily, in trying to get my interviewees to talk about their spiritual development, I had steered most of the conversations toward the inclusion of traditional medicine in the treatment. I had asked patients and psychologists how their engagement with the traditional medicine, or “taking plants” as they put it, affected the healing process.
relationships in two main ways. First, the plants engender the patient’s trust toward his psychologist and in his treatment. Second, they facilitate a deeper level of disclosure from patient to provider. The relationship between patient and provider is the crux of the psychotherapeutic encounter. The inclusion of plants in Takiwasi’s treatment paradigm offers a distinct advantage to the Center’s ability to effectively treat drug addiction.

Most literature dealing with the therapeutic value of consciousness-altering substances is dedicated to hallucinogens, but the Takiwasi clinic does not associate the plants that they use with the term “hallucinogen.” Hallucinogens, by definition, are “illusions without object.” The clinic’s founder, Jacques Mabit (1988) argues that the images stimulated by the use of ayahuasca in a therapeutic context are not without object. He argues that the visions reference an object, whether it be psychological, extra-personal or otherwise. This distinguishes them, according to Mabit, from hallucinations. Mabit uses the term “entheogens” to refer to the plants used at Takiwasi. Entheogens are vision-producing plants that have generally social and religious significance (Grob, 1999). The literature addressing the therapeutic potential of entheogens, is scarce, however, and most of it concerned with the Santo Daime Church in Brazil (Riba and Barbanci, 2005; Barbosa, 2005). I have found nothing, in fact, that specifically addresses the role of psychedelics in the patient-provider relationship.

This study builds on the existing literature in the therapeutic use of hallucinogens, and that concerning the therapeutic potential of entheogens where it exists. Most of the research reported here is primary, however. I have drawn together ethnographic data to show specifically how the use of entheogens in drug addiction therapy influences therapist and patient understandings of their relationship.

There are things about the center that will make you suspicious. It was started by a French doctor, it is funded in large part by non-addicts who come to the center in order to take the plants themselves, some of its patients are European, and, as I have mentioned, they use a consciousness-
altering plants to treat drug addiction. I do not intend to deny your criticisms—they were once my own. Through my ethnographic data, however, I hope to erode your doubt. I argue that the enhancements offered to the patient-psychologist relationship by the inclusion of traditional medicine in Takiwasi’s treatment paradigm are so immense that they deserve our attention, genuine curiosity and, at least temporary, suspension of skepticism.

In this paper, I also engage a critical discussion of the politics and economics of the Takiwasi Center. I describe the history, economic structure, employee hierarchy and treatment modality of the clinic. I examine some of the keywords upon which the paper rests, including “spiritual,” and “traditional,” looking at how patients and psychologists must conceptualize and/or capitalize on these terms.

A discussion of these issues, important as it is, is best placed after a thorough discussion of the ethnographic data itself. With this system of organization, the focus of the paper will be where it belongs: on the conversations and people who gave it form.

**The Takiwasi Center**

The Center’s property is well manicured. On my second day there, the head gardener, José, was kind enough to give me a walking tour of it. As he explained it, the property emerged as one giant garden. It is surrounded on two sides by drooping vines and palm leaves, and behind those, neighbors. A river marks the border of the West property line and Prolongación road marks the East.

The stated objective of the Takiwasi Center is “to revalue the human and natural resources of traditional medicines and to create a true (verdadera) therapeutic alternative to drug addiction.” Takiwasi is not aligned with any political party and no patient is refused treatment on account of his political affiliations. The center seeks a treatment that is non-confessional, in terms of religious orientation, and non-coercive” (Giove, 2002). It is run by a small, committed staff of cooks, janitors, gardeners, medical personnel, traditional healers and psychologists.