



Subjective Theories about (Self-) Treatment with Ayahuasca

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ABSTRACT

Ayahuasca is a psychoactive beverage that is mostly used in ritualized settings (Santo Daime rituals, neo-shamanic rituals, and even do-it-yourself-rituals). It is a common practice in the investigated socio-cultural field to call these settings “healing rituals.” For this study, 15 people who underwent ayahuasca (self-) therapy for a particular disease like chronic pain, cancer, asthma, depression, alcohol abuse, or Hepatitis C were interviewed twice about their subjective concepts and beliefs on ayahuasca and healing. Qualitative data analysis revealed a variety of motivational patterns, subjective effects, and user types. Most participants were convinced that ayahuasca had influenced their illness positively or improved their coping with their illness. More importantly, it had enhanced their well being in general. As a result, we concluded that the effects of

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ayahuasca should not be reduced to a pharmacological model. The substance should be conceptualized as a psychological catalyst that unfolds within different fields of sociocultural ideas.

KEYWORDS: ayahuasca, healing rituals, belief systems, self-treatment, alternative states of consciousness



INTRODUCTION

The present qualitative study focuses on European ayahuasca usage undertaken with the motivation to “heal” specific diseases. The cultural idea of ayahuasca as a universal remedy, a panacea, appears repeatedly in subjective reports of ayahuasca users from the most different social origins (Winkelman 2005) establishing almost a hidden transcultural discourse. In this study, we observed 15 subjects in their attempt of (self-) treatment with ayahuasca in diverse forms of “healing rituals” from the point of view of medical psychology. We add the word “self”-treatment here in order to specify that in many cases these persons have not been part of a systematic, monitored doctor/healer-patient relationship. On the contrary they have sought help on their own. We interviewed these 15 subjects about their “healing” experiences and subjective theories relating to ayahuasca and healing in order to define a first basis for further epidemiological research.

Historical ayahuasca use of Amazonian indigenous peoples is not undisputable. While some researchers date the ayahuasca use for ritual and healing purposes back to even pre-Columbian times (McKenna 1999) or at least several hundred years (Luna 1986), it was not until 1851 that Richard Spruce encountered the utilization of this “intoxicating” beverage among the Tukano Indians on the Rio Uapes in Brazil. Almost from the beginning of the 20th century, a number of hybrid religious (e.g. Santo Daime and União do Vegetal¹) as well as other groups, such as psychotherapists, have integrated this potion into different cultural settings (Labate et al. 2008), often demonstrating surprising competence for hybrid ritual innovation on the grounds of traditional forms (Labate and Araùjo 2004). These ritual dynamics (Kreinath et al. 2006) occurred and still occur in both directions of former and present power relationships: “If the Indians have been perceived as objects of the Christian mission, ayahuasca provides the best example of a counter-mission” (Saez 2008). In addition to these organized forms of ayahuasca use, a newer and presumably very rare form of consuming ayahuasca or ayahuasca analogues are so-called “do-it-yourself rituals,” invented by Westerners mostly in urban contexts (Adelaars et al. 2006; Ott 1994).

Botanically and pharmacologically, ayahuasca is made of a vine (*Banisteriopsis caapi*), a MAO (monoamino-oxidase) inhibitor, and usually a DMT (Dimethyltryptamine)-containing plant (*Psychotria viridis* or *Diplopterys cabrerana*). Ayahuasca's active ingredients are the reversible MAO-inhibitor harmine and the serotonin-reuptake inhibitor tetrahydroharmine, which together make the serotonin-receptor (5-HT₂) agonist component N,N-dimethyltryptamine (DMT) bioavailable for oral use, and is relatively potent and long-acting (Callaway et al. 1999). In few cases, as observed in Europe, ayahuasca is also available without a DMT-containing substance.

Context of the Research: Sampling and Methodology

The multi-method research strategy described in the following paper was designed for providing answers to these questions:

- (1) How does ayahuasca subjectively influence a specific illness?
- (2) What is the function of an ayahuasca ritual?
- (3) What are the participants' beliefs about the influence of the ritual component on their (self-) healing experience?

The current study was carried out in a number of European countries (Germany, Netherlands, and Austria) in which we collected data about the transfer of South American ayahuasca rituals into a European context. The analysis of ritual transfer focuses on changes and adaptations of ritual forms to new contexts (Ahn et al. 2006). Within a field study period of five years (in which we dealt with many more research questions than reported here), we chose to categorize three major settings of ayahuasca use: (1) rituals in form of the Brazilian ayahuasca religions (most prominently the ceremonies of the Santo Daime Church in its CEFLURIS branch), (2) (neo-)shamanic ceremonies incorporating various indigenous elements (most often from South but also from North American indigenous cultures), and (3) so-called "self-made" rituals³ often resembling psychotherapeutic settings. The latter demonstrated the most obvious "ritual creativity" or, as it could be called, "ritual instability." Thus, the form of the more than 150 observed ayahuasca rituals differed a lot depending on the religious or philosophical discourses that dominated the different groups. Sometimes, for example, a "neo-shamanic" ritual took place in a tipi-tent in the countryside, where participants were exposed to nature and the "charms" of an outdoor experience sometimes connected with ecologically oriented movements. Often a (more or less) "traditional" shaman from a South American ethnic group or a self-declared shaman would perform one or more "classical shamanic healing techniques" (e.g. to blow smoke over the body or shake maracas or some leafs, [Adler 1995]) during the course of the ritual. In contrast, there were also rituals that took place in seminar hotels, addressing the desire of Europeans to combine comfort and exotic elements. Owing

to a legal context of tolerated religious practice, Santo Daime rituals in the Netherlands usually took place in churches. Thirdly, we were also able to observe ayahuasca rituals performed in private houses with little to no ritual forms.

As a result, we discovered that “healing experiences” could occur within Santo Daime rituals, (neo)shamanic ceremonies, and even do-it-yourself rituals at home. Although the authors are well aware that the spiritual or religious background or orientation of these rituals are different, a differentiation of these settings played no further role in the research. An interesting finding of our study was that more or less therapeutic effects could occur in any kind of ayahuasca rituals. Additionally, we participated in two “insider” conferences that could be described as hybrids between scientific meetings and markets for information about “traditional” South American shamans or “ayahuasceros.”

During all of these field trips we took notes and sometimes taped the sessions later transcribing what the facilitators and participants had said. These field notes added up to more than 350 pages of research materials that were included into our qualitative analysis. The multi-method approach was characterized by the combination of the previously reported field study methods with a larger sample of 40 ayahuasca users who we recruited for an ongoing longitudinal study about patterns of drug use in this field. Over the course of this 10-year, biographically oriented project within a study group called “ritual dynamics” (sponsored by the German Research Council, DFG) these participants were contacted every sixth month with the intention of conducting a qualitative, half-standardized interview and filling out questionnaires (Jungaberle, 2007). The smaller sample that we discuss in this article is a section of this larger sample. We drew this specific sample by applying the inclusion criteria stated in detail below by circularizing information about the project and the kind of participants we were looking for via the internet, in flyers, and in the context of rituals. Therefore, the sampling method is a “snowball” system not designed to draw a homogenous group but rather a sample of contrasting individuals (cf. to the grounded theory strategy of theoretical sampling [Glaser and Strauss 1967]). We found this appropriate in order to achieve our goal of diversity of users and self-declared searchers for “healing.” Although it was possible to reach a large number of ayahuasca users, only 15 participants fulfilled our criteria of medically documented diseases and the willingness to take part in a perennial longitudinal study. Once identified, we then conducted semi-structured interviews with these participants. One year after the first interviews, we interviewed 13 of these 15 participants for a second time. This was done for validation and completion of the information gathered. Thus, altogether 28 interviews lasting between 45 and 120 minutes were conducted, transcribed, and underwent content analysis with the help of the qualitative data analysis software program ATLASTi (<http://www.atlasti.com>).

The detailed inclusion criteria for the subsample of 15 participants included a professionally diagnosed disorder by a medical expert. However, due to the refusal of many participants to provide us with the biomedical reports however, these diagnoses were based on the self-report of the subjects. Altogether 25 different diseases were reported to be treated with ayahuasca. The sampling may be positively biased, because those who experienced positive effects on their diseases are more likely to have volunteered for the study. However this is not disadvantageous for non-epidemiological research.

In our qualitative analysis we used cross-case displays (Miles and Huberman 2002) for ordering the subjective theories of our participants into types that should make it possible to distinguish different motivations. Our strategy was to combine bottom-up (inductive) categories coming from the interview text with a number of top-down (deductive) categories that we got from previous studies in subjective theories about health and healing (Flick 1998). Differing from a more cultural- and context-oriented research on social systems of healing, we concentrated on individual styles of “healing” or salutogenetic strategies. Salutogenesis (Antonovsky 1979) was our main theoretical background for interpreting the role of ayahuasca rituals in the reported healing process. Although it would have been desirable to contrast the subjective reports with “objective” medical data, it is also important to distinguish subjective psychological healing strategies. As “generalized resistance resources” (ibidem) ayahuasca rituals can be seen as a coping resource that is effective in avoiding or combating a range of psychosocial stressors and can therefore lead to what we call “unspecific changes” in some cases enhancing individuals’ well-being. “Generalized resistance resources” enable individuals to make sense of and manage stressful life events. The key factor in salutogenesis is a person’s sense of coherence. Antonovsky defines it as a global orientation that expresses the extent to which one has a pervasive, enduring feeling of confidence in the predictability of one’s internal and external environments. We hypothesized that ayahuasca could contribute to this feeling.

The psychological concept of subjective theories is fundamental in this study (Groebe and Scheele 2001). It implies that all human beings—scientists and laypeople alike—nurture “hypotheses” about the world that can in many respects be considered as analogues to “real scientific” hypotheses. These “subjective theories” can be analyzed using the scientific criteria of explicitness, awareness, consistency, testability, and verification. Yet as a result of such analysis—unlike scientific theories—the ideas of laypeople may be found to be more inconsistent, instable, and inhomogeneous (Verres 1988). Sometimes they function as a legitimization of peoples’ behaviors. What people think is considered “real” in the sense that it may initiate real behavioral consequences (Bergem et al. 1996). That is, if a person perceives a situation as real, he or she will react according to his or her perception.

Short Description of Study Participants

Seven participants were members of the Santo Daime church and seven consumed ayahuasca mainly in (neo-)shamanic rituals. Only one person performed do-it-yourself rituals at home. Eight women and seven men, aged from 27 to 61 (average 44.5 years) participated in the study, indicating that ayahuasca use is far from being a youth phenomenon. Table 1 shows the profession, age, and diagnosis of the participants as well as their experience with ayahuasca use. That ayahuasca seemed to be used by all social classes is demonstrated by the fact that the professions of participants range from unskilled workers to academics. While one-third of the participants had achieved an academic degree, our participants seem to have a preference for activities in the therapeutic domain or health care. One-third of the participants are employed

TABLE 1. PROFESSION, AGE AND REPORTED DIAGNOSIS IN THE SAMPLE
N = 15

	Profession	Age	Diagnosis
1	Cook	43	Stomach cancer
2	Social educationalist (leader of a youth center)	52	Herniated vertebral disk gastritis
3	Book seller	55	Acute hearing loss, tinnitus pyelitis
4	Dentist (disabled)	36	Benign uterus tumors (myoma) borreliosis/pain
5	Agronomist	39	Alcohol abuse, aggressiveness pain on the knee
6	Physiotherapist, body therapist	40	Detached retina shoulder-arm syndrome
7	Employee (middle management)	59	Prostate cancer glaucoma
8	Public employee	37	Depression
9	Employee	26	Inflammation/pain in the shoulder joint
10	Geriatric nurse, steward	30	Allergic asthma
11	Police officer, social scientist	43	Hepatitis C migraine
12	Geriatric nurse (pension)	54	Depression chronic pain (fibromyalgia)
13	Art therapist	53	Allergy, food incompatibility
14	Psychologist, psychotherapist	61	Asthma influenza
15	Healer, shaman	40	Uterus tumors

in full-time jobs. A few do not work regularly or work in an unconventional manner. One is permanently disabled and another receives a pension. Equally diverse is the frequency of attending rituals, which ranges from once or twice up to several hundred times (in the course of the Santo Daime calendario).

Seven persons suffered from chronic pain, four had cancer or tumors, and three reported asthma or allergic reactions to food. Two persons had suffered from depression; one had trouble with alcohol abuse. Two persons had ophthalmological diseases (glaucoma, detached retina) and two had inflammations (stomach, pyelitis). One had Hepatitis C. Additionally, tinnitus and influenza were named as having been influenced positively by ayahuasca use.



RESULTS

In this section, we report our findings on a typology of ayahuasca users, unspecific and specific changes attributed to ayahuasca use, and systems of cosmology associated with this use.

Types of Ayahuasca Users

Based on the comparative analysis of our field study notes (comprising the observation of several hundred ayahuasceros), we identified seven types of ayahuasca users distinguishable by their main motivational orientation. This typology constitutes qualitatively grounded prototypes including: *event type*, *therapy type*, *seeker type*, *healer type*, *religious/spiritual type*, *substance user type*, and *alternative type*. These could be further researched to substantiate them into statistically grounded empirical types. The seven types are useful for describing the surprising diversity of ayahuasca users. It is not limited to those in search for healing or improvement of diseases. The typology acknowledges the possibility that an individual could switch between different types over the course of time. For example, an individual may at first be categorized as a “substance user” and later as a “spiritual type” or even “the healer.”

The seven “types” are described as follows:

- (1) Only loosely connected to an ayahuasca network or church, the *event type* uses ayahuasca only occasionally (e.g. often by attending “workshop”- like settings or within an organized trip to South America).
- (2) The *therapy type* is either searching for an alternative cure for a specific medical disease (as a complement to scientific medical treatment) or for “psychedelic therapy” (as a complement to psychotherapy). Ayahuasca is considered a therapeutic device for all kinds of unspecific maladies. When the search for the cure of a medical disease turns out to be unsuccessful, the therapy types often develop a change in their general system of

- reference, thereby becoming more spiritual or religious. Only after this self-transformation has taken place can a “healing process” occur.
- (3) The *seeker type* is an individual searching for a philosophy, concepts of identity, or an affirmation of his or her reality. This frequently unresolved search is not limited to psychoactives but may also include meditation, yoga, Buddhism, and many other schools of thought. Often a seeker is a postmodern rationalist.
 - (4) The *healer type* is often a “gifted” person who thinks of him or herself as having the power and mission to cure or help other people by facilitating ayahuasca sessions for them.
 - (5) The *spiritual type* is on a search for (individual) transpersonal or spiritual experience. The *religious type* differs from the *spiritual type* by using ayahuasca within a stable commitment to a community of ayahuasca users (like a church) and is therefore often more willing to accept dogmatic world views.
 - (6) The *substance user type* “consumes” ayahuasca in a way that is very similar to his or her use of other kinds of psychoactive substances or prescription drugs. He or she may be driven by recreational motives or sheer curiosity. This type is usually an experienced user of a large number of psychoactives.
 - (7) Being different is part of the *alternative type*, a category which is often an expression of ecological orientation and sometimes combined with eccentric personalities. The use of ayahuasca is only one of many strategies of ongoing identity formation. Often these persons are also engaged in activities like saving the rainforest or fighting for the rights of indigenous people.

Background Information about the Participants' Treatment Strategies

Seventy-five percent of our participants continued to receive biomedical treatment or therapy during their alternative ayahuasca “therapy.” Yet, in most cases the treatments were not applied simultaneously, but rather consecutively. In our sample almost all patients with chronic diseases had regular medical checkups and in three cases the doctors were even informed about ayahuasca, tolerating this as long as they did not detect any deterioration. Seventy-five percent of our small sample reported that they had specifically searched for an alternative method for treatment because of their lack of confidence in conventional medicine and were looking for a more “holistic” or “spiritual” kind of approach (“combining body, mind, and soul”). Eighty percent used alternative methods such as homeopathy, diets, acupuncture, or even “spiritual” treatment by healers or psychics. There were four people who declared that they had given up biomedicine after having exhausted all available treatments, and who considered ayahuasca therapy to be their “last chance.” In contrast, it is also remarkable that ayahuasca (self-)therapy had brought two people back to

biomedicine. Both patients underwent scientific treatment after recognizing (or in their own word, “having been told by a spirit” during an ayahuasca ritual) that they should see a doctor and receive surgery because they could not be cured with ayahuasca. Six participants of this study had been familiar with ayahuasca rituals before becoming ill and had frequently or regularly participated in ayahuasca rituals. Nine persons had searched for ayahuasca therapy to treat their illness.

Specific Effects of Ayahuasca on the Reported Diseases⁴

Over the course of one year and confirmed in two independent interviews, five people declared that they had completely recovered (*restitutio ad integrum*) and that the complaints had disappeared (Hepatitis C, tumor, influenza). Six people reported a lasting decline of their observed symptoms. Two people reported a remission of their symptoms for about a week (asthma). The condition of one person worsened, which could also be considered a normal course for her illness (myoma). Ayahuasca (self-)therapy had virtually no effect on five persons (migraine, prostate cancer, fibromyalgia, aching knees). One case could not be evaluated because the person reported that she “felt” a remission of her cancer, but unlike the others she had never consulted a doctor to confirm this [Table 2].

TABLE 2. FREQUENCY OF REPORTED ILLNESSES IN THE SAMPLE
OF N = 15

Disease	Quantity
Chronic pain	7
Cancer/tumors	4
Asthma	3
Depression/alcohol abuse	3
Eye problems	2
Inflammations	2
Hepatitis C	1
Tinnitus	1
Influenza	1

Unspecific Effects of Ayahuasca on the Reported Diseases

In addition to “getting cured” or not, all participants declared that ayahuasca had positive effects on them. None of them criticized ayahuasca rituals in our interviews as worthless or negative. Participants declared that ayahuasca use had positive effects on their conduct of life. The effects of ayahuasca were described as profound and life-changing. An interesting finding of our study was

that these “positive effects” of ayahuasca were described independently from a positive or negative healing experience and contributed to well-being in general. Therefore, we call these effects “unspecific changes.” This goes in line with the results of a qualitative study from Winkelman (2005). The principal motivations found by Winkelman can be characterized as: (1) seeking spiritual relations and personal spiritual development, (2) emotional healing, and (3) the development of personal self-awareness including insights and access to deeper levels of the self, providing personal direction in life. We found these nine categories:

- (1) A change in health behaviors including diet. Participants also often gave up alcohol or cigarettes,
- (2) Enhanced clarity, recognition, and sensibility,
- (3) Increased physical well-being,
- (4) Energy, power, and strength,
- (5) Better coping with problems and “daily hassles,”
- (6) Confidence and tranquillity,
- (7) A renewed sense of happiness, love, and joy,
- (8) A change of life orientation sometimes including a strive for non-materialistic values,
- (9) Improved social competences.

All these unspecific improvements have been attributed to the effects of one or several ayahuasca experiences. Participants reported to have actively “learned” all these things in the rituals. Three participants stated that they had received help from other “entities” or “spirits.” For some people these “entities” emerged as “spiritual doctors” performing “spiritual operations” (as it is well known in Brazilian healing cultures) or alternatively as “spirits” providing people with helpful insights (for example not to eat particular food in order to avoid allergic reactions).

Beliefs about the Mechanisms of Ayahuasca Influence and its Relation to Cosmologies

Nearly all subjects expressed an antagonistic concept to the common “harm and addiction” view of psychoactive substances (“drug concept”). Most of the participants did not use the term “drug” to refer to ayahuasca but preferred the word “entheogen” which has been translated as “god inside” or other less pejorative terms (Ruck et al. 1979). Only three persons reported an essentially chemical or pharmacological understanding of ayahuasca’s effects, while all 15 participants expressed a more or less therapeutic understanding of ayahuasca, implying that they spoke and thought of ayahuasca as a therapeutic device or as a medicine. Because of the reported preselection of the participants, this is not surprising. The term “medicine” usually has a spiritual or religious connotation. Physical complications or adverse effects like intense vomiting and

occasional diarrhea were quite frequently reframed as “visible signs” of a “healing process” and were of great subjective importance. Vomiting played an important role in individual beliefs because the majority of participants stated that this contributed to or initiated a healing process through “cleansing the body and soul” which then would support “physical, emotional, or spiritual healing.” Therefore, even in these diverse European contexts, dietary rules were almost always associated with the use of ayahuasca. These “taboos” were not only perceived to help in avoiding harm, side-effects, or other risks, but were also regarded as an intensification of the experience.

One-third of the persons expressed a religious or spiritual understanding of ayahuasca related to different Christian and non-Christian discourses. They consider ayahuasca to be a sacrament as is the case with most Santo Daime Members. Another third of the participants expressed a magical or shamanic understanding of their ayahuasca experiences. The ingredients of the psychoactive tea were described as “spiritual healing plants” or “power plants.” Sometimes participants called ayahuasca “mother of all plants.” Ayahuasca was referred to as a “teacher” by many of the Santo Daime members as well as by neo-shamanic participants. This sometimes alludes to an animistic worldview, which is quite common in traditional indigenous South American cultures. Five participants fully adopted this view and considered ayahuasca a “spiritual being” with its own “personality”; others knew about this view and were ambivalently torn between science and shamanistic thinking.

As one participant reported,

I have many theories about it. Fact is, if I go to a ritual, I act as if ayahuasca [is] an entity, as if it [were] a real being. Before a ritual, I talk to ayahuasca like “Dear ayahuasca, I would like a soft experience.” Last time I asked for a deep and intensive experience. And this is what I got. It is not wrong to do so. I’m not sure if there are autarkic entities in transpersonal spheres. But I tend to think that this must be so. That these beings really exist. I think, ayahuasca opens a door, so other entities could affect our world. And this could be true in my opinion. [Tobias Doradi⁵]

It is common for nearly all participants not to call ayahuasca ceremonies “rituals” but “works.” Apart from expressing the origins of people in a society based on the concept of “work,” the term “works” here refers to the idea that the experience is not always “fun” but often a “hard and demanding experience.” For these reasons, we made up the term “transhedonistic understanding” with “transhedonistic” signifying that ayahuasca involves some kind of hedonic purpose. Moreover, these hedonic aspects are regularly linked to serious and often demanding topics making it hard to compare this to the hedonistic uses common in psychoactives like alcohol and cannabis. None of the participants reported to have used ayahuasca for recreational purposes only [Table 3].

TABLE 3. REPORTED COURSE OF ILLNESS (SUBJECTIVE THERAPEUTIC EFFECT OF AYAHUASCA); N = 15

Code	Dimension, Variable	Quantity	Illness
1	Complete recovery (restutio ad integrum)	5 persons (7 complaints)	Hepatitis C, detached retina, shoulder arm syndrome, (benign) tumours, slipped disk, gastritis, influenza
2	Lasting decline of symptoms	6 persons (6 complaints)	Inflammation in the shoulder, depression, tinnitus, alcohol abuse, food incompatibility
3	Remission	2 persons (2 complaints)	Asthma
4	Worse status of health	1 persons (2 complaints)	Benign tumours, borreliosis
5	No effect	5 persons (5 complaints)	Migraine, cancer (prostate), glaucoma, pyreliosis, fibromyalgia, chronic pain
6	Unratable	1 person (1 complaint)	Cancer (stomach)

Contextualizing the Categories: Two Case Displays

Patricia Klaase⁵ is a 39-year-old physiotherapist and mother of a 7-year-old boy. She is divorced and lives in the countryside together with a friend. She participates in ayahuasca rituals five to eight times a year (an *event type* of ayahuasca user). She doesn't smoke and drinks alcohol only a few times a year. At the age of 26 she tried cannabis and a year later tried ecstasy, LSD, and psilocybin—always in ritualized, neo-shamanic settings. When she was 28, she participated in a Santo Daime ritual, and since then she has consumed ayahuasca solely in neo-shamanic or do-it-yourself settings. In the context of this study, Patricia reported a retinal detachment on her left eye. She had had an operation years before her first contact with psychoactive drugs. Almost every year after that she needed follow-up laser treatments to restore her eyesight. Looking back on her experiences, she interpreted that ayahuasca had taught her how to manage herself and her body by giving her the feeling of being connected to something greater than herself, “as if a very ancient source was arising from the spirit of the plant.” She compared her drinking of ayahuasca with going to school or a library where a force or “inner wisdom” would “teach everything one wants to know.” Then, in one ceremony, she envisioned a spider that “taught” her how to weave her retina. Ever since then, no more surgery or laser interventions had been necessary. Patricia believes in the curative powers of mental symbols. Moreover, she reports to have realized under the influence

of the ayahuasca brew “that she herself is the creator of her realities,” including illnesses or healing. Patricia reports that ayahuasca had strengthened her sense of responsibility for her own destiny (Patricia Kaase, 39, physiotherapist, first interview, 2004).

Werner Harken⁵ is 43 years old, single, and lives alone. Although he is a social scientist with a master’s degree (with very good grades), he lives in quite unstable circumstances. He has worked in a lot of different jobs and has also been unemployed for several weeks. He has participated in Santo Daime rituals more than 1,000 times in the course of 15 years. We consider him to have evolved from a general drug experimenter to being a *religious type* of ayahuasca user over the course of his lifetime. At the early age of 12, he had his first experience with a psychoactive drug (ether). He reported having tried nearly all psychoactive substances available to him, except crack, but only with short periods of addictive symptoms. In his thirties when he wanted to donate blood, the doctors discovered Hepatitis C. Werner believes that he had infected himself earlier in his life by sharing an injection needle when he still experimented with heroine. At the time of his healing report he had participated in hundreds of ayahuasca rituals when he passed through a very special one. In this ceremony the leader said, “Now is the moment for everybody to concentrate on something you want to be healed from.” Following this advice, he concentrated on healing Hepatitis C. Two weeks later his doctor performed a Hepatitis C test, which revealed that the disease was no longer detectable. Several tests confirmed this. His doctor came to the conclusion that the Hepatitis C had been cured unexpectedly. Harken said, “There is an interesting, strange, temporal, and spiritual coincidence with this special healing ritual.” Being a very reflective person he admitted that he didn’t know how or why this spontaneous healing had happened or how to prove that there was a direct or indirect connection with the ayahuasca ritual. Never before or after this event had he experienced such a special moment again nor had a ritual leader done anything similar.



CONCLUSION

Although referred to as a “medicine,” ayahuasca was clearly not used as an “ordinary” pharmacological medicament amongst the participants of the study. Instead, the term “medicine” alluded to more holistic concepts of ayahuasca being a “sacrament” or honored “healing plant.” All subjects interviewed in the study stated that a large amount of unpredictability was involved in their healing process with no guarantee for healing provided. The present study relies on retrospective data, which means that we lacked objective evidence proving the effectiveness of the claimed therapeutic successes. However, given the repetition of our interview one year later, we assert that the reported effects were

stable. Seven people declared that they had successfully “healed themselves” with the help of ayahuasca. Nevertheless, there are also five disorders ayahuasca seemed to have had no influence on (migraine, fibromyalgia, prostate cancer, pain/knee, pyelitis).

Discussion of the Therapeutic Effects

To discuss the reported effects of ayahuasca (self-)therapy we must take a look at a variety of aspects that are essential to answer the question of if there might be therapeutic properties of ayahuasca use.

- (1) Spontaneous remission. Considering the fact that many medical conditions involve a natural course of improvement and deterioration, it is difficult to know if a health upswing should be credited to the effect of a drug at least in an uncontrolled study. There may be confusion of spontaneous healing with therapeutic effects of the plant potion.
- (2) Owing to the design of the study, therapeutic ayahuasca effects cannot be distinguished from placebo effects. The belief in the effectiveness of a treatment may have a positive influence on recovery. The placebo effect or meaning response (Moerman 2002) may be initiated by a healer or a healing ritual. “Meaning response” is defined as the physiological or psychological effects of meaning attribution in the treatment of an illness. A placebo response is not an “illusion,” since it may be based on the release of various chemicals in the brain and organs in response to human expectations (cf. neuropsychimmunology). In regard to placebo effects, expectations play an important role. Our participants considered all ritual to be “healing rituals” or “healing ceremonies,” which indicates (at least) an unconscious expectancy, an anticipation or hope for getting healed. Another crucial effect on a patient’s healing process seems to be the relationship between doctor/healer and the patient with a shared view of life.
- (3) Subjective reports may generate mistakes. False attributions and false memory effects are only two of them.
- (4) Of course, this study may be positively biased through the selection of the participants as part of a snowball sampling strategy. For example, it is possible that more people who had experienced positive effects of ayahuasca volunteered than people who had experienced little or negative effects.
- (5) Most of the therapeutic effects reported by the participants may be categorized as psychological or psychosomatic. By ingesting ayahuasca, a person reaches a state of mind in which the etiology or the courses of illnesses or symptoms can be discovered, worked on, or influenced. Ayahuasca can be seen as a catalyst for a psychotherapeutic process.

Concluding Remarks

Despite its active ingredients, ayahuasca should not mainly be seen as a pharmacological substance, but more as a psychological catalyst that unfolds within fields of sociocultural ideas. Our participants reported that ayahuasca enhanced their emotional and mental states, so that they would not only be able to “see” the true cause of their illness. Some also stated that ayahuasca had supported them in actively influencing their illnesses and life conduct in many different ways. For most of them the positive changes related to their disease were just a sideline of the intended process of changing their self-concepts or conduct of life. From a salutogenetic point of view, this may actually result in positive effects on the quality of life.

It is important to say that not only the substance itself created subjective healing effects but also the combination of individual expectancies, thoughts, beliefs, and active behaviors. Most of the ayahuasca uses we observed in this study had been part of a social ecology of ideas, a normative “field.” Consequently, the ayahuasca rituals we observed demonstrated a great number of rules and norms (how to take it, how often, etc.) including safety aspects like the attempt to control Set and setting. Specific cautions regarding diet and the possibly harmful combination of medications were frequently taken. Nevertheless, further studies are needed to define what would be considered “best practice” of ayahuasca use within these social fields.



NOTES

1. In 2006 the US Supreme Court issued an unanimous decision affirming Religious Liberty for the União do Vegetal; <http://www.supremecourtus.gov/> (cited as 546 U. S. (2006), No. 04.1084).
2. In accordance to the WHO definitions in the following we use the term “illness” to refer to the subjective perception by a patient of a complaint. “Disease” instead is used for objectively defined disorders (Curren and Stacey 1986).
3. We use the terms “ritual” and “ceremony” as synonyms here to describe social settings that are more or less formalized and contain elements of religious or philosophical symbolization and repetition (Jungaberle and DuBois 2006; Kreinath et al. 2006).
4. Again, it should be noted that this evaluation rests on subjective statements, not on objective medical documentation.
5. All names are pseudonyms.

REFERENCES CITED

- Adelaars, A., C. Rätsch and C. Müller-Ebeling
 2006 *Ayahuasca Rituale, Zaubetränke und visionäre Kunst aus Amazonien*. Baden u. München: AT Verlag.

- Adler, L.
1995 *Spirit Versus Scalpel: Traditional Healing and Modern Psychotherapy*. Westport, CT: Bergin & Garvey.
- Ahn, G., D. Lüddesckens, K. Radde and J.A. Snoek
2006 Transfer of Ritual. *Journal of Ritual Studies* 20: 1–10.
- Antonovsky, A.
1979 *Health, Stress and Coping: New Perspectives on Mental and Physical Well-Being*. San Francisco: Jossey-Bass.
- Bergem, W., L. Bluhm and F. Marx
1996 Metapher und Modell. Ein Wuppertaler Kolloquium zu literarischen und wissenschaftlichen Formen der Wirklichkeitskonstruktion. Trier: Wiss. Verlag Trier (WVT).
- Callaway, J.C., D. McKenna, C. Grob, G. Brito, L. Raymon, R. Poland, E.N. Andrade and E.O. Andrade
1999 Pharmacology of Hoasca Alkaloids in Healthy Humans. *Journal of Ethnopharmacology* 6(3): 243–256.
- Currer, C. and M. Stacey
1986 *Concepts of Health, Illness and Disease: A Comparative Perspective*. Oxford: Berg Publ. Books.
- Flick, U.
1998 *Subjektive Vorstellungen von Gesundheit und Krankheit. Wann fühlen wir uns gesund? – Subjektive Vorstellungen von Gesundheit und Krankheit*. U. Flick. Weinheim, Juventa: 7–32.
- Glaser, B. and A. Strauss
1967 *The Discovery of the Grounded Theory*. Chicago: Adline.
- Groeben, Norbert and Brigitte Scheele.
2001 Dialogue-Hermeneutic Method and the “Research Program Subjective Theories” [9 paragraphs]. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 2(1), Art. October 10, 12, 2008. Electronic document, <http://nbn-resolving.de/urn:nbn:de:0114-fqs0002105>
- Jungaberle, H. and F. DuBois
2006 Risk and ritual—two frames for drug use (p. 193–226). *Rituale in Bewegung. Rahmungs- und Reflexivitätsprozesse in Kulturen der Gegenwart*. H. Jungaberle, Snoek, J., Weinhold, J. Münster, LIT-Verlag.
- Kreinath, J., J.A. Snoek and M. Stausberg
2006 *Theorizing Rituals. Vol.-I: Issues, Topics, Approaches, Concepts*. Leiden, Boston: Brill.
- Labate, B., S. Goulart, M. Fiore, E. MacRae and H. Carneiro
2008 *Drugs and culture: new perspectives*. Salvador, Bahia, Brasil: EDUFBA (Editora da Universidade Federal da Bahia).
- Labate, B.C. and W.S. Araújo, eds.
2004 *O Uso ritual da Ayahuasca*. 2nd edition. Campinas: Mercado de Letras.

- Luna, L.E.
1986 *Vegetalismo: Shamanism among the Mestizo Population of the Peruvian Amazon*. Stockholm/Sweden: Almqvist & Wiksell International.
- McKenna, D.J.
1999 *Ayahuasca: An Ethnopharmacologic History*. In *Ayahuasca: Hallucinogens, Consciousness, and the Spirit of Nature*. R. Metzner, ed. Pp. 187–213. New York: Thunder's Mouth Press.
- Miles, M. and M. Huberman
2002 *The Qualitative Researcher's Companion: Classic and Contemporary Readings*. Corwin Pr Inc.
- Moerman, D.
2002 *Meaning, Medicine and the 'Placebo Effect'*. Cambridge: University Press.
- Ott, J.
1994 *Ayahuasca Analogues: Pangæan Entheogens*. Kennewick, WA: Natural Products Co.
- Ruck, C., J. Bigwood, D. Staples, R.E. Schultes, J. Ott and R.G. Wasson
1979 *Entheogens*. *Journal of Psychedelic Drugs* 11: 145–146.
- Saez, O.C.
2008 Foreword to "Ayahuasca religions—A Comprehensive Bibliography & Critical Essay. In *Ayahuasca Religions - A Comprehensive Bibliography & Critical Essay*. B.C. Labate, I. Santana de Rose and R. Guimaraes dos Santos, eds. Santa Cruz: MAPS.
- Spruce, R.A.
1851/1908 *Notes of a Botanist on the Amazon and Andes*. New York: Johnson Repr. Corpor.
- Verres, R.
1988 *Subjective Theories on Etiology and Treatment of Cancer*. *Recent Results in Cancer Research* 111: 179–184.
- Winkelman, M.
2005 *Drug Tourism or Spiritual Healing? Ayahuasca Seekers in Amazonia*. *Journal of Psychoactive Drugs* 37(2): 209–218.