Commentary

On "Human Pharmacology of Hoasca": A Medical Anthropology Perspective

MARLENE DOBKIN DE RIOS, PH.D.[1]

As Strassman (1995) pointed out in this Journal, clinical research with hallucinogens has resumed after a generation's hiatus. Strassman argues that "human hallucinogen research will help define unique mind-brain interfaces, and provide mechanistic hypotheses and treatment options for psychiatric disorders," and that state of the art methodologies need to be incorporated into such studies (p. 127). It is particularly interesting that this hiatus in hallucinogenic research with human subjects has existed despite the fact that between 13 and 17 million individuals in this country alone have used a hallucinogen at least once (National Institute of Drug Abuse, 1991). It behooves transcultural psychiatric researchers to examine the social contexts in which such substances have a history of use and to apply rigorous scientific methodologies to study them, especially in understanding natural laboratories in which these plants have been utilized to treat psychiatric disorders.

In doing this, and in an exemplary fashion, Grob et al. have turned to the Uniao do Vegetal (UDV), a syncretic religious group in Brazil, where one plant hallucinogen, hoasca (also known as. ayahuasca), comprising harmine, harmaline, and tetrahydroharmaline, is used in bimonthly ritual ceremonies. Today there are more than 5000 adherents of this religious group in over 60 centers throughout Brazil, inspired by traditions of drug use from the Peruvian Amazon (Gallant, 1995). Moreover, hoasca use is officially recognized by the Brazilian government for use in 22 religious sects in that country. Unlike the larger Brazilian sect, Sainto Daime, with its overtones of drug tourism,[2] the UDV does not proselytize foreigners. Adherents are given the plant tea (150 ml of the drink) at each setting twice a month.

In this brief Commentary, I will draw upon my work as a medical anthropologist and psychotherapist who has studied ayahuasca use among urban populations in the Peruvian Amazon cities of Iquitos and Pucallpa for the last 25 years so as to provide a social context for the hoasca use. The Peruvian data focused on the psychological effects, outcomes, and therapies used by Peruvian mestizo[3] men and women healers in contemporary ayahuasca treatment of patients' emotional and psychiatric problems. It is also important to understand the rise of new religions in Brazil, such as the UDV, which emanate not from a native American tradition (despite the rhetoric of the search for "indigenous wisdom" to legitimize the hoasca use) but rather as a social movement, one of numerous batuque[4] sects. These arose in response to fast-paced social change in Brazil (see below). Major influences can be traced from Europe and North America in the context of spiritist and spiritualist churches that promise mediumistic contact with the dead and altered states of consciousness as a means of contact with spirit forces. Many, too, have been linked historically to African religious survivals in the wake of 400 years of black slavery. The UDV, in particular, is representative of spiritist religions with nontraditional Christian theological constructs, merged with a 19th century faith in the union of science and religion.

[1] Department of Psychiatry and Human Behavior, University of California, Irvine, Mail Rt. 181, University of California Irvine Medical Center, 101 City Drive South, Orange, California 92668.

[2] Drug tourism is a phenomenon in recent years where Westerners exploit indigenous and Third World drug rituals that are promoted to Western tourists. They seek to experience mystical states on demand, usually paying high fees to do so. This occurs outside the sociocultural context of use (see Dobkin de Rios, 1994).

[3] The term mestizo refers to individuals whose ethnic heritage derives from indigenous and European miscegenation.

[4] The term is a generic one in which Afro-Brazilian cultures have reached Belem and other Amazon cities, similar to that of Candomble of Bahia, Xango of Recife, and the terreiros of Maranhao. These cults underwent profound changes as they adapted to the Amazonian environment and range from Yoruban-Dahomeyan (Gege-Nago) cults to others more heavily influenced by European spiritism (Leacock and Leacock 1972). Batuque is concerned primarily with everyday problems and not eschatological beliefs, and according to Moran (1974), "its remarkable growth in recent years indicates its success in helping the urban poor cope with the stresses of modern life in the urban scene" (p. 153).

Comparison of Peruvian Mestizo Ayahuasca Use with Brazilian UDV Use

In both the Peruvian and Brazilian Amazon, mestizo men and women who use the plant hallucinogen in a ritual context of healing turn to the autochthonous peoples of the region and their historical use of the substance to legitimize and valorize contemporary use. This is particularly common since the 1960s, with the growing European and American interest in native mysticism. Thus, numerous ayahuasca healers whom I interviewed in the 1960s and 1970s, spoke about their personal experiences living among Indian peoples and participating in ayahuasca sessions. The most famous of this genre is Cordova-Rios's work (Lamb and Cordova-Rios, 1971). The Brazilian rubber bonanza of the late 19th century is one in which many native peoples were forced into rubber gathering activities and ayahuasca use became more generally known by Brazilian nationals.

In my summary of historical data in *Visionary Vine* (Dobkin de Rios, 1972), I wrote that contemporary ayahuasca use in the Peruvian Amazon is found in the context of healing rituals that utilize the plant hallucinogen to identify the individual believed responsible for a witchcraft hex that is said to cause the client's physical or psychiatric disorder. In the traditional hunting/gathering societies or the incipient horticultural societies of the Colombian, Peruvian, Ecuadorian, and Brazilian Amazon, such as the one studied by Siskind (1972), hallucinogenic use functioned in the context of shamanism. Plants were used to contact and control rain forest spirit forces for political, social, and economic motives, and hallucinogenic healing was only one of many shamanic functions.

Gow (1994), in a provocative article on shamanism and history in Western Amazonia, argues convincingly that the contemporary ayahuasca use we see among mestizos in the Western Amazon is not part of an unbroken pre-Columbian cultural tradition. Rather, it is a phenomenon that has been evolving in urban contexts over the past 300 years, which has been exported from towns such as Pucallpa and Iquitos, Peru, to isolated tribal peoples to become the dominant form of shamanic curing practice in the region. According to Gow (1994), ayahausca healing evolved as a response to the specific colonial history of Western Amazonia and the spread of the rubber industry in the region. Gow argues that the ayahuasca curing ritual originated in the specific milieu of early Jesuit and Franciscan missions of the region, and the massive disruption caused by epidemic illness to numerous indigenous populations. It expanded in the Amazon when the mission system was transformed by the rubber boom in the late 19th century.

The typical tribal shamanic healer is trained in the diagnosis and curing of illness with the hallucinogen ayahuasca. A younger shaman, generally male, trains for many years with an elder, taking the plant personally and learning curing songs. It is generally believed that the shaman can magically suck out sorcery objects that are introjected by a witch or evildoer which cause certain culture-specific illnesses. A majority of illnesses are believed to be caused by the revenge of natural species on people who use them. The evil of people can afflict healthy adults by means of sorcery when an individual magically introjects a *chonta* (thorn) into the victim's body. The healer uses the plant hallucinogen for its revelatory properties to allow him to diagnose and then cure the patient. There is a pantheon of supernatural agents of river and forest which are called upon by the healer to return the evil to its perpetrator and to provide visions of healing plants to give to the patient. From a psychiatric perspective on transference phenomena, healers are believed to be omnipotent and all-knowing and are expected to protect their community from evil.

When we turn to the urban mestizo healer who uses ayahausca in cities like Iquitos and Pucallpa, we find that healers typically diagnose illness either as natural or supernatural in origin. Such healers are very effective in treating a wide variety of somatized illnesses due to the numerous stressors experienced by urban peoples in a fast-changing world for which they often have little preparation, given the movement of rural, illiterate peoples from countryside to city. Urban Third World poverty and malnutrition compound these stressors and healers are often called upon to deal with interpersonal conflicts, divorce and separation of spouses, and issues of envy and anger. A culture-specific psychiatric syndrome, saladera (Dobkin de Rios, 1981), has been described, linked to personal misfortune which characterizes the "bad luck" syndrome of urban residents who have few prospects or hopes of success in a commercial and extractive industrial world which they are poorly prepared to master.

In a retrospective presumptive psychiatric diagnosis of cases that I studied from 1968 to 1969 among five healers, and in 1977 with the healer don Hilde (Dobkin de Rios, 1992), from the hindsight of my subsequent training in clinical psychology, I found the following DSM-IV diagnoses to apply to the combined sample of 31 patients: anxiety disorder (culture-specific disorder: saladera), 32%; depression, 25.8%; dysthymia, 12.9%; alcohol/cocaine abuse, 9.6%; marital discord, 9.6%; psychosis not

otherwise specified, 6.0%; posttraumatic stress disorder, 3.0%; and biobehavioral disorders only, 3.0%. A large number of patients (20/31) presented with physical disorders for the healers in addition to their psychiatric dysfunctions.

Among the small sample of UDV patients studied by Grob et al. (N = 15), a variety of pervasive dysfunctional behaviors characterized the UDV members before their involvement with the sect. Clinical dysfunctions included severe to moderate alcohol use, violent behaviors, drug abuse, and other oppositional behaviors. The experimental subjects' disorders contrast with the lesser psychopathology of the control group. Anxiolytic properties of the hoasca which I reported on anecdotally in 1972 may be beneficial to individuals such as those in Grob et al.'s study, who self-medicated with alcohol or other drugs in order to elevate their mood and feel successful and in control of their lives (see Winkelman, 1995).

Unlike ayahuasca use in urban centers of the Peruvian Amazon, UDV adherents follow more closely the spiritist pattern in Brazil, where membership in a religious sect is often a lifelong affair. Rituals and social activity linked to sect membership set the individual apart from the larger society. Such individuals are constantly reinforced in their membership in a constricted group (Pressel, 1973). One could argue that the group relationship itself is an important component in the reported psychological improvement that individuals experience as the result of their membership in the UDV.

Brazil's New Religions: A Psychiatric Perspective

Since the Vargas era of the 1930s in Brazil, the traditional semifeudal rural agrarian economy has been replaced by a technologically oriented, urban industrial economy, causing dislocations and the migrations of large numbers of unemployed rural persons to urban centers searching for jobs. Urban life has weakened large extended family systems. In the midst of this sociocultural transformation, sociopsychological stress has become widespread as individuals attempt to cope with new problems in their environment (Pressel, 1973). Since the 1930s, there has been a rise in new spiritist religions or sects, such as Umbanda and Candomblé, to help individuals solve their personal difficulties (Brody, 1973). These syncretic religions emerged during the early period of modernization in the 1920s and have diffused to the smaller cities in the interior of Brazil as these centers became integrated into modern socioeconomic life. Brazil is a true "cultural mosaic" (Smith, 1963) with a melting pot of ethnicities and cultures, including European Portuguese settlers, who interbred with indigenous Indian populations and later with African slaves. Additionally, new waves of immigrants from Europe, Asia, and other countries have become part of contemporary Brazilian life.

In a recent study of one syncretic, non-ayahuasca-using religion in the northeast of Brazil, my graduate student, Sera (1993), found that in a sample of 65 clients attending Umbanda sessions, 38.6% reported DSM-III-R axis I disorders, and another 27.3% reported symptoms that were culture-specific disorders, such as sorcery, underdeveloped mediumship, evil eye, and encounters with spirits of deceased ancestors. These were locally regarded as spiritual illnesses. This would confirm Grob et al.'s findings with regard to prior problems of the members of the UDV as well as my data from 1968 to 1977 on the major psychiatric interventions of ayahuasca healers among the dysfunctional urban poor.

Conclusion

Grob et al.'s study is unique in the application of quantitative and rigorous methodology to study a religious group who have incorporated the plant hallucinogen ayahuasca into ritual practice over the last 35 years. While we know that such substances have a long and mostly unwritten history of use in the Amazon region of South America, such a study as the one presented for us in this Journal plays an important historic role. To my knowledge, it is the only experimental study in a natural context that enables us to make a measured judgment about outcomes and treatment efficacy. As American psychiatry considers embarking upon future ventures to integrate hallucinogenic substances into clinical practice, we are obliged to assess and evaluate their prior history of use.

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