

Feeding the Hungry Ghosts:

Ibogaine and the Psycho-Spiritual Treatment of Addiction

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For the past two years I have been studying with Kaariina Saarinen, a Canadian medicine woman who blends teachings from the Tibetan Buddhist and Ojibwe traditions, among others. She works with young people and families in facilitating profound shamanic rites of passage through ceremony, sweat lodge and family counsel. Her teaching, which echoes the voice of indigenous grandmothers around the world, is that all suffering and *dis-ease* can be traced to genetic disturbance inherited from somewhere in the ancestry, always rooted to a feeling of not having enough.

This experience, coupled with an interest in psychedelic therapy and professional experience in drug policy has led me to work at an Ibogaine treatment center in Tijuana, Mexico. Over the past few decades, despite the need for more clinical studies, Ibogaine has emerged as an effective, however controversial, treatment for substance dependence.


One of the most interesting archetypal lenses for understanding addictions is the realm of hungry ghosts, one of the six paths of suffering on the Buddhist mandala of rebirth. Dr. Gabor Mate, who wrote the book *The Realm of Hungry Ghosts: Close Encounters with Addiction*, relays the wisdom that the best way to work with even the hungriest and most ghostly is to feed them – to offer the nurturing and support that is the root of their craving.

In his book *The Globalization of Addiction*, another Vancouver author, Bruce Alexander, Ph.D., outlines a model for understanding drug abuse based on patterns of social dislocation. While Mate notices that every case of severe addiction he's confronted can be traced to trauma in childhood, Alexander argues that addiction as it surfaces in inner cities is a byproduct of colonialist capitalism. We need to understand that addiction is inherently dynamic—it is at once both a deeply personal battle and a global-scale issue. It is difficult to describe exactly the ways in which covering up personal pain with drugs, and politically dealing with “the drug problem” by instituting jail time, forced treatment, or habitual displacement, feed off of each other, but they are inseparable parts of the same vicious cycle.

In his book, Mate describes some of the astounding biochemical dynamics between a mother and child, and specifically how crucial dopamine production in a newborn is catalyzed by stimuli as subtle as wider dilation of a nursing mother's pupils. In such a subtle response system there must be endless miscommunications, and countless unmet needs, which will eventually encourage the child to become emotionally independent.

On a primal level, feelings of not having enough are what drive the animal mind to migrate. Any perceived lack will activate the survival response to seek out a more stable supply of resources—whether emotional resources like affection, practical resources like food, financial resources, or industrial resources like oil.

The human mind, for all of its fallibility, is wonderfully resourceful. According to Eric Braverman, M.D., drug users are very often deficient in the neurotransmitter that their drug of choice competes with or replaces. Addiction surfaces when an unmet need is so acute, and the stimulus reward so powerful and temporary, that it overrides the evolutionary response and leads to a chronic behavior. If addiction is a *dis-ease*, then this is it. An imbalance of natural neurotransmitters might be developmental, but it can also be related to broader societal factors as varied as the diminishing nutrient content of foods grown in soil that has been depleted of minerals, or any kind of traumatic cultural appropriation and suppression.

 **As a woman of medicine**, my teacher's goal was to reconnect us with practices that were primary to civilization's dislocation from original culture, and to do it with such intensity that chronic behavior was overridden by the deeper, global, evolutionary urge.

Ibogaine seems to have a similar effect. In the context of Alexander's social dislocation theory of addiction, the particular magic of Ibogaine may be that it is the root medicine of an indigenous culture in Africa. But, on an individual level, Ibogaine's magic is probably better understood in the context of the realm of hungry ghosts.

There is a mysterious energy of death haunting Ibogaine. According to research by Kenneth Alper, M.D., published in the *Journal of Ethnopharmacology*, as of 2006, out of approximately 3,400 known treatments conducted outside of its traditional context in Gabon, 11 known deaths had occurred. There have been more documented deaths in the past several years, and Alper is currently working on a new paper that he plans to publish in the near future.

In its traditional setting, the Iboga ritual is directly associated with death. The nighttime rituals, or Nzogos, have three definite stages: the Efun, the genesis or the beginning; the Mvenge, the death; and Meyaya, the beyond.

Part of the action of the medicine seems to be a decrease in

the life force, causing ataxia of the limbs and slowing the heart, sometimes into bradycardia. In 2001, a study produced in Slovenia by the Sacrament of Transition used Kirlian photography to demonstrate changes registered in the aura during Ibogaine treatment. Prior to Ibogaine administration the aura appeared normal, during treatment it appeared diminished and weak, and afterwards it showed signs of what clients have dubbed the post-treatment Ibogaine "glow."

In the visionary component of the experience, Dr. Anwar Ajeewa, director of the Minds Alive clinic in South Africa, reports that up to 70% of his clients see a deceased person whom they have known appear to them, and up to 57% see scenes of gratuitous violence. That doesn't include the clients who experience their own deaths. Many treatment providers now

make a verbal contract with each client prior to administering Ibogaine. No one is given medicine until they agree that given any opportunity to permanently leave their body, they will instead come back. More than several people have stories of being offered the choice—seeing themselves peacefully drifting out into the open ocean, or drifting farther away from their body below them—and then remembering their agreement to return.

Part of the powerful redemptive quality of Ibogaine is that within minutes after ingestion, physical dependence on opiates and other drugs decreases or vanishes, with a marked reduction in withdrawal symptoms. And for about as long as the auric glow is amplified—up to several months—cravings for drugs are often diminished and the chronic behavior is often interrupted, leaving an opportunity for individuals to learn to live free from their addiction.

One of the gifts of perspective that Ibogaine offers is an opportunity to deepen our understanding of what addiction is. Ibogaine is certainly not a cure, and the language of addiction as a disease is quickly

becoming dated. Defining addiction as a genetic predisposition is definitely not the whole story. Perhaps it is a learned behavior, but how exactly it is learned can contain many dynamic layers. A medicine like Ibogaine seems to require a psycho-spiritual explanation, and an understanding that addiction is a response of the human psyche to our collective trauma.

Mary Chauvin, who was treated at Pangea Biomedics in Tijuana, Mexico with her husband and five of their adult children, describes their treatment as "a complete spiritual awakening and rebirthing." This archetypal passage of death and rebirth emerges constantly, echoing back to the principals from the Buddhist mandala. Perhaps under the stratification of the ancient world, passage through this realm of hungry ghosts might have taken a lifetime or more of karmic clearing. But, with a medicine that can reliably potentiate a spiritual renewal of this magnitude, rebirth onto a new karmic path can happen as soon as one is ready to embrace it. •

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