

Ibogaine: A Gift of Forgiveness from Equatorial Africa?

Humans and plants have a symbiotic relationship that stretches far back to our very beginnings. Plants function as a vital food source as well as the basis for medicine, whether in herbal, traditional form or synthesised into a biomedicine. Certain plants can also be a vital part of both *spiritual* and *leisure* activities in some cultures. In the developed world the semantics of these three terms (spiritual, medicine and leisure) are quite different, however, in some cultures the differentiation is not so clearly defined. This could be said of the Bwiti faith, practiced by some ethnic groups in Western equatorial Africa. In the Bwiti faith, health and wellbeing are intrinsically linked to community and ritual activity, which are both social and spiritual. Their rituals involve the use of the root of the Tabernanthe Iboga shrub; the ingestion of this root profoundly alters consciousness and the nature of reality. Iboga entered the mainstream psyche in 2005 with the BBC series Tribe. In one episode, expedition leader Bruce Parry travelled to Gabon where he was initiated into Bwiti by the Babonga tribe (BBC, online: 2008; Tribe, online: no date). However, Western culture has been aware of Bwiti and of the powerful effects of iboga since the days of colonialism (Dobkin de Rios 1990:163; Alper 2001:4). Academics such as American anthropologist James W. Fernandez and Italian ethnobotanist Giorgio Samorini conducted extensive research into Bwiti and iboga over the past 60 years. In the past twenty years there has been a resurgence of interest within the medical world for the therapeutic value of psychoactive substances, especially traditional medicines such as iboga and Ayahuasca (ICEERS 2012:online). Ibogaine (the active alkaloid present in iboga) recently featured in popular American TV series Homeland, as a fast and effective cure for heroin addiction, showing how its popularity is on the rise. As well as being sought out by individuals seeking a radical treatment for their debilitating drug dependence, an underground subculture has developed experimenting with these substances for spiritual guidance. Known as drug tourism, it often involves visiting the cultures where the drug use originates (Sandberg 2012; Winkleman 2005).

In this essay I want to compare and contrast the use of iboga in Bwiti ritual with the therapeutic use of ibogaine to treat substance addiction. I will first look at the rise of Bwiti and the ritual use of iboga; I will then examine both anecdotal and scientific reports of occidental ibogaine use. I will then ask if the efficacy of ibogaine is compromised by western cultural perceptions of spirituality and the use of plant medicine in contrast with the biomedical model of the developed world. I will conclude that the efficacy of iboga(ine) must be understood in context and may be dependent on some form of ritual practice, alongside a stable support network post treatment.

The Bwiti Faith as a response to colonialism

The Bwiti faith is a syncretic spiritual discipline that greatly varies in the degree to which it incorporates traditional animistic beliefs with Christianity. Central to the faith is the use of the root of the Tabernanthe iboga bush which contains powerful psychoactive chemicals, most notably the alkaloid Ibogaine. In the Gabon it is one of the main recognised religions and is “well accepted by a sector of the governing elite” (Samorini 1995:online). The Bwiti is a reformation cult which first appeared among the “Fang peoples of Northern Gabon and the Spanish African territory, Rio Muni”, toward the end of the 19th century and “represented a reworking of the Fang ancestral cult, *beiri*.” (Fernandez 1965:902)¹. Fernandez (1982) notes, in his comprehensive ethnography entitled *Bwiti: An Ethnography of the Religious Imagination in Africa* that, “the Fang first appear in a mission report made by T.Edward Bowditch in 1819” (ibid:29). There is further literature that covers the mythology associated with the beginnings and ethnic origins of Bwiti in more detail by both Fernandez (1965, 1982) and Samorini (1995). However, I would like to highlight the way it appears to have been born out of a direct response to the colonial mission, as the French attempted assimilation through the process of direct rule (Fernandez & Fernandez 2001). Like much of the colonial activity in Africa at the beginning of the 20th century, it consisted of missionaries embarking on ‘civilising’ missions; the Fang and surrounding

¹ There are different ethnicities that use iboga. Fernandez speaks of Fang Bwiti but also notes the Mitsogo people and the woman’s cult of the Mbiri (Fernandez & Fernandez 2001: 237); there is the Babongo people as previously mentioned; Samorini also mentions the Apindgi and the Eshira (1995).

peoples of the area were no exception. Fernandez & Fernandez (2001:237) state,

“Iboga use in Equatorial Africa must be placed in the context of the colonial situation that exerted a set of pressures on native peoples, and was accompanied by characteristic pathologies to which leaders of fang Bwiti were sensitive and to which, through cult activities and the use of iboga(ine), they attempted to respond”

There were profound consequences for indigenous peoples undergoing colonisation (*ibid* 238); we could summarise this as complete cultural disorientation as Western systems began to be pervasively imposed, and so “recruitment to the Bwiti religion and the use of iboga must be seen in relation to these social pathologies” (*ibid*). The Bwiti faith provided stability in the face of colonialism whilst also assimilating elements of Christianity into its belief system and mythology. Samorini (1995:107-108) highlights the ‘rich mythology’ in the faith and how flexible Bwiti is with its beliefs and meanings. This has resulted in many sects,

“[t]his syncretic mix is continually evolving; in practice, since its inception Bwiti has never ceased to renew itself, in its outward form and in its content. The free interpretation of the values expressed by the Bwiti movement has resulted in the creation of many sects, each with its own founding father and its own peculiar relationship with Christianity.”

Samorini goes on to note how there is “no rivalry among the different sects and there are individuals who have been initiated into two or more sects.” This undogmatic understanding of the Bwiti spiritual discipline is also reflected in the variation of meanings individuals initiated into Bwiti (known as *banzie*) place on the symbology and ritual practice (Fernandez 1965:906). As there seems to be much variation in Bwiti, I may make generalisations that do not fully reflect the diversity of the faith and its ritual activity.

Bwiti Ritual

A ritual is a highly social activity, rich in symbolism that can function to separate concepts of the sacred from the profane (Durkheim 1915). Initiates into Bwiti are traditionally around 10 or 11 when they undergo the rites of passage into puberty (Barabe 1982). However, as culture never remains static, ritual activity is required to respond to changes; so contemporary culture in Gabon also sees the therapeutic potential of iboga for psychological disorders, “[c]onsequently the average age of persons being initiated has risen; instead of the traditional initiation rituals on reaching puberty, initiations in the urban sector often serve to solve serious problems or fulfil a desire for self-awareness.” (Maas & Strubelt 2003:101). The initiate is guided with the help of designated ‘parents’ who are there to accompany them for the whole journey. This is an important element of the ritual and serves as a vital source of security in the face of the unknown. The ritual experience, “takes the initiate to an altered state of consciousness, to static-mystical states, to a direct contact with the sacred.” (Samorini 1995: 108). A ritual ceremony can last two to three days (Maas & Strubelt 2003:102; Tribe, online: no date; Samorini 1995: 108) whereby the whole community is involved in the ceremony through music and dance.

The musical element is a fundamental part of the ritual as it acts as a, “safety-rope, reaching from this life to the hereafter and serves as a means of locomotion in the visionary space” (Maas & Strubelt 2003:106). This includes the playing of the native harp called the ngombi and the one stringed mougongo (ibogalife online: 2013). Over the course of the ceremony the initiate ingests the root, which is often accompanied by violent bouts of vomiting. Maas notes how, “[j]ust before sunset, having taken about 150–200g of the iboga root’s bark in pieces one by one, I responded with nausea, coordination problems... [] I had a typical out-of-body experience in which I experienced myself as a football-sized spiritual being moving through visionary spaces.” (102-103). Samorini (1995: 108) notes that, “the initiate undertakes long journeys to the land of the dead, who serve as mediators with the divine. He may also encounter his ancestors or other persons known to him.” Bruce Parry’s initiation recollections have a similar theme. First his

tongue is symbolically pricked to stimulate speech then the whole village bless him with their breath before he is fed the shredded root of iboga. He also notes the strong sense of love he feels from the community before his experience begins.

“The trip slowly builds as lights and shapes seep into my mind, powerful visions of childhood return as past misdemeanours, things I’ve hidden away in my subconscious. I begin to have out of body experiences sometimes occupying the consciousness of others; feeling the pain I am causing them. I understand that every action has an effect, everything we do has consequences. I see the earth as a vast living organism of which I am only a tiny part.” (BBC, online: 2008; Tribe, online: no date).

Bruce Parry himself passed through a vulva made out of sticks to symbolise this rebirth. The symbolic meaning of death and rebirth is of fundamental importance and is a key part of ritual activity in traditional cultures the world over. This can be a profound acknowledgment of transformation from one stage of development to another i.e. boy to man; but also symbolic of the natural cycles of nature. The three elements of ritual practice so well defined by Victor Turner (1969) are evident here; that of separation, liminality and finally, *communitas*. *Communitas* in Bwiti ritual is recognised as a strong feeling of communal unity, or *one-heartedness*,

“[a]ll informants believed that participation in the night-long ritual led to a state of *nlem-mvore* (one-heartedness), uniting all members of the cult. It seems appropriate to take this achievement of *nlem mvore* as the achievement of consensus”. (Fernandez 1965: 904).

As Samorini (1995: 110) also affirms, “the entire community experiences a collective flow of emotions resulting in ... [] ... *nlem myore* (one heart only) as a state in which *the people understand one another*, and they become as one.” Banzie recognise this achievement but do not dwell on it outside of the ritual practice. However they are away that negativity will inevitably build up within social relationships between rituals; this is why it is an important part of Bwiti life to hold iboga ceremonies regularly. (Fernandez 1965: 905). This

feeling of one-heartedness and the dissolution of negative emotions is the desired communal state and a potent force for social cohesion intrinsically linked to personal well-being.

Ibogaine

Ibogaine was first isolated from the root bark of *T.iboga* in 1901 (Alper 2001:4) but the discovery of its potential to aid substance abuse is often attributed to Howard Lotsof. In the early 1960s Lotsof was a young man who liked to experiment with drugs and this led to him to heroin addiction. By chance a chemist friend had acquired some ibogaine, understood to be a powerful hallucinogenic drug from Africa, and offered it to him as a new 'high'. After a thirty-three hour experience under the influence of ibogaine, Lotsof realised that he was not suffering from any opiate withdrawal. Not only that, but he appeared to have had a profound spiritual experience whereby he realised he'd been living with fear and that for the first time in his life he was no longer frightened (Ibogaine: Rite of Passage 2004). From then it took Lotsof until the end of the 1980s for his claim of finding a new drug to aid substance abuse to be taken seriously. Since then, through both empirical research and anecdotal evidence, it has come to be understood, by some, as an effective addiction 'interrupter' (*ibid*). In clinical trials there is some evidence of efficacy although trials have been limited (ICEERS, Iboga Scientific information online: 2012). Nevertheless,

[i]nformal addiction treatments with ibogaine have spread throughout the world during the last three decades. These are typically performed in private clinics with medical backup and underground settings...[] ... Until 2006 a total of 3414 reported ibogaine treatments had taken place all over the world, a fourfold increase relative to 5 years earlier (*ibid*).

These treatments are often unlicensed and not government approved, although not illegal in all countries. This figure is sure to have increased dramatically since then as ibogaine grows in exposure and so does the rise in ibogaine treatment centres; there are nearly forty listed worldwide on the website ibogaine.co.uk (online: 2013) as well as various supply chains. One example of a treatment centre is Awakening in the Dream in Mexico which

states on its website, “[t]his is not a traditional facility where you the *client* are separate from the *staff*. Our intent is to dissolve the illusion of separation that is at the core of the addiction process” (2012). Testimonials from this clinic can be found on its Youtube channel (rockynorthwest online: various dates). Whilst searching for testimonials I found many others, and not just for opiate withdrawal, but also from people who have used ibogaine for various other therapeutic and spiritual applications (RootRevolution 2011: online; Iboga House 2013; online; Jeewa 2010: online). These treatments can also be found outside of the treatment centres found in exotic places, as demonstrated by David Graham Scott, a long term heroin addict and film maker.

in his 2004 documentary for the BBC, *Detox or Die* (2011: online), Scott creates his own ritual in which he makes up his face symbolically into his ‘methadone ghost’ before he undergoes treatment with the intent of washing it off and washing away the addict as the final part of his ritual. Scott’s treatment is administered in a private house under the guidance of an experienced user. In, *Iboga Nights*, his follow up to *Detox and Die*, Graham Scott makes further enquiries into the efficacy of ibogaine treatment. After documenting attempts made by some individuals to use the drug to aid substance withdrawal he concludes,

Iboga is not an easy option and not the magic bullet to end addiction...”. However, in reference to one particular individual he states that “the potential benefits outweigh the downside. Seeing how iboga changed his life convinced him more than ever that it can work. (Graham Scott 2013)

There is little doubt from the overwhelming anecdotal evidence that the majority of those who take ibogaine experience none of the usual withdrawal effects associated with coming off opiates. In that sense it is a quite wondrous substance; it is also evident that it has wider spiritual applications and implications. Nonetheless, it is still unclear as to its long term efficacy outside of a grounded spiritual frame such as is experienced by those within Bwiti. There is also the wider issue concerning the West’s attitude toward drug use

and substance abuse. Considering humans have always utilized certain substances for spiritual and recreational use (McKenna 1992) is it not time to reconsider and recontextualise what it means to use 'drugs'?

Time and Space binding

In the West our lives are governed and motivated by a strict framework that facilitates capitalism. If you do not conform to this then you become dysfunctional and burdensome to society. As long as you continue to contribute economically to the system then you are considered a functioning member of society. This reality is constructed using Cartesian rationality and logic where all concepts and relationships are demarcated. However, just beneath the surface veneer of 'civilised' culture is a sense of disconnection and a loss of humanity resulting in turmoil and confusion. This is evident in the fact that one in four people in the UK *admit* to suffering from some kind of depression each year (Mind 2013: online). Alcohol is the main substance of choice to ease the alienation felt by the societal dysfunction with 8748 deaths in UK in 2011 directly related to alcohol. (Alcohol concern online: no date). The abuse of hard drugs like heroin and the widespread alcoholism are merely symptoms of a societal dysfunction that is commonplace, perhaps rooted in the search for meaning and the desire to experience divinity or community. It is always the *abuse* of the human-plant relationship that is the issue not anything intrinsic in the relationship. A more holistic and ethically based relationship with the psychotropic plant world is a desirable and worthy aim.

If the Western intellect were to judge members of Bwiti by its own understandings of drug use then, as Fernandez and Fernandez (2001: 236) highlight, they would be considered to be consonant iboga addicts. However, Bwiti members regard iboga, "as a sacred substance capable of both prolonging and enhancing their weekly religious experience and confirming and consecrating them in revitalized relation to their ancestors and to their descendants." Where western use of drugs, such as Heroin and alcohol, often has a negative effect on the individual and society, Iboga use is a positive and

affirming experience that facilitates social cohesion. It is, “regarded as crucial to the management of space and time and generational relationships.”. Perhaps the problem is not substance abuse per se but the context in which they are abused and the underlying societal causes of abuse (Hart 2013). This brings up the question of whether ibogaine can be as effective as possible given the way Western society is structured and its perception of drug use. By medicalising ibogaine and recontextualising it into the biomedical model it runs the risk of becoming yet another westernised rational process and thus losing the vital spiritual element that forms the very basis of its application. This commodification of the sacred (Posey 2001) is already underway as chemists attempt to isolate and synthesise a marketable biomedicine that is free from the psychoactive elements of iboga. James Rodger (2011) touches on the issue of context as well as recognising that drug use in itself could be seen as a form of resistance to the dominant culture akin to the resistance developed by the Fang to colonialism. Rodger (2011:86) also believes that the evidence so far suggests that ibogaine therapy is working and that “the West has evolved ...[] ... its own subculture” as a kind of community. However, he does acknowledge the challenges of “[h]ow treatment is translated and interpreted within clinical settings given the spiritual content of individual experiences” (*ibid* 88). This brings us back to the context in which iboga is used by Bwiti. There is a potent sense of community binding resulting in *communitas* in contrast to the individualist rationale of clinical Western ideas of medicine, therapy and wellbeing. The ‘patient’ is isolated in their therapy; given the ‘cure’ and then, in effect, sent home. Currently this therapy is only affordable to those in a certain socio-economic bracket and so those who can afford it tend to also be those who have a more supportive life to go back to post treatment. Ibogaine therapy, when seen through the lens of Western biomedicine is still a therapy of the individual. I want to highlight once again that iboga use by Bwiti members developed in response to the pathologies of the colonialist and cultural disorientation they caused,

“a loss of one’s sense of place in time and space and hence we speak of the *time binding* (contact with the

past of the ancestors' guarantee of the future in fertility) and *space binding* (creation of a ritual workspace free of alienating colonial commands) ...[] ... This time and space binding was conceived of in metaphorical terms as returning the initiate to the *path of life and death* for he had obviously lost his way...". (Fernandez and Fernandez 2001: 239)

This understanding of disorientation and a lack of purposes and meaning could also be applied to many individuals in the developed world from long-term substance abusers to those suffering from mild depression. To attempt to separate the cause and the symptom by offering a 'cure' seems to miss the point and not address the individualist and destructive nature of modern society.

Conclusion: the importance of *communitas*.

In this essay I have highlighted how the Bwiti faith of equatorial Africa and its use of Tabernanthe iboga root grew as a, "collective response to the excessive individualism and the existential anxieties and pathologies of subordination and isolation brought on by colonialism" (Fernandez and Fernandez 2001: 240). How it facilitated time and space binding, reorientating members back to their roots and so enabling them to live a more harmonious life. Within that there is the acute awareness that the mundane nature of life can lead to negativity within the social group and so ritual activity serves to ameliorate and re-align these ever-present elements to life. I have tried to illustrate how the west has appropriated this substance mainly as an addiction interrupter but also as a solution to other conditions such as depression. There appears to be overwhelming anecdotal evidence as to its efficacy in providing a window for the addict, a catalyst for change, offering a golden opportunity to review their life and make the necessary changes to avoid returning to the path of addiction. Nevertheless, I believe that the efficacy of ibogaine is highly dependent on the spiritual and communal aspect of ritual practice and that by isolating it and placing it into a western mode of biomedicine may be problematic. We have yet to see the long term efficacy of western use of ibogaine and the very fact that western ideology sees no positive function for the use of plants such as iboga (except by a minority who,

even then, have to market it as a potential cure) is also highly problematic. Of course I am not advocating reckless drug use, quite the contrary. I am suggesting that our culture's obsession with 'curing' drug use may actually have an adverse effect and that we could learn a lot from how iboga is used within a spiritual and ritual context. Currently pharmaceutical companies are not showing much of an interest in ibogaine. Some advocates believe that this is because it has limited application i.e. only one course of ibogaine is required and the addict does not need any more; because of this its potential for profit is limited (Ibogaine: Rite of Passage 2004); or perhaps it is the psychoactive element that offers individuals a psychedelic, spiritual dimension to their life which is often incompatible with capitalist ideology. Hence the need to remove the 'spiritual' through medicalization, potentially reducing its efficacy; as it is this fundamental element that creates an acute sense of self responsible for interrupting the addiction. I also believe that we cannot underestimate the need to regularly experience *communitas* and that this is a universal desire, albeit on an unconscious level. On a final note the irony of the cross cultural nature of this substance is not lost on some members of Bwiti as, "[a]n officiating member voiced his hope that someday the Bwiti becomes known at the very core of Western culture, in Europe, just as Christianity came to Equatorial Africa many centuries ago." (Samorini 1995: 105). This *gift of forgiveness* may yet have a profound effect upon the culture of the West.

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