

—CHAPTER 13—

**"RETURNING TO THE PATH":
THE USE OF IBOGA[INE] IN AN EQUATORIAL
AFRICAN RITUAL CONTEXT AND
THE BINDING OF TIME, SPACE, AND
SOCIAL RELATIONSHIPS**

JAMES W. FERNANDEZ
RENATE L. FERNANDEZ

*Department of Anthropology
The University of Chicago
Chicago, IL 60637*

I. Introduction.....
II. Time Binding in Professional and Religious Worlds
III. Pathologies of the Colonial World and the Role of Iboga in
Religious Movements
IV. A Comparison of the Introduction and Maintenance of Iboga Use in
Bwiti and in Therapeutic Settings (INTASH)
V. The Contemporary Ethnography of Iboga Use
VI. Conclusions.....
Endnotes.....
References.....

I. Introduction

In this chapter the authors, a cultural (JWF) and a biocultural anthropologist (RLF), reexamine their late 1950s ethnographic work among iboga(ine) users in Equatorial Africa in light of Western societies' current questions regarding the craving for, addiction to, withdrawal from, and relapse back into the hard drugs (1,2). The possibility of the addiction interruption obtained by this alkaloid for harder drugs in the West relates to its use in Africa as transitional to the rediscovery of a fully consecrated and dedicated existence. We may also learn by comparing the therapeutic measures or psychosocial interventions attempted in

the West with those understood in the African context. Initiates and members of Bwiti, the religious movement that regularly used iboga(ine) to obtain its ritual effects, were what is now called consonant addicts, if we can talk about iboga addiction at all (3). They ingested the alkaloid willingly and without noticeable regret or remorse, and almost exclusively as a ritually circumscribed routine. They regarded iboga(ine) as a sacred substance capable of both prolonging and enhancing their weekly religious experience and confirming and consecrating them in a revitalized relation to their ancestors and to their descendants. This consonance causes us to reflect on the words “addiction,” “craving,” “withdrawal,” or “relapse” so central to the “drug wars” of the West, and prompts us to reexamine the ritual context and social consequences of iboga(ine)’s use in Bwiti. In this autochthonous context, the words hardly have equivalent meanings to those of the West, for iboga is there regarded as crucial to the management of space and time and generational relationships. It effects a time and space binding of social experience in the broadest sense. Despite the disparities of drug use in these contrasting cultural settings, there are also commonalities, and thus comparative observations on the use of iboga in the ethnographically observed situation may hold some implications for Western understanding and management of addiction in our contemporary drug-saturated world.

II. Time Binding in Professional and Religious Worlds

It was very far from the authors’ minds during the several years spent among Fang and Fang-Bwiti adepts in Equatorial Africa that some 40 years later we would be invited to return and reflect on those intense ethnographic years in the context of present and ongoing research, research at once important and hopeful into the role of iboga(ine) in relation to addiction (1,2). Addiction as a negative state was hardly a concern in Bwiti—in today’s terms its adepts might be described as consonant addicts—though as much as possible, and for the most part, iboga(ine) dosage was carefully controlled by leaders of the religion (3). Outside Bwiti, of course, colonial and postcolonial administrators, missionaries, and religious elite, Christian priests and pastors, regularly attacked Bwiti as an “addictive religion,” both in the metaphoric sense, in that its rituals and philosophy were irresistibly attractive and absorbing, and in the literal sense, that iboga use was the heart of that addiction.

We are, in any event, grateful for this invitation to “fast forward” to this turn of the millennium and bring ourselves up to date on the present relevance of iboga. We were, as our ethnography *Bwiti* makes clear, greatly impressed with the creative achievement of Bwiti as a religion of the deep forest. We sometimes

speculated that the psychoaesthetic attractions of this religion might well catch hold elsewhere in Africa—or even in Europe or the United States (as has happened with other African religions). Little did we suspect that the religion's energizing alkaloid would become the object of intense laboratory and clinical study in the interests of helping those trapped in an unreasonable and maladaptive life way—the prison house of addiction—to come back into a more reasonable and socially acceptable world of interactions.

How can our research and knowledge be helpful to the professional and social concerns of this conference? Can we retrieve—in an act of time binding ourselves—from data taken, and experiences undergone, nearly half a century ago anything of value to our concerns here at this millennial moment? Perhaps we can. We have spent many years thinking about Bwiti as a center of religious gravity in the equatorial forest and on the nature of its gravitational attractions, particularly the role of iboga(ine) in its ability to construct an overarching and sheltering ritual culture for its adepts. We would like to suggest that some of the answers to our questions over the years, and perhaps to some of this conference's questions about this bridge from the opiates to a less chemically dependent life way, lies in this notion of "time (and space) binding."

III. Pathologies of the Colonial World and the Role of Iboga in Religious Movements

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 the leaders of Fang Bwiti were sensitive and to which, through cult activities and the use of iboga(ine), they attempted to respond. Fang Bwiti is the particular religious movement under discussion here, although other peoples and other cults—the Mitsogo people, for example, and the women's cult of Mbiri most particularly—made extensive use of the plant. There is evidence that iboga(ine) has long been employed in that part of Africa as a stimulant and because of its mind-changing properties. Because of its capacity to enable sustained effort by suppressing symptoms of fatigue, it was allowed, if not actively encouraged, by the German colonial authorities on work gangs in the German Cameroun before the First World War, quite outside any context of religious movement. This use may have been influential in these various religious movements, which made their appearance at about the same time.

The literature on the "colonial situation" is now extensive in anthropology. Moreover, there has recently developed a renewed interest in colonialism and postcolonialism as it has affected subaltern peoples the world around, and as they

have creatively responded to its particular set of conditions of life. Fang Bwiti and its iboga usage is most particularly a response to the colonial situation, although iboga use in cult life in this part of Africa surely preceded it, and has also followed it, into the postcolonial world. We cannot, here, review the considerable insightful discussion that has appeared in this literature (see endnote 3). Rather, we will briefly summarize what we know about the colonial world. We are talking here about the French Colonial world, which differed significantly from the British colonial world (the one employing direct rather than indirect rule), as these differed from the Portuguese and the Spanish. This colonial world was characterized until its last and liberalizing preindependence decade, the decade of the 1950s, by an adamant and exacting paternalistic administration of the native population. For the building of the colonies, *corvée* labor and work gangs were a standard practice and, to force this labor and other forms of manual labor in the colonial enterprise, taxation was imposed and heavy penalties exacted for nonpayment. It was supposed that the natives were naturally dilatory and desultory in their work habits, and one paternalistic object was to coerce them away from their endemic idleness. Because French colonization engaged in direct rule and entertained the ideal of eventual assimilation of the natives into French culture, there was, in contrast to indirect rule, strong pressure toward cultural assimilation and correspondingly strong condemnation of native cultural, particularly religious, practices.

While many Africans reacted positively to this paternalistic regime, many did not. The latter experienced a loss of affective allegiance to the norms and projects of their traditional life ways—a state of normlessness known as anomie in the literature—and, because of administrative and missionary attacks on the ancestor cult, a sense of being cut off from this sustaining relationship. Colonial controls were pervasive and effective, and many Africans had the experience of placelessness, of being uprooted, and of being alien in their own land. Being forced by a taxation system to work in colonial projects, either on road projects, in new plantations, or in forest camp labor, they rapidly developed a sense of their own subordination and, on the part of colonials, a set of deprecatory attitudes toward their work habits. The sexual life of men in plantation or forest camp labor also greatly increased venereal disease, and, because of spreading infection, resulted in a high incidence of fetal wastage and a drastic drop in fertility of both men and infected women. A severely declining birthrate, moreover, brought into question the perpetuation of generations over time, the claim of Fang upon the future.

Recruitment to the Bwiti religion and the use of iboga must be seen in relation to these social pathologies. For religious leaders promised, among other things, that the ingestion of iboga(ine) through the visionary excursions it promoted would reestablish contact with the ancestors, would restore the fertility of women and the coming into being of the next generation, and would enable nights of long

hard work, and the pride associated with that work, of productive ritual worship. Bwiti chapels and Bwiti villages would give Fang a place to live in the forest free of the capricious, arbitrary, and precipitate commandments and controls of the colonial world. These promises were attractive to a minority of Fang (membership in Bwiti never exceeded 8 to 10% of the Fang population), who found in Bwiti, and through iboga(ine), solace, energy, and community with both the living and the dead. We can summarize the pathologies of the colonial world as pathologies having to do with a diminution or 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) accomplished in Fang Bwiti through its use of iboga. 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 and no longer knew how to "work." Bwiti would tie him into the past and into the future, would give him a settled place to live, and give him the most satisfying work to do, the work of the ancestors, the work of their descendants! The promise was that Bwiti, through iboga(ine), would restore directionality to the lost and the wandering, and, to their desultory lives, would restore the purposefulness of a ritual project.

IV. A Comparison of the Introduction and Maintenance of Iboga Use in Bwiti and in Therapeutic Settings (INTASH)

We would now like to compare iboga use in the African context and in a European therapeutic setting, that of the International Addict Self Help (INTASH) organization as presented to us in a lucid discussion by Geerte Frenken (4). Both in Bwiti and in INTASH the hope is that the taking of iboga, along with associated procedures (in anthropology understood as relatively precise normative commitments or rituals), will enable a change in life way. In Bwiti this is understood, as we know, as the discovery of the "path of life and death," a discovery that saves one from a confused and wandering state within the deep equatorial forest without beginning and without end and without project, that is to say without the capacity or ability for useful work in this world, understood as "the work of the ancestors" (endnote 1). In INTASH, this change of life way is understood as a "breaking of the cycle of self-destructive behavior and the finding of new positive ways to approach life and its problems. The object is commitment to a new way of living," something that could also be said about Bwiti doctrine, although that new way of living is much more clearly defined and enforced in Bwiti as a faithful long-term allegiance to Bwiti doctrine and regular adherence

in collectivity to Bwiti ritual practice. Neither approach thinks of itself as a "quick fix" (the searching for which is a characteristic behavior of the previous states of desultory confusion (Bwiti) or addiction (INTASH), but seeks a profound change of attitude toward physical, mental, and emotional well-being. As Frenken pointed out, however, this profound change in the end is left up to the individual both because, in a highly individualistic cultural tradition like the Western one, this is almost inevitable and because of lack of follow-up funding.

Bwiti, as we have said, operates in a collectivist tradition, although Fang culture is more individualistic than most Equatorial African societies and was appreciated by colonizers for that very reason. Still, it might well be argued that Bwiti can be seen as a collectivist response to the excessive individualism and the existential anxieties and pathologies of subordination and isolation brought on by colonialism and its individualistic bias and through taxation, labor migration, and active suppression of the ancestor cult. It was a response that is, on the part of Bwiti, designed to restore the sociality of familial relations and particularly relations with the dead. Bwiti as a collectivity guarantees a perduring support network and enforces long-term aftercare in the sense of providing repeated opportunities for mild doses of iboga and continuing ritualization of contact with the ancestors. Most especially, Bwiti intensifies sociality through ritually coordinated contact with other cult members. Bwiti weekly, all-night ritual practice, and the morning after follow-up meal of communion, provided an enduring "focus group," as it were, to employ the term used in respect to detoxification groups such as Alcoholics Anonymous.

In INTASH, the fact that iboga is a substance with mind-altering properties has to be explained carefully to those undergoing treatment. The general suspicion of mind alteration and hallucination of any kind in pragmatic, production, and consumption-oriented societies like that in the West requires such explanation; moreover, it helps prepare the candidate for the release of unconscious materials that might be troubling to addicts who often use drugs to suppress unwelcome thoughts and memories and to anesthetize sensitive personal psychic material. In Bwiti it is just these mind alterations and visions that are anticipated, indeed counted on, to facilitate the profound change desired and to convince the adept of the virtuality of the new dispensation into which he or she is entering.

It is of interest to compare the care offered to the initiate or addict in the two practices. A particularly important part of INTASH procedure seeks to provide a supportive, nonjudgmental, and trusting treatment environment, the "pro-choice" attitude as it is called. This trusting environment is carefully cultivated by thoroughly informing the addict about the drug and its possible bodily and psychic consequences, and by medical and psychological screening. Most important is the supportive presence of a team of iboga(ine) experienced ex-addicts, plus clinical personnel who accompany the addict through his or her experience, as a support group. These are never, or almost never, members of the

addict's own family, since tensions and problems with family members may, indeed, be part of the etiology of the addiction. The actual administration of the drug in INTASH can employ two different approaches, or a combination of these: a preliminary or initiatory session (not to be confused with Bwiti initiation) in which low doses of ibogaine are used for its spiritual, visionary impact and addiction interruption sessions in which high doses of ibogaine are employed, adjusted both to the weight of the subject and to the duration and intensity of the addiction being treated. The latter, of course, are more difficult to manage than the former. The dose administered gradually over many hours to a Bwiti initiate in full initiation, as observed by us in the 1950s, was estimated to be as high at 35 mg/kg (for a chart of calculated dosage, see Table I) more than a third larger than the 20 mg/kg capsule self-help addiction interruption dose currently reported by Alper *et al.* (5) and others. Many, if not most, Bwiti initiation doses were much lower. The death by intoxication feared by Western health investigators and officials, feared and guarded against in Bwiti, if indeed death did actually occur among them, would very likely much have exceeded 40 mg/kg, which supposes a very large ingestion, indeed, of freshly scraped iboga(ine) root (endnote 2).

The "pick-up" dose taken routinely by Bwiti adepts in order to "lighten the body" and participate without fatigue in the weekly, night-long ceremony is well below one-tenth of the dose administered in the Bwiti initiation, and below the dose administered to facilitate "personal growth and change" by self-help networks. These comparisons suggest that a very low pick-up dose, in combination with regular social support, might be a useful adjunct in the aftercare of those who undergo addiction interruption with iboga(ine) in a clinical setting.

In Bwiti, though here again we want to emphasize the variability among cult groups, great importance is given to providing accompaniment to the initiate undergoing the heavy initiatory course, the "basketful of iboga(ine)" as it is said. Close companions on the visionary trips are the "mother and father of iboga," themselves members of Bwiti who have undergone initiation and thus are iboga users. They are almost never members of the actual family of the initiate, but members of the Bwiti "family" she or he is about to join. Because on occasion the heavy initiatory dose is said to have been fatal—that is, the initiate has "gone to the land of the dead and not returned"—the mother and father of iboga must constantly be attentive to the state of the initiate to make sure that he or she does "return." This father and mother team will henceforth continue to be especially close fellow members of Bwiti.

INTASH reports suggest two different approaches to the administration of iboga(ine) and, we infer, sometimes a combined approach. There is first the initiatory session of low dosage designed to acquaint the addict with ibogaine's "spiritual impact" as it is said—that is to say, with its psychoactive and vision-producing qualities. Here, in the matter of comparison, there is variation from one branch of Bwiti to another. Some branches allow preinitiation members to

TABLE I
 COMPARISON OF IBOGAINÉ DOSAGES REPORTED BY FRENKEN AND ALPER ET AL., WITH
 THOSE OF BWITI AS REPORTED BY FERNANDEZ, MEDIATED BY CALCULATIONS BY LOTSOFF

Frenken, INTASH (4)	
Ibogaine low dose for spiritual impact:	nd
Ibogaine full dose for addiction interruption session, in capsule form:	nd
Alper et al. (5)	
Ibogaine dose to facilitate personal growth and change:	10 mg/kg
Ibogaine single dose in self-help network for addiction interruption:	20 mg/kg
Animal studies for neurotoxicity;	
alternate ibogaine doses over 60 days [no toxicity]:	10 mg/kg
Ibogaine dose associated with no evidence of toxicity [but decrease in drug self administration]	40 mg/kg
Ibogaine dose associated with cerebellar damage:	100 mg/kg
Lotsof	
<i>(personally communicated in preparation for ibogaine conference)</i>	
Ibogaine dosage causing modest psychoactivity with euphoria, altered perception of time:	90-120 mg
Amount of ibogaine ingested by an adept that would allow remaining centered enough to assist in initiation ritual:	200 to 300 mg
Ratio of fresh root scrapings to dry root bark:	15/1
Proportion of <i>iboga</i> alkaloids in dry root bark:	2 to 3% (50% ibogaine)
Rounded teaspoon of dry root bark:	3 to 4 g
Amount of <i>iboga</i> alkaloid yielded by rounded teaspoon of dry root bark, according to above range of approximations:	60 to 120 mg
Fernandez (1,2)	
Pick-up dose, <i>iboga</i> alkaloid content of 1 rounded teaspoon of dry root bark:	60 to 120 mg
Large dose for initiation into Bwiti, gradual intake of fresh root scrapings, maximal dose observed:	1000 g [one kilo]
Dose recalculated as dry scrapings [1000/15]:	67 g
Content of <i>iboga</i> alkaloids of the above quantity of root scrapings, assuming an average 2.5% <i>iboga</i> alkaloid content:	1.675 g
Total maximal Bwiti <i>iboga</i> alkaloid dose in mg:	1,675 mg
Maximal Bwiti <i>iboga</i> alkaloid dose calculated per kilo of body weight in a small initiate weighing 50 kilos [hence a high estimate]:	33.5 mg/kg

partake of the one or two teaspoons of iboga shared out to Bwiti members before the start of the all-night services. But others reserve the first usage of this “sacred substance” to the several day initiatory sessions—that is, to that moment when a

large dose (a basketful) of iboga will be taken. Once initiated, the weekly all-night services for all members begin with the ingestion of a teaspoon or two of iboga. We should also remark, because INTASH treatment carries a several thousand dollar fee to allay costs, that Bwiti initiation carries a mild requirement of monetary, or payment in kind, contribution to the treasury of the chapel and its leaders. As annual per capita income in Gabon at the time was very low in relation to Western standards, though of the middle range in comparison to other African states and territories, these contributions were in the several thousand franc (CFA) range (perhaps 10 to 25 dollars). They were an earnest of the initiate's commitment to his or her initiation.

We see in this comparison of the two courses of iboga(ine) treatment, a similarity of concern about the hazards of the full initiation and the need that it be supervised by practiced and previously initiated older people. We see a similarity of distinction between low-dose usage and high-dose usage, where the latter is intended to "break" the initiates out of a former life way and lead them into a subsequent one that is better adapted to prevailing cultural definitions of useful work. In terms of continuing supervision and the providing of a "focus group," Bwiti has, of course, the greater advantage: It is an established religious collectivity with continuing weekly ritual celebrations that offer the social setting in which such supervision and support is routinely provided.

V. The Contemporary Ethnography of Iboga Use

We have been engaging here in comparison of ethnographies already available and made with different purposes in mind. One (of Bwiti) is made with the interests in understanding processes of cultural decline and cultural revitalization—that is, with processes of cultural construction in mind. The other, Frenken's very helpful, if brief, account of the therapeutic use of iboga(ine), is made with the interests of providing precise and useful information for others interested in iboga(ine) therapy and in the interests of exposing problems needful of correction for better future practice. Frenken's ethnography is thus more clinical and much more patient oriented in the sense that its objective is the use of iboga(ine) in facilitating change and personal growth in addicts desirous of leaving their addiction (Elster's dissonant addicts) (3). These two ethnographies—in respect to the use of *a priori* comparable categories of analysis and interpretation—hardly make for a controlled comparison.

The comparisons that can be made, however, show us similarities and differences useful to our understanding: similarities in respect to patient or initiate care during the initiation process, two kinds of iboga(ine) use mild and

heavy, and differences in respect to notions of “personal growth and change” and the meanings of the recent and the long-term past of the given culture. In this regard, Bwiti is much more collectivity oriented than contemporary medicine, whether corporeal or psychiatric; putting a patient back on the right path means *binding* him back into the collectivity in time and space. Reasoning, in contrast to Elster, is collective and the rationale is socially constituted (3). In Western culture, the reality of the individual is such, and one’s self-realization so important, that therapy necessarily aims at personal change and growth. The rationale is an individual challenge and an individual achievement. The whole notion of “binding,” though not irrelevant to Euro-American understandings of the human condition, may seem too restrictive in Western contexts. In any event, what differences these variations in cultural orientation make in the effectiveness of iboga(ine) therapy is an important, but open, question until we have ethnographies more specifically aimed at providing an answer.

In the past quarter century there have been in anthropology—and in related disciplines that practice ethnography—a number of important studies of deviancy and addiction from alcoholism, to AIDS, to drug-related vagrancy and homelessness (endnote 3). There is reason to plan and hope for a more thorough ethnography of iboga(ine) use in the contemporary world, in the context, that is, of Western individualism and the Western sense of the realities of real-world production and project orientation. We should make known to the ethnographic community the pertinence of this subject of study, particularly as we now have some ethnographic basis for understanding iboga(ine) use in an African equatorial forest society, the milieu from which iboga(ine) derives. We should encourage the support of the long-term study of the consequences of iboga(ine) therapy in such societies. We should also encourage the recording of more thorough life histories of Western addicts who have chosen this therapy, a standard and fundamental technique in ethnography. An interesting subcategory of ethnographic attention for anthropology would be the phenomenon of adventure drug seekers who go to Equatorial Africa in search of iboga(ine) mind alteration. The Internet has become an important site of their often quite elaborated reports of such experience. While such seekers are rarely interested in binding themselves into Bwiti collectivities in any significant long-term way, their use of iboga(ine) for personal growth provides highly useful ethnographic materials and is worthy of extended ethnographic study. We do not doubt, therefore, that if awareness of this therapy in its various manifestations and its intentions is made more broadly present in the academic research community in medicine and in social science, that these more revelatory and problem-focused ethnographies will be forthcoming.

VI. Conclusions

As should be clear from the discussion, our study of *iboga(ine)* took place in a specific cultural context that categorized reality in a significantly different way than is customary in the West. The members of the several religious movements studied regarded *iboga(ine)* as a sacred substance that powerfully facilitated access to a greater reality than the reality of everyday life in this workaday world—a reality that bound together past, present, and future and life and death. We worked hard in our ethnography to avoid, or at least suspend, the “observer effect,” known as ethnocentric judgementalism. We sought to respect the Bwiti categories and what they regarded as significant work in this world and the next. Such is the ethnographic attitude. Despite these differences between an Equatorial African and a Western perspective, there are suggestive similarities between what we in this conference are interested in and what the members of Bwiti were interested in. We are both interested in *iboga(ine)*’s power to work a transition from one burdensome state of existence to another more workable. We in the West, by and large, live in hard-working and fast-moving cultures where drug addiction is an impediment to effective project planning and project completion and where *iboga(ine)* shows a suggestive potential for transiting the addict back into such a workaday world. That common purpose and our comparative studies, those begun and those to come, should not be impeded, but rather informed, by significantly different views of the categorizations of reality and its challenges.

One important issue in this comparison concerns the categorization of the relation between life and death. This is a particularly important issue because of the toxicity/fatality factor in gaining governmental support for research and extended clinical practice. Members of Bwiti, in our experience of them, credited *iboga(ine)* with the power of enabling the initiate and adept to visit the land of the dead and to know, if only briefly, the death side of things. Leaders felt it their solemn responsibility to enable that visitation, through *iboga(ine)*’s power, without it turning into a permanent sojourn. But this hope and promise also had the effect of introducing a good deal of death and near-death talk into Bwiti, talk about those who had or had not returned but had stayed on the other side. Such talk was an ever-present undercurrent in our fieldwork. But here we have to be careful of differences in categories. For despite all the talk, we ourselves had no firsthand evidence of an actual death by *iboga(ine)* ingestion in Bwiti. Our discussion of this issue in our ethnography, while accurate and important as ethnographic reporting, should not be read as based on objective measure. The categories of life and death are simply significantly different.

The Bwitists, those of the several branches with which we worked, talked about their work as the work of the ancestors. We took their use of that word,

work, very seriously, as will be noted, although it is a different kind of work than can be easily appreciated in the practical minded, self-interested West. But one aspect of that work, which all of those working together to solve one part of the problem of addiction—the problem of leaving it—is the dedication of this religion to a long-term follow-up or aftercare, we might call it, of the initiate become adept. Bwiti, in the best of cases, was concerned to maintain a persistent social communion among its adepts, a communion based on binding them together into repeated all-night ritual coordinations.

In this social-religious support lay Bwiti's success in maintaining the fidelity of its membership. This attention to continuing communion is something worth pondering, and indeed it is being pondered in clinical medicine with the recent emphasis on the formation of support groups (5). As we know, the Banzie (the initiates of Bwiti) use the trope of the path of life *and* death and its implied meaning of having lost the communal path and of rediscovering it through initiation—an experience usually abetted by the initiatory images induced by iboga(ine) and the sense of path-like excursion that they provide. All support groups need their organizing tropes, and the path trope, perhaps more than the trip trope, seems a particularly apt image for committing the beneficiary of iboga(ine) to enduring change and improvement. In any event, the interest in Bwiti, through a regular pattern of ritual practice and small stimulative use of iboga, in maintaining the member in communion and on the right path, is a challenge to current iboga(ine) therapy taking place in dispersive highly individualistic societies, a cultural condition that at once challenges effective therapy as it is probably part of the cause of addiction itself.

We will end on this note of the challenge to us all of long-term care, a care perilously left to the individual. The Bwiti do not leave it to the initiates to help themselves. They do not live, after all, in a self-help society. Bwiti provides a continuing program of ritual practices with social accompaniments whose purpose is to engage the collectivity in path maintenance for the new initiate and all subsequent initiates. We may perhaps still learn something from the collectivism and communalism of what is rather offhandedly called “the tribal societies.” But that learning would be much enhanced by careful comparative ethnography of present day iboga(ine) interventions and therapy.

ENDNOTES

1. It is of interest that Frenken also employs the journey metaphor, a very widespread one, of course, for encounters with psychoreactive substances or “drug trips.” The metaphor is probably associated with the sense of movement in space, either experienced directly by the initiate, or taking place before him or her, that is provided by the drug. Frenken speaks of “a journey into one's DNA.”

2. Since this issue of the possibly serious, if not fatal, consequences of taking iboga has become a major issue and source of resistance by bureaucrats to government-sponsored trials and support use, we must say that we never—in more than 2 years of study and perhaps a dozen initiations—were ourselves either present at, nor could with certainty (that is, by direct interview of eye witnesses)

confirm and thus attest to, fatal consequences (5). But such consequences were common lore in and around Bwiti circles and made for the anxiety experienced by many undertaking initiation. It was also a reason for many chapel leaders to provide assurance to prospective initiates that they had "never left any initiate on the other side in the land of the dead!" Of course, it was lore used against Bwiti by its administrative and missionary opponents, who frequently spoke of these putative fatal results.

3. We might span a 25-year time period, 1970 to 1995, by mentioning several works in this ethnographic connection: James P. Spradley's "You Owe Yourself a Drunk: An Ethnography of Urban Nomads" (1970), a study of alcoholics and alcoholism on Seattle's notorious Skid Row, and Philippe Bourgois's recent "In Search of Respect: Selling Crack in El Barrio" (1995), an ethnography of the world of Puerto Rican crack merchants and addicts in New York. But this time period would also include the collection of brief ethnographies edited by Peter Furst, "The Flesh of the Gods" (1972 and 1990) and Furst's "Hallucinogens and Culture" (1976); Griffith Edwards, Awni Arif, and Jerome Jaffe's "Drug Use and Misuse: Cultural Perspectives" (1983); Shelagh Weir's "Qat in Yemen: Consumption and Social Change" (1985); John G. Kennedy's "The Flower of Paradise" (1987); Luis Luna and Pablo Amaringo's "Ayahuasca Visions: The Religious Ethnography of a Peruvian Shaman" (1991); Dan Waldorf, Craig Reinerman, and Sheigla Murphy's "Cocaine Changes: The Experience of Using and Quitting" (1991); and Reyes Ramos's "An Ethnographic Study of Heroin Abuse in Mexican Americans in San Antonio Texas" (1995). More recent work would include Stacy Schaefer and Peter Furst's, "People of the Peyote" (1996); and Kevin Rushby's "Eating the Flowers of Paradise" (1999).

Acknowledgments

The Ford Foundation, the American Council of Learned Societies, the Social Science Research Council, and the National Science Foundation supported our work on Revitalization Movements in Africa in the 1950s and 1960s. We are grateful for the invitation extended by Kenneth Alper, M.D., and Howard Lotsof to participate in the Ibogaine Conference and to reexamine our original research in the light of contemporary interests in ibogaine as a transitional alkaloid.

References

1. J.W. Fernandez, "Tabernanthe Iboga: Narcotic Ecstasy and the Work of the Ancestors." in "The Flesh of the Gods: The Ritual Use of Hallucinogens." (P.Furst, ed.), p. 237 Praeger, New York, NY. 1972.
2. J.W. Fernandez, "Bwiti: An Ethnography of the Religious Imagination in Africa," Princeton University Press, Princeton, NJ, 1982.
3. J. Elster and O. Skog, "Rationality and Addiction," Cambridge University Press, New York, NY, 1999.
4. G.M.N. Frenken, "Lindesmith Presentation," INTASH, March 2, 1998. (Web document: <http://www.ibogaine.co.uk.geerte.htm>).
5. K.R. Alper, H.S. Lotsof, G.M.N. Frenken, D.J. Luciano, and J. Bastiaans. *Am. J. Addict.* **8**, 234 (1999).

