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Samantha J. DeBoer  
*Grand Valley State University*

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Running Head: AN ENTHEOGENIC ENDEAVOR

An Entheogenic Endeavor: Exploring Indigenous Healing in Modern Times

Samantha J DeBoer

Grand Valley State University

Since the mid-1900s, American “counterculture” has held onto an intense interest in psychedelics. The imagery often associated with psychedelics and counterculture includes the stereotypical 60’s hippie, preaching free love with a tab of LSD on the tip of their tongues. Of course, as many have witnessed in photographs from history and the famed Woodstock event of 1969, this is not an inaccurate image to associate with the phrase counterculture or psychedelics. At the long dining table housing the icons of psychedelic history, sitting next to the girl with trendy glasses holding up peace signs, would be Timothy Leary, Richard Alpert, and their fellow researchers. Leary and Alpert were notorious Harvard scholars interested in studying psychedelics through a psychology lens. This was highly controversial and was put to a screeching halt at the beginning of the infamous drug war and the enactment of the Controlled Substances Act of 1970. The associations with hippie counterculture and Leary’s work resulted in a dramatic and still lingering negative stigmatization of psychedelics, that have severely limited appropriate scientific research in this area. Early groundbreaking research conducted by Leary, Alpert, and others, showed a multitude of promising results for the future of psychology, but as soon as it began to flourish and impressive research began to surface, all processes were devastatingly cut short by politics. This prohibition on psychedelic drug research has significantly delayed any advances in the study of the therapeutic, medicinal, or psychological benefits of substances such as psilocybin, more familiarly known as magic mushrooms. In this century, the public’s perception has begun to shift, and people of all backgrounds are once again fueled by curiosity over the exploration of the possibilities these substances could offer to our society. In the United States, more than 12 cities in Colorado, California, Michigan, New Jersey, Rhode Island, and Oregon have decriminalized *entheogenic plants and fungi*, opening the door for researchers to explore potential medicinal benefits once again. The term *entheogen* comes

from the Greek, meaning “manifest the god [divine] within,” and is being used broadly as an alternative term for psychedelics (Pollan, 2021, p. 5). This term both removes the negative stigma of the term ‘psychedelic’ and embraces the spiritual and God-seeking uses to which these psychoactive plants have been used for centuries. As this entheogenic research is undertaken again in our modern world, there are thousands of years of practice and tradition surrounding the use of entheogens as medicine in indigenous cultures around the world. While our modern western culture methodically dives into the research of entheogens, I would like to take the time to delve into indigenous cultures’ uses of these plants to garner what we can learn from the millennia of indigenous wisdom, research, and understanding they have gathered through shamanic practices in a variety of locations.

### **Shamanism**

"Shamans were the world's first healers, first diagnosticians, first psychotherapists, first religious functionaries, first magicians, first performing artists, and first storytellers," (Tedlock, 2005, p. 14). Referred to as medicine men, healers, witch doctors, herbalists, among many other titles, shamanic presences have shaped human knowledge and is the oldest spiritual healing tradition still in use today. Throughout this paper, the term Shaman will be used to encompass traditional indigenous healers that hold many titles. Shamans, the healers of indigenous peoples, utilize holistic healing to maintain an equilibria balance of spiritual, mental, emotional, and physical health for their patients. Shamanism arose independently in various and isolated parts of the world. This indicates that the ancient tradition of shamanistic practice is not only a cultural-historical pattern but instead is a common existential humanistic behavior that exists on a psychobiological level. Despite this universal connectivity of shamanistic practice, cultures found in varying geographical locations engender distinctive forms of shamanism. Shamanism

consists of healing practice, religious connection and intent, as well as leadership and a guiding supporter. Assisting the patient in altering their perception of the ailment, shamans peruse metaphors, the power of suggestion, rituals, expectation, and emotional connection to their patients to bring about a powerful placebo effect that Tedlock called “the doctor who resides within,” (Tedlock, 2005, p. 15).

Most of these practices have been passed down through people for generations, either verbally or through apprenticeship. What is commonly referred to as “the healing gift” in indigenous cultures can be developed through dreams, a sudden change or shift in the healer’s life, or hereditarily. Tedlock refers to this as the “Shamanic calling.” One Anishinaabe healer in Struthers's study explained, “...what you need to learn is supplied—grandparents, relatives... you are led to people that can help you to learn... dreams would tell me certain things until the older people started giving me information on where I was going.” (Struthers et al., 2008, p. 73)

Tedlock separates shamans into two categories, inspirational shamans, and hereditary shamans. Inspirational shamans receive their calling directly from the spirits, in dreams or through medicinal journeys, whereas hereditary shamans learn through familial teachings passed down through ancestral lineage. These two types of callings can be combined as well, in which a hereditary shaman receives a direct calling from the spirits. (Tedlock, 2005, p. 22) Unfortunately, much of the information about indigenous healing and the experiences surrounding the healers are not documented and never will be. This can be attributed to the healing process being viewed as sacred as well as a private local practice. ‘Shamanism’ is very far from a formal institution. Shamanistic activities and practices vary locally and culturally both around the world and from tribe or community, which can make it incredibly interesting to study as well as rather difficult to account for.

One of the most interesting and elaborate first-person accounts found during research on shamanism is from Barbara Tedlock, the author of *The Woman in the Shaman's Body*. She has written her book with her primary experiences with shamanic traditions at the forefront. Growing up, her Ojibwe grandmother shared her shamanic practices with Tedlock and had dreams and visions of her granddaughter growing into a powerful woman shaman. Tedlock spent summers of her youth at her grandmother's and learned lessons in herbalism, midwifery, heard stories passed down from generations through Ojibwe women, had her dreams analyzed and interpreted, and nurtured a connection with the spirit world and her ancestors. Not all of this was comforting to her as a young child, and she admits that for a long time she was very averse to her grandmother due to her unusual ways. Many children familiar with her grandmother were afraid of her and called her a witch. One of Tedlock's formative memories of her grandmother's practice is from her childhood when she was diagnosed with polio, paralyzed, and left to heal in an iron lung. Her grandmother sat with her through this journey and her time in the iron lung and eventually convinced her parents that this was no way to live or to properly heal. Removing her from healthcare and immobilization in the iron lung, her grandmother gave her daily treatments of swimming, sweat baths, therapeutic massage, herbal compresses, and ingestion of different herbal blends. In just a few months, Barbara was walking again and attending school. By university, she only had a slight limp. Later in life, after her grandmother's death, Tedlock began to receive prophetic and meaningful dreams from her grandmother pushing her to pursue her shamanic calling. This motivated Tedlock to travel to the Guatemalan highlands as a doctoral student to study the indigenous culture of shamanic healers from an anthropological and scientific perspective. Taken in as an apprentice by two shamans, Don Andres and Dona Talin, Tedlock and her husband spent close to a year learning the ways of the Guatemalan culture and

shamanic practices. This included dream interpretation, astronomy, hands-on healing, herbalism, and energy work. Using her 'intuitive emotional reasoning' from her shamanistic gifts and 'argumentative intellectual reasoning' from her academic perspective, she has culminated an incredibly complex, unique, and multifaceted view of the shamanistic tradition.

In shamanic and indigenous practices, herbalism is the cornerstone of life and their healing work. It is often integrated into every other facet of their tradition from dream support to midwifery. Barbara Tedlock often mentions her grandmother's expansive knowledge of herbal remedies for any ailment one could need, and highlighted examples of this are present in her novel during the narration of her grandmother's holistic treatment of Tedlock's polio-ridden legs. Herbalism often works effectively in hand with bodywork, therapies that work with the psyche, and spiritual work. Used to support spiritual, mental, emotional, and physical health, the ancient practice of herbalism and botany is all-encompassing of health and is defined within its relationship to health. The practices of healing and alleviating suffering have impacted every culture around the world within their plant ecology and environment for millennia without collaboration with other populations. An herbalist is dependent on and facilitates a knowledgeable relationship between the culture and its unique ecological environment. The sheer mass of the tradition of sacred plant medicine is impressive and overwhelming. In American indigenous healing, more than fifteen hundred plants are used for their anti-diabetic properties, not taking into consideration any other ailment (Tedlock, 2005, p. 137). In many shamanic traditions, they do not rely alone on their knowledge of plants and herbs but use their ancestral and spiritual resources as well when identifying, collecting, and preparing the medicinal processes for the materials. The healing of an herbalist goes far beyond just medicinally using the plant itself, but also includes the importance of the preparation, gathering,

and considering the spirit of the plant. According to Tedlock, one must understand plants as living beings and understand their spiritual context within the living world. Many shamans also dream herbal remedies or receive advice and wisdom from their spirit guides and ancestors during dreams. In *The Woman in the Shaman's Body*, the most apparent and descriptive uses of herbalism are shown and applied during the midwifery processes. In one anecdote that Tedlock shares, a woman is greatly struggling to give birth and is in much pain. The shaman has her drink a small amount of the herb cihuapahtli, also known as *montanoa tomentosa*, which is an expellant. Once the woman has completed drinking the herbal tea, she expels the child easily and completely. This herb has been found to be a great oxytocic that induces contractions and smooths uterine muscles (Tedlock, 2005, p. 258).

Dreaming in the context of shamanism is not just *dreaming* as what many laypeople would correlate the meaning with. Dream interpretation and dream communication are very significant and essential facets of shamanism and shamanistic practices. Dreaming is communicating with the spirit world through the dream state and “listen[ing] and amplify[ing] an inner expression of the psyche,” (Tedlock, 2005, p. 103.) As Barbara Tedlock describes, it is one of the most ancient of practices with evidence of dream communication dating back to cave paintings. Rather than the universal experience of dreaming, in this context, the entire process of the dream state is recognized from the induction of a dream state or purposeful dream incubation, throughout the dream itself and the symbolism, visions, and journey followed within that, and then finally sharing the dream with others in the community and working to interpret and understand the meaning within the dream in order to better understand the self and the wisdom that is attempting to be bestowed upon the dreamer. This process takes practice, ritual, discussion, and learning; all of which require a group of people to engage. This fundamental



cycle of meaning can be prophetic, interconnected, and life-changing. This lucid dreaming is characterized by a vivacity so strong that it feels like wakefulness with the only grounding nature being that the dreamscape is clearly of a different world and landscape. For shamans, dreams, both their own and when interpreting others, are also very intertwined with health, and negative dreams or nightmares can even cause illness or death. Dreams can be transformational in one's spiritual growth process and bestow valuable lessons, predictions, and deep understandings about one's higher purpose and how to achieve it. In many cultures, dreams are the link to another plane of reality which explains the continuous attributions between the unconscious mind and the waking body in terms of spiritual, mental, and physical health. Shamans are generally 'chosen' through the dream world as well. In many cultures and different areas of the world, an animal or spirit, familiar or not, will appear in a dream or vision and do something indicative of passing down the tradition and then choose the individual as a shaman. For Tedlock, the night her grandmother died she was taken on a dream journey through the night sky, which is a classic archetype. Upon approaching a nest filled with serpent bones her grandmother gave her a shimmering egg, symbolic of her selection to be a healer and passing down the tradition. Throughout her life, many other dreams and signals followed her down this path that she was destined for and was designated for in the dream reality (Tedlock, 2005, p. 104.)

Another common practice to achieve this desired state of illumination for a shaman is to go into a 'trance,' an awake but meditative state so deep and intentional that one enters the other world and their body continues with its actions in the physical one. This can be brought on through meditation and fasting, the use of entheogens, or the consumption of herbal remedies. The shaman undergoing trance will carry out rituals, heal people, act out messages, gender shift, or produce a needed herbal remedy among many other possibilities. For example, a Mapuche

shaman, Machi Tomasa, became entranced by a body of water in which a mermaid had seen her and then became one with her body, “so strong[ly] that I could not move.” This is very indicative that her shamanic power comes from the water. On another such occasion, two mermaids brought her two saddled horses and gifted the woman with fish. They then presented the herbs that she needed to use to heal her patients, naming them, telling her where to find them, and showing them to her (Tedlock, 2005, p. 139.) The ability to enter a trance state can be incredibly beneficial to a shaman’s practice and is largely one of the keystones of shamanic practice.

### **Psilocybin**

The University of California in Los Angeles led a pilot study in 2004 to explore the potential for psilocybin treatment in patients with advanced-stage cancer, which significantly renewed the passion and curiosity for psychedelic therapy’s potential (Lowe et al., 2021, p. 1). Much of the current medical and therapeutic research on hallucinogens in the United States is taking place using psilocybin, the active ingredient in what many know as ‘magic mushrooms.’ According to *The Therapeutic Potential of Psilocybin*, psilocybin is reported to have the most favorable safety profile of all ‘psychedelic’ drugs due to there being no recorded overdoses in history and an observed low addiction rate, despite its classification as a Schedule I drug (Lowe et al., 2021, p.2). Since the pilot study in 2004, psilocybin-assisted therapy is being explored on a wide variety of patients with both mental and physical ailments. Psilocybin-assisted therapy combines the pharmacological effects of psilocybin with psychological support. This usually involves the preliminary building of a relationship between a patient and therapist before the session itself. Then, in a specially designed room, the patient consumes a predetermined dose of psilocybin in the presence of one or more therapists. After the session, patients continue to see the therapist to discuss their experience and generate insight on addressing their mental health

issues or unhelpful behavioral and emotional patterns. This therapy is currently being explored for those struggling with addiction, dependence on substances, PTSD, anxiety, OCD, terminal disease status mental health, depression (all different degrees of), suicide ideation, cluster headaches, migraines, chronic pain, epilepsy, BPD, and inflammation (Lowe et al., 2021, p. 4). Thus far, some of the subjective long-term effects of this therapy include reduced suicidal ideation, positive changes to personality and increased altruism, decreased violent and criminal behavior, improved feelings of personal meaningfulness, pro-environmental behavior, increase of one's sense of wellbeing, and positive persisting effects in areas of mood, behavior, and attitudes up to 14 months after therapy (Lowe et al., 2021, pp. 15-16). Overall, despite the many challenges to be overcome in bringing this therapy mainstream, the results appear positive.

The earliest evidence for human consumption of magic mushrooms dates to Neolithic rock art from the Central Sahara region of Southern Algeria. It features images of animals and humans together with mushrooms outlining their bodies as if the fungi are growing from their limbs. Rock art paintings in Siberia featuring red and white-spotted mushrooms growing out of or floating above girls' heads suggest that shamans have consumed the fungi since early in the Bronze age. Some researchers believe that psilocybin was an essential ingredient in the Greek's ambrosia and the Aryans of North India's sacred drink, soma (Tedlock, 2005, p. 146).

Consumption of psychoactive mushrooms is one of the earliest recorded human experiences and occurs across the globe independently. Humans have always been curious about entheogens and praised the results of their use. Shamans from a variety of cultures have independently used these mushrooms' powers in healing rituals as well. Ojibwe shamans prepared it as a juice mixed with blueberries to strengthen its effects, most notably on inflammation, and the Aztecs used it in the 16<sup>th</sup> century for fevers and gout (Tedlock, 2005, p. 149). In present-day Aztec communities in

Mexico, shamanic healers use them to communicate with deities, understand past and future events, and divine causes of illness.

### **Mescaline (San Pedro Cactus, Peyote) (Native American)**

A Huichol shaman mentioned in *This is Your Mind on Plants* states, “Aspirin is a drug. Peyote is sacred,” (Pollan, 2021, p. 164). Mescaline is the active hallucinogen in the spineless cactus Peyote and the San Pedro cactus. A mescaline journey can last up to fourteen hours depending on the rate and amount of consumption. Peyote is a sacrament in the Native American Church and for indigenous Native Americans. The San Pedro cactus’ home is in the Andes and is extremely valuable to its indigenous people as well. Peyote has been used by Indigenous peoples of North America for at least six thousand years. In a cave overlooking the Rio Grande in Southwestern Texas, archaeologists discovered flat peyote button effigies and radiocarbon-dated the findings to six thousand years ago. Mass spectrometry indicated that the effigies did contain mescaline. In Peru, spines of San Pedro cacti were found among artifacts determined to be hundreds of years older than the discovered peyote buttons, making mescaline the most ancient hallucinogen still in use today (Pollan, 2021, p. 188). In 1620, peyote was the first substance to be made illegal in North America by the Mexican Inquisition upon being declared a “heretical perversity” on the Catholic faith (Pollan, 2021, p. 189).

Peyote is a small spineless cactus with button-shaped growths that can be harvested repeatedly. It grows from north-central Mexico into southern Texas, and its sacred origin story is as follows:

*One afternoon a pregnant woman became lost from her band and gave birth unaided to a baby girl. She cut the navel cord with a stone knife from her pouch and lay back helpless under a low leafy mescal bush watching a flock of buzzards gathering overhead. She watched in terror as they*

*swooped and soared lower with each downward beat of their great black wings. They must have sensed that she was about to die. Then she suddenly heard a voice speaking directly to her; “Eat the plant that is growing beside you,” it said. “That is life and blessing for you and all your people.” Weakly, she turned her head and the only plant in sight was a small cactus. It was without thorns, and its head was divided into lobes. She reached for the plant and pulled it up, root and all, and ate the head. Strength returned to her immediately. She sat up and looked all around. It was nearly dawn; the sun was just starting to rise. She lifted her infant to her filling breasts and fed her. Then, gathering up as many cactus plants as she could find and carry, she rose and walked on. By evening she reached her people (Tedlock, 2005, p. 155).*

It is used in religion and medicine to relieve pain, increase the flow of lactation, as a treatment for wounds, to bring energy, and as a sacrament in religious ceremonies among its many, many other uses.

The San Pedro cactus, also known indigenously as Wachuma, is native to the Andean peoples in Ecuador, Bolivia, and Peru. Ceramics from the Mochica Culture, from 100 to 700 BCE, are decorated with San Pedro rituals akin to those that still occur on the north coast of Peru (Tedlock, 2005, p. 164). Like peyote rituals, San Pedro ceremonies consist of nightlong group gatherings. The cactus itself is incredibly versatile and has an intense will to survive, it can grow and thrive nearly anywhere as long as it does not freeze aggressively. It sends up new growth from anywhere it is marred and grows approximately a foot a year, which is rather quick in regards to the growth processes of other cacti. Pollan describes the plant as indomitable, as its primary reproductive strategy is through damage. “Wachuma doesn’t heal you by itself... if you invite it in, it helps to reveal what is already there, and in that way engages you in healing yourself,” explains a shamanic leader, Taloma, that Pollan experienced a traditional wachuma ceremony with firsthand (Pollan, 2021, p. 230).

Many Americans, even those familiar with psilocybin and the research currently prospering surrounding psychedelic therapy, do not know much, if anything, about mescaline. Steven Benally, a Navajo and one of the founding members of the Indigenous Peyote Conservation Initiative, states, “we are taught to be really protective of our medicine,” (Pollan, 2021, p. 201). Many of those in the Native American Church intentionally protest any use of peyote for those outside of the Church. With the peyote gardens of Texas being the only wild population of the cactus in America, bringing attention towards the plant in any fashion is incredibly risky for the indigenous population that uses it as its core religious sacrament. “If there is money to be made from peyote, nothing will stand in the way,” (Pollan, 2021, p. 201). Another core concern cited in this same interview is the stress of peyote becoming the next focus of modern medical research upon mescaline receiving as much mainstream attention as psilocybin, further pressuring the supply of the plant and the religion itself. This is a very ample and valid concern as Pollan himself when speaking on a peyote ceremony explains, “apart from the group setting, this model closely resembles ‘psychedelic therapy’ as it is being practiced today in the West,” (Pollan, 2021, p. 213). However, differing from the experiential therapy occurring in America today, the group setting is an essential and core part of the experience of the ceremony. The basis of the peyote ceremony in the religion is about community, coming together and sharing an experience, and having active discussions about the issues plaguing those involved or the moments being celebrated. When the entheogen induces that state of mental plasticity and an opportunity of high suggestibility, these discussions can be defining, transformative, and offer pathways to rebirth.

In 1918, the Native American Church of North America was officially established “to foster and promote the religious belief of the several tribes of Indians in the State of Oklahoma,

in the Christian religion,” and stated specifically the importance of its peyote sacrament (Pollan, 2021, p. 197). It was not until 1993 that Congress passed the Religious Freedom Restoration Act and on October 6, 1994, President Clinton signed the American Indian Religious Freedom Act Amendments, making “the use, possession, or transportation of peyote by an Indian for bona fide traditional ceremonial purposes in connection with the practice of a traditional Indian religion is lawful, and shall not be prohibited by the United States, or any state,” (Pollan, 2021, p. 199). This secured the legal right for more than 250,000 members of the Native American Church of North America to practice their religion and peyote sacrament legally after centuries of opposition and legal penalties. Peyote use, possession, and transportation by anyone outside of the Native American Church are still punishable under the Controlled Substances Act. All forms of mescaline are currently classified as Schedule I drugs in the United States, stating that it has a high potential for abuse and no currently accepted medical use.

The Huichol Native Americans of the Sierra Madre of Mexico are the longest known continual users and carriers of the peyote customs and the proprietors of the Native American Church of North America. They refer to themselves as Wixarika, meaning healer or prophet (Tedlock, 2005, p.157). Their people make an annual ritual pilgrimage across the mountains of their landscape to their peyote lands to gather enough for their ceremonies until their next planned pilgrimage. A Huichol baby is introduced to peyote throughout gestation through the mother’s milk. At age 5, children chew on the sacred cactus which provides them with essential growth and knowledge to learn their sacred mythology and healing rituals through their entheogenic-driven insights. As they grow into adulthood, it is their obligation to their community to communicate their peyote-induced visions through vibrantly colored yarn paintings, beadwork, embroidery, and weaving (Tedlock, 2005, p. 159.)

A large and ever-growing concern for users of peyote is the conservation of the cactus and the growing endangerment of its species. The ‘peyote lands’ of the Chihuahua desert are the only place the peyote cactus naturally grow, and the growing demands of peyote from the Native Americans in the church are higher than the supply of the plant that the 605 church owned acres can provide. The current system operates with licensed *peyoteros*, the harvesters of the plant, who then sell it to the members of the church. Peyote harvesting is time-consuming and gentle work, if it is done too hastily the cactus can be damaged and it will not regenerate its precious buttons. Poaching is another concerning reason for the decrease in peyote supply, and the rate of illegal peyote poaching has dramatically increased asentheogens’ popularity has increased over the last two decades. The Indigenous Peyote Conservation Initiative is a 501c(3) organization in Texas with a mission of “serving all native Peyote lands and peoples, from Mexico, the U.S., and Canada,” (IPCI). This organization promotes conservation and protection of the peyote gardens and the plant itself as well as offering pilgrimage opportunities to members of the community where they can harvest from the sacred cactus themselves.

With the demand for peyote skyrocketing among the Native American population as the Church grows as well as the number of peyote ceremonies, the endangerment of the species is a constant concern. Ceremonies can be called for a wide variety of reasons: people that are ill and need healing, those struggling with addiction of any sort, relationship issues, past trauma difficulties, community disputes, or for celebrations (Pollan, 2021, pp. 185-168). A great quote from Mike Jay, cited in Pollan’s novel, states, “Rather than awaiting a transformation in the world, it gave its worshippers a means to transform themselves from within,” (Pollan, 2021, p. 196). In his novel, Pollan speaks with Martin Terry, a staff botanist



at the IPCI. The shortage of the plant is of great personal concern to him and one of the main focuses of the organization. The answer to this problem that may seem obvious to many is to simply cultivate the cactus and grow more at a much higher rate to combat the rise in consumption. However, there is a strong belief for Native Americans that wild peyote, grown freely, is a gift from the Peyote Spirit, and to cultivate the plant would put into question one's faith in the Spirit and therefore disrespect the plant and the practice. The plant is a gift from nature, and those close to the plant understand and respect this belief. According to Pollan and Terry, the ICPI believes that this ideal can be wholesomely respected whilst managing to cultivate the plant if they carefully peruse the correct language and work closely with those in the Native American Church (Pollan, 2021, pp. 186-187).

## **Conclusion**

Garnering a deeper understanding of indigenous healing practices through the discussion and influence of shamanic medicinal practices could prove very beneficial to western medicines' current endeavor of exploring the possibilities of entheogenic therapies. These plants, psilocybin and mescaline, have thousands of years of rich tradition and practices surrounding their use. Some key findings are important to note and take into consideration upon further research and use of these substances and practices in the U.S. First, acknowledging the importance of respecting and caring for the plants themselves. Indigenous cultures that have used these plants as medicine for thousands of years have been careful and appreciative in their conservation of these plant substances, and also recognize their sheer power and value. As medical professionals in the United States move forward with this research and practice involving these medicines, it is of sincere importance to ensure the conservation of the plants involved as well as respect the place from which they have come

from. These medicinal plants have had a long and winding journey to make it into the sterile environment that is our modern medical world. Respecting the indigenous cultures that deeply value these plants in this process by straying from the use of naturally grown options, and instead cultivating these plants in a secular greenhouse or facility, seems to be of the utmost importance in order to appropriately maneuver this path. Also, it is important to recognize the extreme hardship that religions, such as the Native American Church, went through over the last few centuries to take part in their religious sacrament. They fought for centuries to harvest and use peyote, and any future endeavors into modern medicinal research of peyote will be simply signed off on at a city or state level. Offering support, both financially, environmentally, and politically at any legalized level, to these people, groups, and organizations, should be at the forefront of any policy or research. Being respectful to not appropriate the indigenous cultures that deeply value these practices and medicines should always be something that is taken into deep consideration.

Second, with any indigenous use of an entheogen, the group setting is pivotal and deeply important to the success of any therapy-style motives. The deep feeling of connection and ability to use the mental plasticity and heightened sense of suggestibility that an entheogen provides to build more positive relationships and experiences towards trauma, addiction, and any other such use make the group dynamic essential in these instances. Currently, all experimental entheogenic therapy takes place in a one-on-one setting between a patient and a doctor. Seeing that any traditional indigenous use of these medicines occurs in a group setting very successfully, it should be considered to adopt this aspect into our currently malleable models of these trials.

Finally, shamans have great success with the patients of their communities and have more than just a doctor-patient relationship with those that they assist. Our medical system could deeply benefit from a more relationship-based system modeled after indigenous healing rather than the informal relationships westerners have with their doctors today. Instead of knowing nothing about one's doctor besides their ability to prescribe medications and the formality of annual visits, facilitating a genuine relationship, such as how westerners find therapists, could completely change the medical field in the United States for the better. Wholly understanding a patient for who they are could dramatically assist in correct and timely diagnoses and building genuine trust in a relationship between a doctor and patient could greatly enhance the experience as well as address more than just the physical facet of health, but the emotional and even spiritual facets as well. Shamanism is unique in that it does not look simply at one's physical health but takes into account the entirety of health in a patient; the emotional, the mental, and the spiritual health of an individual as well. By embracing this practice with greater access to resources, reducing the number of patients a doctor has, and holistically addressing needs when necessary, the medical care system in the US could be revolutionized. Facilitating these deeper relationships would strengthen community networks as well, and in turn, increasing access to resources that could be beneficial to individuals. Strong community networks assist in increasing empathy and decreasing loneliness or feelings of depression by knowing and feeling a sense of belonging. With the implementation of indigenous practices in healing combined with an appropriate use of entheogenic therapy, western medicine could evolve for the better.

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