

Redefining Health: Peyote, Ritual Healing, and the Concept of the Soul

by Isabella Pua

*The story of peyote (*Lophophora williamsii*) reflects a crucial disconnect between Western and Native American perspectives on medicine and the soul. Historically, Western colonial powers have outlawed peyote's use due to ideological disagreements: first with the Catholic Church, then with Western medical culture. However, when considered within Native American cultural context, peyote rituals are valuable for healing on a cultural, communal, and psychological level. Culturally, peyote ritual spread among native tribes in the US as a religion unto itself. It provided a newfound sense of Native American identity in the aftermath of tribes' loss of culture at the hands of colonial powers. From a community standpoint, peyote provides shared experience and support among the ill, particularly for those suffering from substance abuse. And on an individual level, peyote creates a receptive state of mind in the user to allow greater self-awareness and self-control through the medium of the ritual. Peyote and the peyote ritual aid in spiritual healing in a way foreign to the West's biomedical approach to mental health. By neglecting discussions on spiritual health as it affects overall well-being, Western medicine ignores a promising therapeutic solution to mental health issues.*

Too often, Western medicine defines health in strictly biomedical terms. In doing so, it fails to address the social, emotional, and spiritual factors that fundamentally affect an individual's well-being. This concept of healthcare beyond the physical body is not completely alien to Western thought. The World Health Organization's 1984 definition of health describes "a state of complete physical, mental and social well-being" (Constitution of WHO). Despite this principle, Western medicine tends to overemphasize on empirical symptoms and treatments. In other cultures, however, holism remains fundamental to health and healthcare. Native American cultures view and treat the soul, body, and surrounding environment as one. In the peyote ritual, which stems from Aztec Mesoamerica and has since spread to the US territories, individuals consume the peyote cactus (*Lophophora williamsii*), which allows them to achieve an altered state of consciousness. In this altered state, participants can then use the medium of the ritual to face mental and spiritual ills. This psychological healing, coupled with the social element of participating in ritual, makes peyote a prime example of holistic healing in non-Western

medicine. Historically, Western medicine has shunned peyote. It has not fit in with Western thought, which in turn dictates the direction of medical practice. However, peyote represents a novel approach to mental health care in particular. It addresses the community and the soul of the individual as well as their body. By expanding the Western medical worldview to include holistic perspectives and to live up to the WHO definition of health, we can better address mental illnesses yet unresolved by biomedicine.

The peyote ritual itself involves ingesting peyote cactus to induce an altered state of consciousness. In peyote ritual, Native Americans eat dried slices (buttons) of the cactus or drink it as an infusion. Its effects appear in two stages. The first manifests through physical symptoms: nausea, vomiting, cramps, chest pain, restlessness (Olive 53). After several hours, these physical symptoms disappear, and the peyote user experiences the plant's hallucinogenic effects. These commonly include depersonalization, visual hallucinations, an altered sense of time and space, and an out of body experience (Olive 54). While under these mental effects, the peyote road man – the spiritual guide for the ceremony – leads the participants in prayer and song.

Though specific elements of the peyote ritual vary between tribes, they contain similar elements related to healing. According to Native American belief, peyote is connected to a Great Spirit, who created the universe; thus, the plant holds divine power (Anderson 28). By eating peyote, individuals can “receive messages from the gods” and “foil sorcerers and evil beings” believed to cause disease (Anderson 25, 22). Peyote ceremonies are usually called to heal a specific individual; however, ceremonies can also take place to give thanks for healing or to celebrate life events (Anderson 52). Through these ceremonies, participants access the spiritual power in peyote to heal illness, or to ensure the ongoing solidarity of their community – thus impacting health at a broader, social level.

Modern Western knowledge of peyote begins in colonial Mexico, and was heavily affected by subsequent cultural conflict. The first historical record of peyote comes from the Spanish conquistadors, who documented Mexican tribes' use of the herb in the mid-1500s. Francisco Hernandez de Toledo, court physician to the king of Spain, first noted peyote among the Zacatecas tribe in Mexico. He documented its prophetic properties, noting that "by eating it they can foresee and predict everything, such as whether they should attack the following day" (Schleiffer 31). They could even address even more mundane questions like the location of lost objects (La Barre 31). The ethnographer and priest Bernardino de Sahagun also wrote about "visions either frightful or mirthful," and mentions that, physically, "it sustains [the Native Americans] and gives them courage to fight and not to feel hunger nor thirst" (Schleiffer 30). Other sources write that various tribes used peyote for a myriad of ailments: hemorrhage, cramps, fainting, rheumatism, and fever (La Barre 30). By the time the West made contact with Native American tribes, peyote had become an integral part of both medical and ritual practice. It provided physical remedies as well as guidance in daily life through ritual.

Early Spanish arrival in Mexico and South America in the 1500s marked the beginning of the cultural strife centered on peyote. The Aztec empire had a rich cultural history of psychoactive herb use, which included peyote. The Spanish – with their Roman Catholic ideologies – saw these psychoactive plants as "pestiferous and wicked' poisons of the dead" (Calabrese 5). After usurping the Aztec empire, the Spanish purged much of the existing indigenous herbal knowledge (Calabrese 5). The Spanish worldview had reduced psychoactive herb use, which likely included rich spiritual connotations, to 'wicked' and thus counter to Roman Catholic ideologies. The Western scientific community thus lost hundreds of years of

knowledge on American medical herbalism. This marked a major example of the disastrous effects of cultural imperialism on valuable medical knowledge.

This pattern of ethnocentric moral judgement continued. The Mexican Inquisition in the 1600s fixated, again, on peyote's hallucinogenic properties. A decree by the Inquisition in 1620 explains, "neither the sacred herb or any other can ... cause the mental images, fantasies, and hallucinations on which the above stated divinations are based. In these latter are plainly perceived the suggestions and intervention of the Devil" (Leonard 326). The Mexican Inquisition saw peyote as both a religious crime and a threat to Catholic authority. In the decree, they "summon [the Native Americans] to obedience by virtue of [their] holy submission to the Church" (Leonard 326). To the western mind, peyote was solely a means to achieve visions and thus communicate with the devil. The Spanish colonial government outlawed peyote use. As an institution, the Spanish colonizers seized upon the part of peyote's ritual use that made sense, however sinful, in their own cultural schema. Because colonial powers only viewed peyote through the narrow lens of Catholicism, they repressed and destroyed medical knowledge that had been in use for hundreds of years prior. These encounters between Spain and the Mexican tribes marked the beginnings of a history of Western misinterpretations of peyote and its value to medicine.

Peyote again met resistance in the 1890s to 1900s, again as a result of Western cultural misunderstanding. Western scientists isolated the compound responsible for peyote's psychoactive properties, mescaline, in the early 1890s. In doing so, it distilled the plant not only to its chemical constituents but to its physical effects as well, ignoring the Native American ritual framework of peyote's use. Subsequent literature on mescaline focused solely on its

hallucinogenic effects. Individuals like Dr. Silas Weir Mitchell tested mescaline on themselves to record their experiences. Dr. Weir Mitchell describes a bouquet of vivid hallucinations:

Above ... hung a fragment of some stuff. This began to unroll and float out to a distance which seemed to me to represent Time as well as the immensity of Space. Here were miles of rippled purples, half transparent, and of ineffable beauty. Now and then soft golden clouds floated from these folds ... and things, like green birds, fell from it ... (1626)

Following his record of his observations, Dr. Weir Mitchell echoes the limited perspective of Western science with respect to peyote: “I predict a perilous reign of the mescal habit when this agent becomes attainable. The temptation to call again the enchanting magic of my experience will, I am sure, be too much for some men to resist” (1628). Previous studies had shown that peyote was not addictive (Anderson 184). However, Western science ignored this fact, as well as the rich cultural context of peyote use, focusing instead on peyote’s psychedelic effects. As a result, peyote and mescaline fell under public criticism alongside recreational drugs like LSD as awareness of drug addiction increased in the 1920s. Legal conflicts throughout the mid-20th century culminated in the Comprehensive Drug Abuse Prevention and Control Act in 1970, which included peyote on its list of illegal substances (Anderson 184). Without its cultural context of Native American ritual, peyote represented a potentially dangerous recreational drug to the 20th century Western mind.

To understand peyote’s true value, we must consider the Native American concept of health, body, and soul. Though variations exist across tribes, a common spiritualist theme between them paints health in a holistic light. For example, Lewton and Bydone discuss *sq’ah naaghái bik’eh hózho* (SNBH), a traditional Navajo principle of well-being. SNBH suggests that

“conditions for health and well-being are harmony within and connections to the physical/spiritual world” (Lewton and Bydone 478). Healing, in SNBH philosophy, involves balancing the individual’s spirituality and interpersonal relationships as well as their physical body. In general, tribes often attributed illness to spiritual imbalances, whether that meant that part of the soul was missing, or that negative spiritual influences were acting upon the individual. In certain tribes, shamans embarked upon vision quests to the spiritual plane to retrieve lost aspects of the soul or to combat negative influences (Anderson 107). In general, Native American tribes shared holistic views of health similar to SNBH philosophy. This viewpoint stated that the disease acts upon the person as a whole, and that this included their spiritual selves as well as their physical selves (Anderson 107); as such, caring for the spirit was just as important as caring for the body, and these two aspects of care were considered inseparable.

From a cultural perspective, peyote provided healing for the Native Americans as a people. In the 1800s, peyote ritual spread north from Mexico to Native American tribes living in the United States. This diffusion represented a cultural backlash to the cultural genocide that tribes faced at the hands of the US government. Peyotism became a pan-Native American religion that fused Christian elements with Native rituals like peyote and ritual pipe smoking. Native tribes, stripped of their own religious traditions, adapted this new Native American Church (NAC) as a link to an exclusively Native American identity. The popularity of Peyotism followed the American suppression of the Ghost Dance movement, in which tribes believed that ceremonial dance and righteous living would bring about the end of colonial rule (Anderson 8). The Ghost Dance ended with the massacre at Wounded Knee in 1890. With the NAC, Native focus shifted from ending colonial influence to coping with their colonized reality. As Edward Anderson explains in *Peyote: the Divine Cactus*, Peyotism encouraged “personal transformation

that would allow one to survive the post conquest situation, build a stronger community, and avoid forms of postcolonial disorder like addiction to the White Man's alcohol" (9). The NAC therefore represented a way to strengthen Native American identity for the sake of cultural survival.

Peyote itself was particularly relevant to cultural survival because it made the NAC accessible to the youngest generation of Native Americans. Forced colonial schooling had forbidden children from carrying on Native languages and traditions, so traditional ceremonies – which relied on this knowledge – became inaccessible. The NAC, being a pan-Indian religion, used English as a common language to spread between tribes; traditional languages became unnecessary in its ceremonies. Moreover, peyote's psychedelic properties allowed participants "direct encounters with the spiritual realm" that had previously only been accessible via highly involved tribal ceremonies such as the Winnebago medicine dance (Anderson 41). Participation in the medicine dance required an application and payment to ceremonial elders; even then, the new initiate played a very minor role in the ceremony until they purchased further information (Radin 151). Furthermore, compared to earlier Native American ceremonies involving visions, peyote visions were "often stronger and more compelling" (Anderson 41). By increasing the accessibility of characteristically Native American concepts and traditions, peyote facilitated the spread of a cultural movement that gave stability to a people in cultural flux.

For the individual, peyote and the peyote ritual benefits social health. Lewton and Bydone interviewed a peyote road man, who described something he told to his patients: "[T]he prayers that you are hearing in here is [sic] all for you. People sitting here they're talking for you. They're singing for you. Everybody wants you well" (486). The healing rituals thus place the patient within a caring community. Lewton and Bydone describe the atmosphere of the peyote

ritual as “one of support for the patient and ... an emphasis on appreciation, fellowship, and forgiveness” (486). This atmosphere created by peyote ritual provides social structures that can aid those suffering from illness, especially mental illness.

In the context of Native American history, this supportive community has proven an integral part of a Native American movement against alcohol abuse. Dennis Kelley explains in his journal article about the subject that peyote rituals provided Native Americans suffering from alcoholism with “a community of like-minded individuals,” due to their shared spirituality as well as their struggles with substance abuse (79). He explains that such a community is similar to those created by alcohol support groups such as Alcoholics Anonymous. For Native Americans, Peyotism, more than any artificial group, symbolized culturally relevant support for alcoholics. As Eliseo Torres explains in her book, *Healing with Herbs and Rituals: a Mexican Tradition*, culture-specific medicine takes into account the “social and psychological context in which the patient developed the disease” (84). Peyote ritual thus connects the individual struggling with alcoholism with a sympathetic community able to understand the other social factors at play in their struggle with substance abuse. The supporting community that peyote creates offers a uniquely Native American mode of social comfort and social healing, leading to the health of the individual as a whole.

Within the peyote ritual itself, the herb-mediated experience of the ceremony offers personal revelation and clarity, which may in turn impact the individual’s mental health. Calabrese explains that the peyote ritual aims for several desired effects: these include “introspection and self-awareness, behavioral and mental self-control, employment of the person in ritual symbolism, and the therapeutic self-transformation in line with the ritual symbolism” (191). He later describes some of the symbols of rebirth and rejuvenation represented in the

peyote ritual. Using peyote as an adjunct to prayer and self-reflection allows the individual to better internalize any insights they experience. Calabrese also notes that peyote increases suggestibility in a way similar to the mental effects of hypnosis (117). In an interview, a Navajo man and former alcoholic comments on his personal revelation following peyote ritual:

My child who took care of the fire spoke to God, but he is speaking to me, too... of my past drinking and behavior. He asked God to provide him with a father whom he would be proud of and the father that he always wish to have ... I was careless with my life and probably did things I should be ashamed of. I cheated on life right along... I found out that my belief in God was shallow, not deep. At my age and realizing this is enlightening. I discovered this, my words were shallow and meaningless before. I said I would do this and that and sometimes bragged about things. Well, I realized what that is now. It is like cheating on the truth. I want to straighten this out... (Garrity 530)

Through the medium of the ritual, as Garrity further explains, “patients are motivated to engage their problem in a positive and supportive environment where the persuasion of the peyote-induced state together with the sacred milieu inspire receptivity, honesty, and insight” (530). The ritual and its prayer and meditations inspired honesty on the part of the man’s son and self-reflection on the part of the man himself. The peyote likely added the feeling of a spiritual revelation and increased the man’s receptivity to the idea of changing his behavior. Both the plant and the ritual itself therefore provided an arena for the man to engage and challenge his illness, addiction, and behavior.

Despite these benefits for mental health, the Western world continues to classify peyote as a Schedule 1 banned substance outside of ceremonial contexts – the same classification used for heroin and ecstasy. The Drug Enforcement Administration defines Schedule 1 substances as

“drugs with no currently accepted medical use and a high potential for abuse” (DEA). Though abuse of peyote as a psychotropic substance likely exists, this definition continues the West’s historical tradition of dismissing peyote’s therapeutic worth. This discrepancy in Western and Native American views regarding peyote stems from a fundamental difference in how their cultures define health. Unlike Natives’ holistic approach, Western biomedicine views the human body in primarily physical terms. Western science mandates clinical trials and rationality for all treatments (Malerba). Within this worldview, what Malerba terms “nonordinary reality” – dreams, visions, and spiritual revelations – can only be accepted in terms of brain chemistry. This rationalist perspective reduces Native American spiritual experiences to mere chemical processes.

Because of this ingrained rationalism, Western thought neglects discussions of spirituality in health and wellness. In doing so, the medical community loses a wealth of alternative solution to mental health problems. These are illnesses, like PTSD or alcoholism, that Western medicine doesn’t necessarily have a definite cure for. In these cases, it may be useful to look to other cultural understandings as alternate, equally valid approaches to the same illnesses. Malerba describes a spiritual condition in Native American shamanism called ‘soul loss,’ in which a part of the patient’s soul (their true, innermost self) leaves following a traumatic event of a time of spiritual suffering. This results in symptoms akin to what the West labels PTSD. Though Western medicine has made progress regarding therapies available for mental illness, treatment plans remain far from definitive. As Malerba’s concept of soul loss shows, there are a multiplicity of ways of approaching mental illness – the Western biomedical viewpoint as well as the Native American, spiritual perspective. As such, considering spiritual solutions – such as

peyote ritual – to fit the spiritual understandings of illnesses like PTSD might offer novel solutions otherwise inaccessible to Western medicine.

How can we integrate peyote ritual into our current understanding of medical practice? Previous research on the efficacy of peyote ritual on mental health has been largely testimonial. However, the nature of current Western medicine demands clinical trials and empirical proof before adopting treatment techniques. Peyote stems from a radically different worldview, but in order to contribute to Western medical practice, it must still meet these empirical scientific standards.

Current research on mindfulness techniques and mental health may hold the beginnings of a spiritual bend to Western medicine. Termed ‘mind-body medicine’ by current literature, these therapeutic techniques include meditation, yoga, and hypnosis. Reviews of a broad array of scientific studies have found mind-body medicine effective in treating mental illnesses like depression and post-traumatic stress as well as physical illnesses like irritable bowel syndrome and chronic pain (Taylor *et al.* 2010; Astin *et al.* 141). Studies suggest a variety of mechanisms connecting mind-body mechanism to its physiological effects. Taylor *et al.* synthesize several of these suggested mechanisms in their theory of the executive homeostatic network (EHN). The EHN, which includes several structures in the brain, integrates information about the individual’s social, emotional, and psychological well-being; in turn, it signals hormonal and visceral functions, resulting in the physical effects of mind-body medicine (Taylor *et al.* 2010). Neither Taylor *et al.* nor Astin *et al.* directly address the role of peyote in mind-body techniques. However, peyote’s role in increasing the introspective experience of peyote rituals suggests that it may bolster the effects of the ritual as a mind-body healing technique. By connecting mind and

body, Taylor et al. provide a key to validating mind-body medicine in the Western medical worldview.

As evidenced by peyote, Western medicine would benefit by considering a holistic understanding of health and healthcare, especially when faced with conditions not yet solved by standard biomedicine. However, treatments like peyote that follow this worldview come with ‘nonscientific,’ ‘hippie’ connotations. Acceptance of mind-body medicine – facilitated by clinical trials – poses a key stepping stone towards accepting that holistic understanding. Showing first that mind-body medicine techniques work, and that models exist for its mechanisms of action, would generate scientific dialogue around holistic techniques that have been lacking. Scientific studies on the efficacy of mind-body medicine and its mechanisms thus pave the way for its broader integration into Western medical practice. Though research may lead to a greater acceptance of mind-body medicine, in the case of peyote, there still remains the problem of cultural specificity in its integration. Part of its effect on health lies in its ability to connect the individual to a supportive Native American community. While this sense of Native identity is not necessarily applicable for all patients, the principles of peyote ritual still apply: social support and introspective engagement of personal conflicts via techniques that address mind, body, and spirit.

Overall, peyote has fallen victim to limited Western worldviews – first in a historical, religious sense, then in regards to the Western scientific understanding of health. The Western ignorance of the ritual framework of peyote mirrors its broader ambivalence towards spiritual, emotional, and social health. However, through ritual, peyote offers a uniquely Native American solution to mental illness, both in its ability to connect the patient to a supportive community and as an adjunct to self-reflection. For mind-body medicine as a whole, empirical research is vital

towards allowing Western medicine to begin to consider holistic therapies as valid and valuable additions to current medical practice. Western biomedicine does not have the 'perfect' treatments for every ailment, especially regarding mental health. By viewing health and healthcare as a combination of social, emotional and physical factors, the medical community can better treat patients as complete individuals, offering aid for illnesses that biomedicine alone cannot treat.

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