



Practices in search of legitimacy: the contemporary use of ayahuasca, between religious and therapeutic vindications

Prácticas en búsqueda de legitimidad: el uso contemporáneo de la ayahuasca, entre reivindicaciones terapéuticas y religiosas

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ABSTRACT In recent decades, the growing interest of Westerners in the psychotropic brew ayahuasca and the participation in exotic rituals has led to the multiplication of “shamanic centers” in the Peruvian Amazon. Among these, Takiwasi is a therapeutic community that welcomes hundreds of national and foreign clients every year. This institution, created by a French physician in 1992, was originally intended to propose a therapeutic alternative for the treatment of addiction, characterized by the use of tools of Peruvian mestizo shamanism, biomedicine and clinical psychology. The diachronic evolution of the institution is however marked by the growing use of elements of the Catholic tradition. In this article, I will examine the hypothesis that these transformations can be interpreted as the effects of the globalization of the use of ayahuasca and its legal and political consequences. Thus, the case of Takiwasi underlines the role played by religious traditions and the medical field in the construction, legitimization and maintenance of new and hybrid practices that are multiplying around the use of ayahuasca.

KEY WORDS Religion; Shamanism; Catholicism; Peru.

RESUMEN El creciente interés de los occidentales por la bebida psicotrópica ayahuasca y la participación en rituales exóticos ha llevado en las últimas décadas a la multiplicación de los “centros chamánicos” en la Amazonía peruana. Entre estos, el centro Takiwasi es una comunidad terapéutica que acoge cada año a cientos de clientes nacionales y extranjeros. Esta institución, creada por un médico francés en 1992, fue originalmente destinada a proponer una alternativa terapéutica para el tratamiento de la adicción, y se caracterizaba por el uso de ciertas herramientas del chamanismo mestizo peruano articuladas con la biomedicina y la psicología clínica. La evolución diacrónica de la institución está, sin embargo, marcada por la creciente utilización de elementos de la tradición católica. Examino aquí la hipótesis de que estas transformaciones pueden ser interpretadas como los efectos de la globalización del uso de la ayahuasca y sus consecuencias jurídicas y políticas. De este modo, el caso de Takiwasi subraya el papel jugado por las tradiciones religiosas y el campo médico en la construcción, la legitimación y el mantenimiento de las prácticas nuevas e híbridas que se multiplican alrededor del uso de la ayahuasca.

PALABRAS CLAVES Religión; Chamanismo; Catolicismo; Perú.

INTRODUCTION

Participating in exotic rituals perceived as traditional and experienced as religious, therapeutic, or personal development practices has had significant success among the Western community since the second half of the 20th century. Attracted by their interest in the psychotropic brew ayahuasca (*Banisteriopsis caapi*), as well as by the mythical image of the shaman figure and the “primeval” jungle, a flow of travelers has been moving toward the Peruvian Amazon since the 1990s.

During the last twenty years, many places that welcomed these new clients emerged on the edge of the cities of the Peruvian Amazonia (Iquitos, Pucallpa, Tarapoto). These institutions, called “shamanic centers” by Anne-Marie Losonczy and Silvia Mesturini Cappelletti,⁽¹⁾ are often based on the association between Europeans and local or indigenous *mestizos* [of mixed race], and offer ritual activities presented as inspired by the “traditional Amazonian medicine.” By articulating discursive and pragmatic elements of very different cultural origins, the mechanisms offered by these institutions are based more or less freely on the practices of *mestizo* and urban healers of the Peruvian Amazonia who are knowledgeable about several specializations (herbs, perfumes, prayers, births and hallucinogens).⁽²⁾

Founded in 1992 by the French physician Jacques Mabit, with the collaboration of three Peruvian men and one Spanish woman, the Takiwasi therapeutic community is both a clinic for the rehabilitation of drug addicts and one of the main places offering its services to these foreign travelers in the Peruvian Amazon. The institution has developed a therapeutic mechanism that is characterized by the recovery of elements of the native pharmacopeia (Quechua *Lamista*), such as emetic plants or ayahuasca. This recovery is also supported by a deep transformation of the taxonomic representations as well as by the etiological and therapeutic theory, which is adjusted to the use of these plants.⁽³⁾

If the Takiwasi project was originally aimed at providing a therapeutic alternative

to drug addiction through the combination of biomedicine and “traditional Amazonian medicine,” the influence of the elements of the New Age movement and later of Catholicism has grown throughout the history of the institution, which currently distinguishes Takiwasi from the numerous shamanic centers in the region. What does this transformation of the institution and the social context of its development tell us?

I have shown in other writings⁽³⁾ that these transformations, from an *emic* perspective, are rooted in the ritual experience of the officiants and in the operations of socialization of the hallucinations induced by ayahuasca. In this article, I will delve into the hypothesis that these transformations can be interpreted as the effects of the globalization of the use of ayahuasca and its legal and political consequences. In this sense, the transformations of Takiwasi may be considered strategies of legitimization in a context of stigmatization of the use of ayahuasca. Thus, the case of Takiwasi helps us understand the role played by religious traditions and the medical field in the construction, legitimization and preservation of new and hybrid practices that have multiplied around the use of ayahuasca in the last decades.

METHODOLOGICAL ASPECTS

To explain the aforementioned points, my study will focus on the analysis of public communications of the institution (publications of articles, conferences, documentaries, websites, among others), as well as on the data collected during an ethnographic fieldwork conducted during an 18-month period divided into three research stays, between 2008 and 2013.

The research study was conducted in the San Martín region (High-Amazon region of Peru), most of the time in Takiwasi. The first four-month stay was in 2009, and I focused on the treatment of addictions proposed by Takiwasi. I used different methods of data collection, among which the study of

daily and ritual interactions through the observation of participants played a central role, along with interviews and life stories of about ten drug-dependent patients and the main actors of the institution (ritual specialists and psychologists).

The second six-month stay was in 2011, during which I attended four “seminars” offered to foreign clients. In each of these seminars there were between 15 and 20 participants. We shared the participants’ daily and ritual activities, as well as the word groups. I also conducted individual interviews with around thirty participants, and they shared their life stories with me.

The eight-month final visit was in 2013. On this occasion, I attended three new “seminars,” that included a total of forty-five participants. I also conducted weekly interviews with two drug-addicted patients who were hospitalized for six months and, more occasionally, with other patients. This research study was also complemented with a comparative study, aimed at becoming more acquainted with the specificities of the institution under study in relation to the practices of the *mestizo* or Lamista folk medicine of the region.

This ethnographic research study – which in France does not require the approval of an ethics committee – complied with the proceedings related to “informed consent” and was conducted with voluntary participants who were aware of the study objectives and knew that they could leave the investigation if they so desired.

RESULTS

The foundation of a center for the rehabilitation of drug addictions and research studies on traditional medicines: the history of Takiwasi

The history of Takiwasi is rooted in that of its founders, among them, Jacques Mabit, who is currently the leading figure of the institution. In this article we propose a synthesis of the academic works that have described the

history of Takiwasi^(4,5,6) and interviews with Jacques Mabit and different actors involved in the history of the institution, including employees (priests, psychologists, among other actors) and some of its co-founders.

After completing his PhD in Medicine at the Université de Nantes, in 1984, Jacques Mabit joined short missions in different French non-governmental organizations (NGOs), including missions in Peru. These experiences gave rise to the project to carry out research studies on “traditional medicine.” Following the advice of a friend, he went to the High-Amazon region, to the department of San Martín, to find healers. Once there, in the city of Tarapoto, in the house of Rosa Giove, who would become his wife a few years later, he met José Campos, a Peruvian native of Cajamarca. Jacques Mabit then began a research work on “mental systems of representation of care practices in the department of San Martín,”⁽⁷⁾ and implemented a method that is characterized by the “self-experimentation” of the practices under study.⁽⁷⁾ Between 1986 and 1993, they met around seventy healers of the region, *mestizos* or Lamista people, who introduced Jacques Mabit to the use of medicinal plants, ritual songs (*icaros*), and techniques such as the *soplada* (or blowing, which consists in blowing tobacco smoke or liquid perfumes over the body of the patient for its purification and protection). Jacques Mabit and José Campos then met Roni Yon, who was born in Peru, in the highland of Huamachuco, and has recently migrated to Tarapoto. Some time later, the group met Dionísio Santos, a Franco-Spanish who had settled in Peru ten years before. Working as a professor in the Alliance Française, he had met Don Solón Tello Lozano, a *mestizo* healer who had introduced him to the practices of *vegetalismo* and the use of medicinal plants, including tobacco and hallucinogens such as ayahuasca. This is how the group behind the foundation of Takiwasi was formed.

World leader in coca production, the San Martín region faced a strong local consumption of cocaine paste during this period. Despite the growing demand for care services, there were only a few treatment places and

were concentrated in the capital city. The region is one of the poorest areas of the country, affected by the presence of drug dealers and the violence related to the armed conflict between the Shining Path guerrillas and the Túpac Amaru Revolutionary Movement (MRTA) [*Movimiento Revolucionario Túpac Amaru*]. In this context, Jacques Mabit intended to offer a therapeutic alternative to treat drug addiction by mobilizing local resources.

In 1990, he led a mission with this purpose in mind to study drug treatment techniques in the context of local “traditional medicines” in the Philippines and Thailand. In August 1992, the NGO Takiwasi was registered as a non-profit association by Jacques Mabit, Rosa Giove, José Campos, Rony Yon and Dionísio Santos in the municipality of Tarapoto. The “center for the rehabilitation of drug addicts and research studies on traditional medicines Takiwasi” opened in September and quickly received the authorization from the Peruvian State to function as a center for the treatment of addictions.

The main actors of Takiwasi established a communication policy based, in particular, on the annual publication of a journal between 1992 and 1997, articles,⁽⁸⁾ books,⁽⁹⁾ and conferences led by Jacques Mabit around the world, thus guaranteeing the visibility of the institution, which is presented as a pioneering research center on traditional Amazonian medicine and its use in the treatment of addictions.

The financing of private donors, the French government (1992-1994), the European Community (1993-1995), and the United Nations (1995-1997) contributed to the acquisition of lands, the construction of infrastructure and the remuneration of some employees. Rony Yon was then in charge of the logistics and development of herbal preparations, while Jacques Mabit, José Campos and Dionísio Santos led the ritual celebrations. If the basis of Takiwasi is the work of many individuals, personal differences gradually led the co-founders to leave the management of Takiwasi in the hands of Jacques Mabit. Currently, only Rosa Giove, Jacques

Mabit's wife, carries out activities in the institution. Rony Yon, José Campos and Dionísio Santos established their own institutions that offer services (purging ritual, ayahuasca ritual, diet) to foreign clients.

Therefore, Jacques Mabit is at present the main authority of Takiwasi. All important decisions regarding the activities of the institution are subject to his approval. The French physician is also the main public figure of Takiwasi, and he ensures the international communication of the institution through conferences, articles or documentaries. While he is the main holder of the ritual authority, other people have the right to officiate during the rituals offered by the institution, such as Rosa Giove, or Jaime Torres, a clinical psychologist who became the director of Takiwasi. Since its creation, Takiwasi has also been employing *mestizo* and indigenous healers in order to contribute to the success of the ritual practices. There are forty employees working at the center. Most of them are from the region, and are in charge of the maintenance, management and administration tasks of the institution. There is a group of six people engaged in medical herb production and marketing in the laboratory. Furthermore, there is a team consisting of physicians, psychologists, and ritual specialists that offers treatment services.

In twenty years, Takiwasi has become a clinic that permanently receives fifteen patients and residents, and that advertises the treatment of more than five hundred drug addicts. The addiction treatment proposed by Takiwasi consists of a nine-month process. In the model of therapeutic communities, fifteen patients share their daily lives and reside in rooms. In the morning, the patients perform different tasks (cleaning, gardening, cooking) and attend workshops in the afternoon (sports, handicrafts, art). Each resident is followed up by an authorized psychotherapist, with whom they meet weekly for an interview. In 2014, the team consisted of four psychologists (of French, Czech, Spanish and Colombian nationalities). The participation in ritual practices along with the use of medicinal plants is mandatory: weekly purge and

ayahuasca rituals and confinement (“diet”) for ten days every two months.

Beyond its clinical activities, the institution also aims to participate in the valorization of “traditional medicine” in the region, in order to promote its legitimacy before the political bodies and the scientific world. One of the main results of these aspirations was that ayahuasca was declared to be part of the “national cultural heritage of Peru” by the Ministry of Culture in 2008. In fact, the proposal for this declaration had been drafted and supported by Rosa Giove, Jacques Mabit’s wife and co-founder of Takiwasi.

The institution is also committed to the production of clinical data to certify the results of the methods of “traditional Amazonian medicine” in the treatment of addictions⁽⁹⁾ and psychopathologies. To give greater visibility to these projects, Takiwasi organized several international meetings such as the International Forum of the Inter-American Council on Indigenous Spirituality, in 1998, and the International Congress “Medicines, Interculturality and Mental Health” in 2009.

Etiological and therapeutic theory of addiction

During the years I devoted to following the creation of Takiwasi, the main actors of the institution published several articles in which they progressively formulated an original theory of addiction. In accordance with these texts, addictions raise the question of “the individual’s aspiration toward attaining spirituality and holiness” through an “initiation path” that cannot be found in “modern” societies due to their secularization.⁽⁸⁾ From this perspective, addiction would be the result of a spiritual aspiration achieved through self-initiation that, lacking a social structure, would produce a “counter-initiation” and would lead the person to self-destruction and marginalization. The treatment of addictions should thus achieve a “true initiation” structured through the resources of “traditional Amazonian medicine.”⁽⁸⁾ In this sense, addiction is herein understood as the result of

a spiritual search; therefore, healing is connected to the search of a direct experience of transcendence associated with the experience of “altered states of consciousness” due to the ritual use of psychotropic substances such as ayahuasca.⁽⁸⁾

Here we recognize the influence of transpersonal psychology, which dominates the psychotherapeutic paradigm in Takiwasi. The term transpersonal means “beyond” the personal sphere and refers to the experiences, processes and events that, according to the main representatives of this movement (Roberto Assagioli, Abraham Maslow, Stanislav Grof), transcend the common sense of identity, enabling the experience of a greater and a more significant reality.⁽¹⁰⁾

The use of ayahuasca in this context is also influenced by the valorization of the psychotherapeutic use of hallucinogens, advocated by the psychedelic movement and initiated by “LSD-therapy experiences,” led by Stanislav Grof.⁽¹¹⁾ Ayahuasca is assigned a catalytic function of psychotherapy (facilitation of verbal associations, generation of mental images, abreaction, childhood regressions). The properties of ayahuasca are, in this sense, seen as useful by a psychotherapeutic process, if the hallucinogenic experience is followed by a space of verbal development. This is the reason why, in Takiwasi, the rituals of ayahuasca are articulated with spaces of reflection in order to clarify the participant’s ritual experience, in which individual interviews are proposed during which the patient tells the story of their experience to a psychotherapist, whose function is to help in its interpretation. Discussion groups are also organized to evoke the ritual experience: all patients are brought together, and rituals led by psychologists or specialists are carried out. As projective proof, the ritual of ayahuasca, in this context, is designed as a tool to express the unconscious psychological dispositions of the participant. Thus, a parallel is established between the participant’s ritual experience and their daily life. By articulating the different aspects of the participants’ narrative with their personal history, their relational economy and their psychological

dispositions, these discursive interactions encourage participants to use their ritual experience as a heuristic tool that helps them better understand themselves as psychological subjects. Thus, the ritual techniques that regulate the use of ayahuasca function as a setting in psychedelic therapies⁽¹²⁾: a symbolic containment mechanism that accompanies the hallucinogen intake. This is to avoid potential problems in the participant and ensure the “symbolic structure” of the experience.

During our conversations with Takiwasi psychotherapists, they emphasized that many of the experiences that arise in the ritual of ayahuasca would be, however, incomprehensible in the light of the individual’s biographical data, and that this experience reveals “transpersonal” elements related to the transgenerational (symptoms or pathologies inherited from an ancestor), the perinatal (symptoms or pathologies related to the events that occurred during intrauterine life), or to the person’s relationship with supernatural beings. In this sense, the use of ayahuasca would be, according to them, a valuable therapeutic tool: it would enable access to perinatal, transgenerational materials, and would show conflictive relationships of the patient with spiritual beings; thus eventually helping heal the symptoms associated with these elements.

Emergence of a transnational religious movement?: the influence of Western contemporary religiosity

In contradiction with the biomedical approach of psychopathology, this etiological and therapeutic theory reveals the influence of Jung’s theories and the psychotherapy movements that developed in the context of counterculture and the emergence of the New Age.⁽¹³⁾ The articles published by Takiwasi thus reveal the influence of the ideas of the “psychomystic nebula,”⁽¹⁴⁾ such as the harmonious convergence between modern science and “traditional knowledge.” The Takiwasi project is also revealed as part of the “neo-shamanic” movement,⁽¹⁵⁾ marked

by the universalization of shamanism and the extrapolation of its original context, or the approach of shamanic practices to psychotherapeutic techniques and personal development.

In addition to the communication produced by the institution, Takiwasi has been the object of several publications – academic research articles^(4,6,16) – as well as radio⁽¹⁷⁾ or audiovisual documentaries.^(18,19) These means of communication convey an image of the institution that crystallizes once again certain ideals of the contemporary Western religiosity of the New Age and of the “neo-shamanic culture.”⁽⁴⁾ The articles, documentaries, conferences, among others, give central importance to the biography of Jacques Mabit, and those documents that tell his life history and the creation of Takiwasi generate “a sort of myth around the figure of Jacques Mabit, gradually feeding the imaginaries of those who come to meet him or make judgments against him.”⁽¹⁶⁾

Jacques Mabit begins the story of his biographical itinerary by evoking a “crisis” that he experienced in 1984 when he was 28, which was fueled by “existential issues and personal, relational and psychological problems.”⁽²⁰⁾ In this context, he went to Calcutta to meet Mother Teresa. In India, he had a “near-death experience” that forced him to return to Peru to be treated by the “healers” he had met during his previous visits. During this time, he participated in an ayahuasca ritual for the first time. This was the beginning of what is described in a documentary⁽¹⁸⁾ as an “initiation path” with healers of San Martín, which is expressed in a mission assignment:

The Takiwasi center, which is a physical, material and reasonable reality, [...] emerges from an irrational information, because it comes from an ayahuasca session; with a vision in which I saw characters – who were some type of jury – that told me “we are the guardian spirits of the jungle.” And they asked me what I wanted, why I was in front of them. I told them, “I want to learn about

this medicine." They consulted each other and the person who was in the center said, "well, it's fine, you can enter this territory, but you're going to have to do that." And there I saw myself treating addicts.⁽¹⁸⁾ [Own translation]

Back then, Jacques Mabit believed that working with addicts was difficult and had nothing to do with his "mission." However, he continued his "initiation" through the participation in ayahuasca rituals and the isolation of the "diets." In 1989, a new vision during an ayahuasca ritual reminded him of his mission:

After three years, I had a vision again. A woman appeared and told me "we have to start working with drug addicts." Then she tried to negotiate. She said that when a child is born, they have some time during gestation to prepare themselves, but then the child must be born.⁽¹⁸⁾ [Own translation]

Jacques Mabit started to travel to Europe, Asia and North America in order to obtain funds to carry out his project and then, he seemed to be guided in this mission through dreams and "synchronicities" that led him to found Takiwasi.

Jacques Mabit's bibliography, as presented in these documents, surprisingly evokes "the inner journey of the New Age."⁽¹³⁾ An initial shock caused Jacques Mabit to search for something that would lead him to his transformation, to a personal revelation, and to the assignment of a mission of supernatural inspiration. This biography of a "physician turned shaman" materializes specific mythemes⁽²¹⁾ of initiation stories that make up the New Age literature.⁽¹⁶⁾ Jacques Mabit's embodiment of these elements of contemporary Western religiosity inspired by the New Age seems to contribute to the power of attraction that Takiwasi exerts on the Western audience. These attributes give Jacques Mabit a charismatic authority that Del Bosque links to prophetic charisma.^(4,22,23)

The Catholic shift of the institution

Although the initial project of Takiwasi was strongly influenced by the Western contemporary religiosity of the New Age movement, the weight of Catholic representations seems to have increasingly grown during the history of the institution. In 2004, a series of lectures called "Encounter between Christianity and shamanism" were held in Takiwasi, to which twenty Peruvian and French participants, members of the Catholic Church and of Takiwasi, attended in order to reflect on the activities of the institution.⁽⁴⁾ During these meetings, the main Takiwasi actors questioned the emerging "shamanic tourism," which they interpreted as the expression of a spiritual search favored by the secularization of Western societies. The misunderstandings of neoshamanism which arose from the idealization of the shaman figure in Western societies were denounced. Condemning the tendency toward spiritual syncretism and spiritualities of a New Age type, the Takiwasi actors anchored their practices in the Catholic institution. Based on different sources of the Catholic tradition, the interested parties worked to align the Takiwasi practices with the Church doctrine. From this perspective, the ritual use of ayahuasca was presented for the first time as a potential vector of evangelization of the Western public. Jacques Mabit highlighted the phenomena relating to demonic possession and infestation that, according to him, affect the clients of the institution, and are underestimated by the Church.

The Takiwasi team then formulated an original body of cosmological and etiological representations that differs from Peruvian folk medicine and shamanic tourism (New Age religiosity, personal development, and so on), the concept of infestation being central in this theory. This concept, which was taken from Catholic theology, initially denoted a modality of demonic influence that is less serious and more common than possession, which is characterized by the presence of a demonic entity that affects a person's health, faith or thoughts.⁽²⁴⁾ In Takiwasi, infestation is described as the engagement in a

relationship of parasitic nature with one or several demonic supernatural beings. This condition, that is described as the cause of physical and psychological disorders, is understood as the result of taboo transgressions (use of drugs, sexuality, magical practices, spiritism, among other practices), contact with places or persons, or transmission through paternity. This evil requires a specific treatment, which consists in the purification of the body through the intake of emetic preparations and ayahuasca, and practices proposed by the Catholic church, such as exorcism prayers. The ayahuasca ritual, in this context, is considered a tool for the detection and treatment of infestation phenomena.⁽²⁵⁾

That same year, the Moyobamba bishop, at the request of Jacques Mabit, consecrated the Takiwasi chapel and appointed father Christian Alejandria as chaplain. In 1990, at the request of the institution the diocese entrusted a mission to the priest: to provide pastoral care to Takiwasi's personnel and patients. During these times, there were a series of apparitions of the Virgin to Takiwasi members or clients as a result of ayahuasca-induced dreams and visions, which led to the construction of various Catholic sites or objects of worship in Takiwasi lands, such as the image of the Virgin of La Puerta or the Virgin's Cave. Several Catholic sites of worship were built in Takiwasi during the following years, such as the chapel dedicated to San Martín de Porres, which was built following a vision experienced by Jacques Mabit during an ayahuasca ritual. The rising influence of Catholic representations can also be noted in the ritual practices, the use of exorcism prayers, crucifixes, holy water, as well as in the incorporation of the main figures of the Catholic pantheon into ritual chants and the rank of auxiliary spirits of the ritual specialists (Christ, the Virgin Mary, the saints and the angels).

These changes encourage us to question the religious dimension of an institution that is publicly presented as an "addiction treatment center" seeking to promote the

"encounter between Western medicine and traditional Amazonian medicine." Moreover, some years after the foundation of Takiwasi, former clients spread in France several practices inspired in the Takiwasi's mechanism, which mobilized the body of cosmological, etiological, and therapeutic representations of the institution. Run by people who regularly participated in the ritual practices of Takiwasi and authorized by Jacques Mabit to promote these practices, two associations and a private school of psychotherapy became the main associates of the Peruvian institution in France.

The creation of a body of specialists capable of exporting the ritual practices led certain observers⁽⁴⁾ to consider Takiwasi as a therapeutic-religious transnational movement in process of creation.⁽²⁶⁾ Takiwasi indeed presents a way of social organization that evokes the religious movements in the process of transnationalization,⁽⁴⁾ and is organized around a central actor (Jacques Mabit), who assumes a ritual position of authority and travels around the world to promote the activities of the institution. An international clientele meets up in Peru to take part in the practices proposed, while, in several countries, certain associations propose the performance of ritual activities inspired by Takiwasi's. From this perspective, the construction of places of worship – that refer both to the Catholic tradition and to the personal history of the main actors of Takiwasi – appears as a sign of the emergence and consolidation of a religious community that is extending toward the international level.⁽⁴⁾

Without denying the relevance of this approach, it should be noted, however, that the institution is not presented as a religious movement in its public communications, but as a clinic specialized in the treatment of addictions. In addition, unlike Brazilian ayahuasca religions (Santo Daime, União do Vegetal, Barquinha, among others), the main actors of Takiwasi emphasize that the use of ayahuasca cannot be the basis of a religion and prefer, as we have seen, to consider these practices as part of the Catholic doctrine.

Strategies of legitimation in a context of stigmatization?

This ambivalence may be understood in terms of the porosity between the religious and therapeutic fields that characterizes alternative therapies and contemporary forms of religiosity, especially those developed in the context of the New Age movement.⁽²⁷⁾

Nonetheless, it seems important to note that the desire to adjust the ritual practices of Takiwasi to the Catholic doctrine emerged when the institution and its main actors were object of accusations in France, describing Takiwasi as a "sectarian group."^(4,28) Between 2000 and 2003, Jacques Mabit and some members of the French associations linked to Takiwasi were prosecuted after a report was filed by a man who was worried about the "change in the behavior" of his daughter who had been treated by psychotherapists offering psychospiritual services inspired by those of Takiwasi. This complaint led to an investigation that suggested that the girl would have been taken to Takiwasi by a network recruiting young people to consume ayahuasca. In 2002, a judicial investigation was opened in France for "fraudulent abuse of weakness" and violation of the narcotic control act. Between July 2002 and May 2004, the facts were retransmitted by local and national press in articles. Jacques Mabit and the members of the French associations were seen as criminals, and Takiwasi was associated with a "sect" of "mental manipulation," "potential suicides," "abuse" and "fraud." In January 2004, Jacques Mabit and psychotherapists were prosecuted on the charge of fraudulent abuse of weakness, which in the end led nowhere. However, the accusation was reclassified as "acquisition, possession, transport, supply, sale of narcotics, fraud, and abuse of a suggestion state committed by the leaders of a group." This accusation, however, faced a new impasse, given that ayahuasca is not classified as a prohibited substance.

Although the judicial process did not lead to the defendants' sentence (the main reason is that the young girl had never visited

Takiwasi or tried ayahuasca), the mobilization of the media had serious consequences for the public image of Takiwasi. The Interministerial Mission of Vigilance and Combat against Sectarian Aberrations (MIVILUDES) [*Mission interministérielle de vigilance et de lutte contre les dérives sectaires*] of France, aimed at coordinating preventive and repressive governmental action against sects, mentioned Takiwasi in two reports^(29,30) as a group with a typical structure "derived from neo-shamanism and its operations in France and Europe." The report denounced the methods for client selection and the use of "hard" drugs that imply "manipulation risks."⁽²⁹⁾ The accusations made in 2005 have also resulted in the incorporation into the French list of prohibited drugs of all the plants and substances that may be used in the composition of ayahuasca. This report, which provided the judge with the means to punish the groups that would eventually use ayahuasca, highlights the risks of psychological destabilization caused by the consumption of ayahuasca and its potential use as a tool of "chemical submission," even through "sectarian" groups. The associations *Liberté du Santo Daime* and an association linked to Takiwasi filed a request for the cancellation of this decision, denying the toxic and addictive nature of ayahuasca, as well as the social and health-related risks attributed to its consumption and requested the compliance with the principle of freedom of conscience. However, this appeal was rejected in 2007 "in light of the problems affecting public health."

This context can help us understand Takiwasi's resistance to being publicly featured as a religious group in the 2000s. In addition, articulating the ritual activities of the institution with an established religious tradition, such as the Catholic church, may appear as a logic of legitimation of an institution that, when attempting to become a transnational therapeutic-religious movement, was shaken by accusations that compared the institution with a "sectarian group."⁽⁴⁾

The Takiwasi case offers, in this sense, an original example of the legitimation strategies mobilized by the groups using ayahuasca in

response to the policy implemented by the governments of most of the countries affected by the development of these groups. During recent years, this policy mainly consisted in associating the brew with a prohibited drug. It is indeed the active ingredient generally present in the decoction (dimethyltryptamine) and not ayahuasca as such that was classified as a narcotic since the Convention on Psychotropic Substances of Vienna in 1971; therefore, the legislation on this subject depends on each State.

In several countries, namely Spain,⁽³¹⁾ France,⁽²⁸⁾ Italy,⁽³²⁾ Holland,⁽³³⁾ Germany,⁽³⁴⁾ USA,^(35,36) and Canada,⁽³⁷⁾ the groups using ayahuasca have argued in favor of the principle of religious freedom in order to defend the right to legally use the psychotropic brew.

These groups are mainly differentiated from two other religious movements. The first of these movements is Santo Daime, a movement from the Brazilian Amazonia founded by Raimondo Serra Irrineu in 1930. Ayahuasca, referred to as “Santo Daime” in this context, is used as a sacrament of this syncretic cult that merges elements of Christian, indigenous and Afro-Brazilian inspiration. This group has widely developed in recent decades, especially in North America and Europe. The second of these movements is União do Vegetal, which was founded in Brazil in 1961 by José Gabriel Da Costa. This movement also places the use of ayahuasca (called *hoasca* or *vegetal*) at the center of its cult and has now groups in North America and in many European countries.⁽³⁸⁾

This legitimization strategy was successful in various countries. For example, in the USA, Santo Daime⁽³⁶⁾ and União do Vegetal⁽³⁵⁾ requested an exemption from the prohibition of ayahuasca to respect the principle of religious freedom. On February 21, 2006, in accordance with a decision taken by the Supreme Court based on the Religious Freedom Restoration Act, the use of ayahuasca became decriminalized in the USA in the strict context of a religious practice. Thus, the Court authorized these groups to use ayahuasca in their rituals. In that same year, ayahuasca

was decriminalized in Brazil, in the context of strict religious use.⁽³⁹⁾ In this context, the acknowledgement of these groups as religious organizations by the different states is becoming a major topic, as we evidenced in the case of Spain, where Santo Daime⁽³¹⁾ and União do Vegetal⁽⁴⁰⁾ achieved this status thanks to the effort of their members.

The specific context of France, a country marked by a great fear of sectarian deviations associated with the new religious movements,^(26,41) seems to discourage such strategies. In this context and after having to face accusations in the 2000s, the evocation of the tradition of an ancient and renowned religion – the Catholic church – by the actors of Takiwasi helps protect the institution from the charges of sectarian abuses.

However, the institution is still very cautious in its public communications regarding the status conferred to Catholicism and prefers to talk about the treatment of addictions. Takiwasi has recently striven to produce new clinical data to certify the results of the methods used in the treatment of addictions and psychopathology. In this way, the mobilization of the medical and scientific fields can be understood as an alternative legitimization strategy in a context of stigmatization of the use of ayahuasca.

This strategy was also implemented in recent years by the groups using the brew. The Brazilian ayahuasca-consuming religions – Santo Daime, União do Vegetal, Barquinha – have participated in or started numerous experimental, clinical and epidemiological studies in the last few years so as to demonstrate the safety and benefits of ayahuasca.

For example, several Santo Daime groups have participated in scientific studies to establish the long-term safety of ayahuasca in mental health⁽⁴²⁾ and its beneficial effect on various pathologies such as chronic pain, cancer, asthma, allergies, depression, alcohol abuse, and hepatitis, among others.⁽⁴³⁾ As for União do Vegetal, this movement works along with the Brazilian authorities with the aim of incorporating its practices into public health regulations and requirements.⁽⁴⁴⁾ In this context, the group has drawn up a series of

recommendations regulating the use of ayahuasca within its groups in order to reduce the risks of drug interactions and psychological disorders.⁽⁴⁵⁾

CONCLUSION

By observing the diachronic evolution of Takiwasi, a deep transformation of the picture in which the practices offered by the institution are presented and thought is revealed. As mentioned above, when founded, the association was set up in reference to the medical field, and was based on the valorization of “traditional medicines” initiated by the World Health Organization (WHO) since the Alma Ata meeting.^(46,47) While at the time of its creation the association was set up in reference to the medical field, as time went by it gradually incorporated elements taken from contemporary Western religiosity inspired in the New Age, after the Catholic tradition.

As we have suggested, the changes in the institution can be understood as the effect of social factors (emergence of neoshamanism, accusations of “sectarian abuse” and prohibition of ayahuasca by French authorities) that seem to have determined, in part, these transformations. In this sense, the specific case of Takiwasi illustrates the processes of legitimation adopted by the institutions developing new hybrid practices around the use of ayahuasca as a result of the stigma of public authorities in the context of the prohibition of this brew.

In spite of the diversity of groups using ayahuasca, the observations mentioned

above highlight the continuous need to summon authorities established for its legitimation, among which the medical authority seems to be essential due to its monopoly over body care legitimacy in secularized societies.⁽⁴⁸⁾ Since colonial times, the therapeutic pattern has been a privileged way of legitimating ritual practices that would otherwise be forbidden.⁽⁴⁹⁾ The practitioners of the Peruvian *mestizo* shamanism, whose therapeutics is just one of its many application fields (promoting hunting, fishing, war, witchcraft, love spells, among others), tend to emphasize the therapeutic aspect of their practices in order to value them,⁽²⁾ just as the practitioners of Santo Daime or União do Vegetal do.

The religious authority also seems to be very important in the construction and maintenance of these groups that seek acknowledgement and legitimacy. We have seen that both Santo Daime and União do Vegetal try to be officially acknowledged as a religion by several states and, in turn, Takiwasi falls within the tradition of an institutionalized religion⁽⁵⁰⁾: the Catholic church.

In this sense, the special case of Takiwasi highlights both the diversity of the practices emerging around the use of ayahuasca, and the permanence of the monopoly of established religious and medical authorities in the legitimation of body and soul care in Western and postcolonial societies. In this sense, it is significant that the religious and therapeutic perspectives mobilized by the first scholars of shamanism^(51,52,53) still prevail in the context of the contemporary reconstructions of the practices mobilizing the “shamanic” label around the use of ayahuasca.

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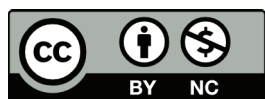
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