

Forbidden Therapies: Santo Daime, Ayahuasca, and the Prohibition of Entheogens in Western Society

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Abstract Santo Daime, a Brazilian religion organized around a potent psychoactive beverage called ayahuasca, is now being practiced across Europe and North America. Deeming ayahuasca a dangerous “hallucinogen,” most Western governments prosecute people who participate in Santo Daime. On the contrary, members of Santo Daime (called “daimistas”) consider ayahuasca a medicinal sacrament (or “entheogen”). Empirical studies corroborate daimistas’ claim that entheogens are benign and can be beneficial when employed in controlled contexts. Following from anthropology’s goal of rendering different cultural logics as mutually explicable, this article intercedes in a misunderstanding between policies of prohibition and an emergent subculture of entheogenic therapy.

Keywords Psychotherapy · Entheogen · Ayahuasca · Santo Daime · Prohibition

Introduction

Based on stories about traumas experienced by youths during the 1960s, substances referred to as “hallucinogens” or “psychedelics” are assumed to be inherently dangerous in mainstream Western society. Popular fears about the hippie counterculture’s promotion of psychedelics provoked a worldwide criminalization of this class of chemicals, enacted by the United Nations’ “Convention on Psychotropic Substances” in 1971 (Beyerstein and Kalchik 2003; Spillane and McAllister 2003). Since then, 184 member states have signed this UN treaty, which obliges each signatory to also legislate their own national sanctions.¹

¹ The total list of signatories can be found here:

<http://treaties.un.org/doc/Publication/MTDSG/Volume%20I/Chapter%20VI/VI-16.en.pdf>.

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Globally, the *International Narcotics Control Board* now adjudicates international prohibitions of these psychoactive materials (see Tupper and Labate 2012). Despite this ban, some European and North American citizens have adopted sacred (i.e., non-recreational) uses of these same substances, a custom previously limited to non-Western aboriginal traditions. These devotees reject the terms “hallucinogen” (which implies that the substance generates delusions) and “psychedelic” (reminiscent of hedonistic use during the 1960s). Instead, they prefer the terms *entheogen* or *sacred plant*. Meaning “to generate god within” in Greek, “entheogen” was coined to denote “vision-producing” substances employed “in shamanic or religious rites” (Ruck et al. 1979: 146). Entheogenic practitioners believe that the ritual consumption of entheogenic plants helps them to achieve spiritual and existential insights that beget positive improvements in their health. Building upon Richards’ (2005) review of entheogens from the perspective of clinical psychiatry, the present text demonstrates how ethnography can contribute to honing our comprehension of these substances’ therapeutic potentials.

Entheogenic Spirituality and the Therapeutic Use of “Sacred Plants”

My research in sociocultural anthropology concerns a small but growing group of Europeans affiliated with *Santo Daime* (“Holy Give-Me” in Portuguese), a new religious movement based out of Brazil (Blainey 2013). Santo Daime devotees (called *daimistas*) claim they have discovered a divine source of healing in a potent entheogenic beverage called *ayahuasca*. Meaning “Vine of the Soul” in the Quechua language, ayahuasca is a decoction of plants that originated among Amazonian native groups in Pre-Columbian times (Beyer 2009; Shanon 2002). Santo Daime was founded in 1930 by an Afro-Brazilian man known as *Mestre* (Master) Irineu. As an eclectic mix of Catholicism, shamanism, and African spiritualism, Santo Daime rituals (called “works”) involve the imbibing of ayahuasca in combination with meditating, singing, and dancing for between 2 and 12 hours. While most of the approximately 4,000 Santo Daime members are in Brazil, there are now followers on every inhabited continent (Labate et al. 2008: 27). Over the last two decades, Santo Daime has spread so that presently hundreds of daimistas participate in works across 12 European countries (Austria, Belgium, England, Finland, Germany, Greece, Holland, Ireland, Italy, Portugal, Spain, and Wales). Daimistas also refer to ayahuasca as “Santo Daime” or “Daime,” which attests to how this drink is the focal point of the religion as a whole (Dawson 2013: 1; Polari de Alverga 1999). However, because the mind-altering molecule found in ayahuasca (*N,N*-Dimethyltryptamine [or DMT]) is also officially banned, Daime rituals remain a punishable offence in most countries. While ayahuasca’s constituents are condemned, Santo Daime has managed to earn full legitimacy in Brazil, as well as in small sections of Europe (the Netherlands) and the USA (Oregon). In these exceptional localities, courts upheld daimistas’ right to practice their religion as superseding statutes that outlaw ayahuasca. Contrarily, the United Kingdom, France, and Germany have opposed this religious use of ayahuasca, arresting and in some cases imprisoning daimistas for importation and distribution of an illicit substance (Labate and Feeney 2012). Because Belgium is considered a “microcosmic” or “paradigmatic” example of European culture (Dumont 2000: 15; Fox 1994: 5), I concentrated my studies on Belgian Daime members as a means of understanding the rise of this new religion across the continent.

Fieldwork I conducted in Brazil (1 month) and Europe (14 months) was aimed at explicating daimistas’ beliefs in the safety and benefits of structured ayahuasca use. This article deploys Santo Daime as an illustrative case for discussing disparities between

entheogens' currently prohibited status and the latest scholarly evidence regarding the therapeutic value of these same substances. The analysis begins by presenting results from a standard cognitive anthropology test with Belgian daimistas. The discussion then proceeds to consider the rationale for prohibition against the mounting empirical evidence, which shows that the structured consumption of entheogens can aid in alleviating several health problems.

In conducting a freelist test,² I elicited items in my informants' cultural domain of "sacred plants."³ Upon being asked to list all the plants they consider sacred, 32 Belgian daimistas (16 males, 16 females) mentioned a total of 57 specific items (see Blainey 2013 [Appendix V]). Of the 57 "sacred plant" items mentioned, 25 (44 %) have psychoactive properties. The remaining collection of 32 non-psychoactive items included eight plants used as folk remedies (e.g., Bach flower essences), five trees (e.g., oak), four plants with ritual significance (e.g., white sage used as incense), two flowers, one grass (sedge), and 12 plants used primarily as foods or spices (e.g., broccoli, basil).

The six most prominent items⁴ in Belgian daimistas' cultural domain of sacred plants include examples of psychoactive flora and fungi that have been valued as holy sacraments at one time or another (Table 1).

First, ayahuasca⁵ has been and continues to be employed in various indigenous and new syncretic settings (see Blainey 2013; Labate and MacRae 2010; Labate and Jungaberle 2011). Second, various crossbred species of *Cannabis* (containing the psychoactive molecule *tetrahydrocannabinol* [THC]) were used for entheogenic purposes in ancient Hindu and Buddhist traditions, and are a central feature of modern-day religions like Rastafarianism (Barrett 1997[1977]; Schultes et al. 2001). Third, ancient Mesoamericans and twentieth century Mazatec shamans in Mexico engaged in the ritual use of mushrooms containing the entheogenic alkaloid *psilocybin* (Wasson 1980). Fourth, resuming a traditional indigenous practice of northern Mexico, the Native American Church's use of the peyote cactus (containing *mescaline*) is now recognized by the USA and Canadian governments as a protected religious freedom (La Barre 1969[1938]; Smith and Snake 1996). Fifth, the pre-Columbian consumption of the mescaline-containing San Pedro cactus is mirrored among present-day aboriginal groups in the South American Andes region (Schultes et al. 2001; Sharon 1990[1972]). Finally, followers of the Bwiti religion of West Central Africa ingest the *Iboga* root (containing *ibogaine*) in initiation rites (Fernandez 1990[1972]). The following section explores how such entheogenic approaches conflict with the mainstream Euro-American view of "hallucinogens" as harmful "drugs."

² Software called *Anthropac* sorts how a social group prioritizes items within a "cultural domain." Stephen Borgatti (1994: 265), the creator of *Anthropac*, defines a cultural domain as "a set of items which are, according to informants, of a kind." Once a cultural domain is identified, freelists convey the relative significance of specific domain items. Such inferences are based on the notion that entities which are more significant in the minds of informants are mentioned earlier than less significant entities (de Munck and Sobo 1998: 79).

³ "Sacred plants" is an emic category common to daimistas.

⁴ "Smith's *s*" is a statistical measure of the number of informants who mentioned an item relative to that item's average ranking among all the freelists as a whole (Smith 1993).

⁵ Ayahuasca is made by combining leaves containing *N,N*-dimethyltryptamine (DMT) from a plant (usually *Psychotria viridis* or sometimes *Diplopterys cabrerana*) with the bark of the *Banisteriopsis caapi* vine, containing Monoamine Oxidase Inhibitors (MAOIs). MAOIs neutralize the MAO stomach enzyme that would otherwise render the psychoactive DMT inert (Shanon 2002: 15–16; see also Beyer 2009).

Table 1 Belgian daimistas' *sacred plants* domain ranked by Smith's *s*

Rank	"Sacred plants"	Frequency	% of Freelist that include item (<i>n</i> = 32)	Smith's <i>s</i>
1	Ayahuasca	31	97	0.830
2	Cannabis	25	78	0.517
3	Mushrooms	19	59	0.345
4	Peyote	14	44	0.270
5	San Pedro	13	41	0.266
6	Iboga	10	31	0.141

Assessing Entheogens' Prohibited Status: Risks, Benefits, and Science

Beginning in the 1940s, hundreds of scientific studies demonstrated the promise of LSD (*Lysergic acid diethylamide*) as a relatively safe and effective psychiatric medicine (see Sessa 2005; Walsh and Grob 2005). But during the 1960s, millions of young people were influenced by Timothy Leary's zealous call for social revolution through psychedelic experimentation (see Grinspoon and Bakalar 1997[1979]). A perceived threat to the existing sociopolitical order fed the emergence of popular hysteria. As noted by Beyerstein and Kalchik (2003: 13), the recreational use of LSD and similar substances "among disaffected youth in the 1960s 'Counterculture' spawned a moral panic that led to its prohibition." Myths arose, such as that LSD contains deadly poisons, causes chromosome damage and birth defects, and that this chemical can drive normal people to become permanently insane (Presti and Beck 2001). During the 1960s, a similar spread of fear ensued in the UK and across Europe (Snelders and Kaplan 2002: 223). Governments reacted to these concerns by banning LSD and all other "hallucinogens." However, subsequent scholarly assessments have shown that this decision was not based on confirmed dangers: "Opposition to LSD developed as LSD became a focus or symbol for generational conflict, parental worries, political dissent, irrational behavior and violence, personal cognitive dissonance, and threat to traditional values and institutions" (Baumeister and Placidi 1983).

Of the top six items that my informants consider as sacred plants, all are classified as "Schedule I drugs" in the USA under the Controlled Substances Act of 1970, "listed as having 'no medical use and a high potential for abuse'" (Forte 1997: 2). This status quo endures even though a current clinical handbook indicates that (unlike legal alcohol and tobacco products) entheogens are low-risk substances: "Toxicity of [LSD], psilocybin, and other classical hallucinogens is very low... no case of lethal overdose is known, and...users do not experience withdrawal symptoms as seen with other substances of abuse" (Johnson 2010: 1089). A recent study in the UK found that illegal chemicals like LSD (alias "acid") and MDMA (alias "ecstasy") cause less harm to both self and society than either alcohol or tobacco (Nutt et al. 2007: 1050). Scholars who study these substances have long known that the positive or negative quality of the psychoactive experience hinges mainly upon the mind-set of the individual ingesting the entheogen, as well as on the physical and social setting in which they take it (see Strassman 1997: 156; Zinberg 1984). Current legislation tends to avoid the acknowledgment of different sets and settings concerning entheogen use.

Parallel to legal canons, it has been shown that much of the popular alarm about the dangers of “hallucinogens” is based on an absence of evidence, or poor or outdated evidence (Tupper 2008a, 2012). Some medical researchers have noted that:

There is more to these myths than simply inaccurate information... These myths were a primary factor in the termination of the clinical research [forty] years ago and continue to interfere with the resumption of legitimate investigation of the therapeutic and entheogenic properties of LSD and similar substances (Presti and Beck 2001: 135).

Still today, an online “factsheet” on LSD produced by the U.S. Drug Enforcement Agency conjoins all hallucinogen “overdoses” as leading to psychosis and death.⁶ This misinformation persists even though personnel at the U.S. *National Institute on Drug Abuse* (NIDA) have confirmed that such statements are false (Henderson and Glass 1994).

Western governments’ initial outlawing of “hallucinogens” did reflect a truth that these substances can cause harm when used recreationally. For example, psychologist Phil Dalgarno (2008) has warned of the potential dangers of ingesting entheogenic materials ordered online, an underground trend that has appeared as a way to circumvent prohibition. If someone with no training or preparation consumes a powerful entheogen without any professional supervision, the resulting altered states of consciousness can engender anxiety, fear, and disorientation. Such naïve behavior perpetuates the unsafe sets and settings that caused detrimental LSD experiences among members of the 1960s counterculture. An adverse effect of LSD, called *hallucinogen persisting perception disorder* (a.k.a. “flashbacks”), has been reported in clinical studies (Abraham and Aldridge 1993). However, the assertion that the psychoactive effects of LSD reappear long after the initial experience has recently been called into question (see Henderson and Glass 1994). In particular, a review of documented flashbacks observes that these occur largely with unstructured uses of LSD, and such symptoms have not been reported with other kinds of “hallucinogens” (Halpern and Pope 2003).

The manifest dangers of entheogens have been shown to lie largely with people using certain kinds of medications, those with schizophrenic or psychotic tendencies, and persons who ingest these chemicals in uncontrolled environments. As a precautionary measure until conclusive empirical evidence is supplied, medical professionals recommend that anti-depressant drugs called *serotonin reuptake inhibitors* (SSRIs) should not be used with ayahuasca. This is because the interaction of SSRIs with MAOI chemicals in the brew might cause a potentially lethal reaction, called *serotonin syndrome* (Callaway and Grob 1998). Schizophrenics or psychotics (estimated to comprise 1.3 % of the general population) are not considered psychologically stable enough to handle the entheogenic experience; however, psychologist Robert Gable (2007: 30) avows that for healthy adults, ingesting the psychoactive chemical found in ayahuasca (DMT) “is not a triggering event for sustained psychosis.” He further concludes that when used in religious ceremonies, “the dependence potential of oral DMT and the risk of sustained psychological disturbance are minimal” (Gable 2007: 24). In over 1,000 publications reporting on clinical trials with entheogenic substances, negative outcomes are very rare and no mortalities have occurred (Walsh and Grob 2005: 3). Rather, adverse reactions represent less than 1 % of all research subjects and most of these cases occurred with people being treated for preexisting psychiatric disorders (Strassman 1997: 154–155). However, at present, there is little agreement about whether such confidence can be extended to more vulnerable groups.

⁶ http://www.justice.gov/dea/druginfo/drug_data_sheets/LSD.pdf.

For instance, various toxic outcomes have been observed in pregnant rats and their offspring when the mothers were administered high doses of ayahuasca throughout the period of gestation (Oliveira et al. 2010). On the other hand, the extrapolation of these non-human results to humans has been critiqued as unreliable, since the rodents were treated every day with doses five-to-ten times the amount normally consumed by participants in ayahuasca rituals. In contrast, pregnant members of ayahuasca religions in Brazil do not typically ingest ayahuasca on a daily basis and tend to consume smaller amounts of the brew when they are with child (dos Santos 2010; Labate 2011). When scholars studied Brazilian adolescents who participate in structured ayahuasca ceremonies, they judged these youths to be “healthy, thoughtful, considerate and bonded to their families and religious peers” (Dobkin de Rios et al. 2005: 135). Although empirical studies have established the relative safety of organized ayahuasca consumption for normal adult humans, scholars caution that there is still need for more research to determine how the brew affects children, infants, and pregnant women (Barbosa et al. 2012; Labate 2011: 33).

As of now, eight mortalities have been reported in relation to ayahuasca, none of which can be reliably tied to any direct toxicity of the brew itself (dos Santos 2013). In his assessment of the two most well-documented fatalities, Gable (2007: Table 3) affirms that neither was attributable to any lethal effect of the traditional ayahuasca recipe; nevertheless, he cautions against imbibing ayahuasca when other atypical substances have been added to the liquid. Further, he warns that ayahuasca is a greater risk for those “who have an abnormal metabolism or a compromised health status” (Gable 2007: 29). Two other deaths occurred in 2010, when a troubled young man with a history of drug abuse shot and killed Glauco Vilas Boas (a famous Brazilian cartoonist who led a Santo Daime church in São Paulo) and his son. The assassin had been attending Glauco’s Daime church seeking a cure for his addictions. This event led to a mediated debate in the Brazilian public sphere about whether Santo Daime should still be permitted (Labate et al. 2010). Although this was a very unusual event in the history of Daime, it also shocked the global daimista community. My informants cite this incident as demonstrating the need for careful screening of new Daime initiates. At present, Santo Daime’s emergence is occurring alongside renewed scholarly reconsiderations of entheogenic substances.

After decades of strict prohibition, US regulators have begun to grant permissions for a small but increasing number of research projects to examine the psychological and physiological effects of entheogens on human subjects. This has largely resulted from a growing awareness that both mind-“set” and environmental “setting” critically impact whether people have positive or negative experiences with entheogens. Recent human trials with psilocybin (the entheogen found in some mushroom species) had pertinent results:

67% of the volunteers rated the experience with psilocybin to be either the single most meaningful experience of his or her life or among the top five most meaningful experiences of his or her life. In written comments, the volunteers judged the meaningfulness of the experience to be similar, for example, to the birth of a first child or death of a parent (Griffiths et al. 2006: 276–277).

In this study, set and setting were rigorously controlled; importantly, “no volunteer rated the experience as having decreased their sense of well being or life satisfaction” (Griffiths et al. 2006: 279). This study set standards for ensuing laboratory research into the effects of entheogens: subjects were chosen based on their lack of prior experience with entheogens, were instructed about what to expect, and were examined individually in a comfortable setting, accompanied by a qualified monitor.

Charles Grob is currently carrying out trials at UCLA to test the benefits of psilocybin for diminishing death anxiety in terminally ill cancer patients. He offers the case study of a 58-year-old woman who was filled with intense anger and regret following her previous doctors' misdiagnosis of her colon cancer. The lapse led to her missing the opportunity to stop the illness prior to it becoming incurable. However, her fear and rage subsided and she gained a significantly more positive perspective after participating in the psilocybin study. Dr. Grob likewise reports that no subject experienced adverse effects from psilocybin when it was administered in this controlled setting (see Grob et al. 2011).

Relatedly, the chemical MDMA is showing promise as an effective catalyst for treating post-traumatic stress disorder (PTSD) (Mithoefer et al. 2011). MDMA (commonly known as “ecstasy”) has a negative reputation as a “street drug.” However, the results of this research demonstrate that “MDMA-assisted psychotherapy can be administered to post-traumatic stress disorder patients without evidence of harm, and it may be useful in patients refractory to other treatments” (Mithoefer et al. 2011: 439). Similar clinical potentials have been proposed for ayahuasca (McKenna 2004; Labate and Bouso 2013). The reverent use of ayahuasca in religious groups like Santo Daime has continued to expand around the world (see Labate and Jungaberle 2011), in part because people find that it helps them with common ailments. However, even after the US government officially recognized the religious freedom of the União do Vegetal (UDV) and the Native American Church (NAC) to use ayahuasca and peyote, respectively (Bronfman 2011; Smith and Snake 1996), these specific rulings do not apply to Santo Daime. As arguments for religious freedom slowly makes inroads, therapeutic uses of entheogens have not been officially recognized in any country.

Ayahuasca as Ritual Medicine

An event in Canada in 2011 exemplifies the incongruities between the current position of many governments and the budding community of entheogen enthusiasts. Dr. Gabor Maté (2010), a physician in Vancouver, has spent his career treating individuals with addictions to heroin, cocaine, and other street drugs. Maté began to treat his patients with a form of ayahuasca-assisted therapy after hearing of the brew's efficacy with helping drug addicts break their habits. His search for a workable cure for otherwise treatment-resistant addicts was profiled on the Canadian Broadcasting Corporation's documentary program *The Nature of Things* (Ellam et al. 2011). Immediately after the documentary aired, Dr. Maté was sent an order from Health Canada, which threatened to involve the police if he continued to pursue clandestine ayahuasca treatments with his patients. Upon receipt of the government's notice, Dr. Maté “reluctantly” complied.⁷

One of Dr. Maté's patients, who credits her ayahuasca sessions with healing psychological wounds and helping her to overcome her addictions to alcohol and other drugs, explains it in frank terms: “Ayahuasca saved my life... It enabled me to look at all those dark things I buried long ago... to unleash them and the pain, so that I could move forward.” The idea that a “hallucinogenic drug” could offer a cure for addictions to

⁷ In this section, all quotations concerning Dr. Maté's work are derived from a newspaper article: “B.C. Doctor Agrees to Stop Using Amazonian Plant to Treat Addictions.” *The Globe and Mail*, Nov. 09, 2011; <http://www.theglobeandmail.com/life/health-and-fitness/bc-doctor-agrees-to-stop-using-amazonian-plant-to-treat-addictions/article4250579/>.

alcohol and other substances of abuse challenges the presumptions of existing policies. As Dr. Maté states:

Ayahuasca is not a drug in the Western sense, something you take to get rid of something. Properly used, it opens up parts of yourself that you usually have no access to. The parts of the brain that hold emotional memories come together with those parts that modulate insight and awareness, so you see past experiences in a new way.

Indeed, psychiatrists have concluded that Santo Daime members are generally healthy individuals, many of whom credit ayahuasca with inspiring them to live a more wholesome lifestyle (Fábregas et al. 2010; Halpern et al. 2008; Harris and Gurel 2012). These observations contradict the “addiction” and “abuse” terminology relied upon in current drug legislation.

Numerous Belgian daimistas told me that health problems in their lives had been healed or assuaged through participating in Santo Daime, including:

- Addictions (cigarettes, alcohol, and cocaine)
- Depression
- Social anxiety
- Mourning (divorce and death)
- Attention deficit disorder (A.D.D.)
- Arthritis
- Chronic fatigue syndrome

My informants also reported improvements in their general quality of life, including positive increases in:

- Happiness
- Confidence
- Inner peace
- Humility
- Serenity in both their personal and social lives

When I asked my informants whether ayahuasca rituals had impacted their lives negatively in any way, most could not think of anything. Some said the only negatives were temporary insomnia and feeling tired the day after a difficult Daime work.

Entheogens have been criminalized because it is presumed that they are inherently harmful, and so, lawmakers believe they are protecting the physical and psychological health of citizens. Entheogens do induce psychological states in which people must confront uncomfortable memories and subconscious neuroses. In ayahuasca rituals, these personal confrontations can be frightening and painful, with traumatic revelations sometimes leading to nausea and purging. However, my informants see this unpleasant disclosure of the hidden aspects of self as a therapeutic feature of Daime works, referring to such ordeals as a *cura* (or “healing”). Referencing psychological “blocks” as a major cause of illness, one young Belgian daimista expressed her belief that Santo Daime cures at a psychospiritual level rather than through mechanisms of physiology. At 35 years of age, Helma is a dance teacher who lives in a large Brussels house with her daimista boyfriend and his children from a previous marriage. She recounted how she had preexisting convictions that spirituality could have the power to heal; but before drinking Daime for the first time she had never consumed an entheogenic substance. In an interview, she related to me her theory about how Daime can cure:

I believe that every disease...comes out because you have emotional or energetic blocks, because by your own thoughts and by your own emotions you create these patterns of energy which cannot flow through anymore...For me, I believe that the Daime can help you with that...to open up your mind and your soul so that you can free yourself from all these things which are blocked into your body.

- Helma

Based on their experiences, daimistas believe that the medicinal qualities of Daime are not the result of the brew's chemical properties. Instead, they argue that ayahuasca rituals can uncover repressed emotions and thought patterns (i.e., "blocks"), which are occasionally expelled in materialized form (as vomit or less often diarrhea). Then, in order to complete the treatment, the drinker must choose to address these damaging aspects of their self by making the appropriate adjustments in their daily life.

My daimista informants consistently refer to their ayahuasca rituals as a kind of "key" technology that unlocks solutions to psychophysical and existential problems in their lives (Blainey 2013). Likewise, in reiterating an analogy that had originally been offered by Allan Watts (1965: 25–26) and Stanislav Grof (1976: 32–33), psychologist William A. Richards (2005: 378) renders entheogens as akin to microscopes or telescopes, in that they are "tools" that help one to see otherwise inaccessible domains of existence. While these comparisons fit nicely with daimistas' conceptualization of Daime rituals, no one has yet named this new type of "scope" instrument! I propose the term *suiscope* (Latin *sui-* ["oneself"⁸] + Greek *-skopein* ["to look at"⁹]) as a neologism that best characterizes daimistas' technological portrayal of Daime works. For my informants, the ayahuasca sacrament is not so much a tool by itself as it is one essential cog in a multipart technology of the Santo Daime ceremony as a whole. Thus, just as technologies like microscopes and telescopes allow humans to gaze upon distant realms of the very small and very far away, so does the entheogenic suiscope allow the observing self to observe itself. According to my informants, the suiscope of Daime helps them to achieve medical and existential "solutions" by revealing new information about aspects of their emotions and psyche of which they were previously unaware. If these claims are seriously considered, it is possible that just as microscopes and telescopes have triggered revolutionary breakthroughs in microbiology and astrophysics, entheogenic rituals could divulge potential advances for psychiatry (see Richards 2005). Still, whether the extraordinary sensations produced by entheogens like ayahuasca are viewed as positive or negative by the person experiencing them has everything to do with the mind-set and the environmental setting in which the substance is ingested.

The Daime is for Everyone, but Not Everyone is for the Daime

This is a common proverb recited in daimista circles, emphasizing that the Santo Daime is open to anyone who wants to participate, but that there are many whose disposition is not suited to the ayahuasca experience. With regard to the difficult subjective challenges occasionally faced by individuals undergoing an entheogen experience, scholars have argued "for psychological screening of potential users (it may be safe for most people, but it is not for everyone), as well as careful attention to the set and setting of the drug session"

⁸ The genitive case reflexive pronoun; see Collins (1985: 243, 248).

⁹ <http://www.collinsdictionary.com/dictionary/english/-scope>.

(Presti and Beck 2001: 132). As reviewed above, a revival of scientific studies are taking this into account. Researchers are developing guidelines of “carefully conducted research that respects hallucinogens’ unique and often powerful psychological effects,” such that “this class of compounds can be studied safely in humans” (Johnson et al. 2008: 616). Organized churches like Santo Daime also account for the potential risks of entheogen use. European Daime groups conduct in-depth “intake” interviews that screen out those with psychotic or schizophrenic tendencies. Newcomers are required to sign a waiver form which provides a basic overview of the Daime ritual and a stipulation that “all participants are expected to stay until the end of the ritual.” During Daime works, trained *fiscais* (“supervisors”) are on hand to care for anyone undergoing processes of psychophysical discomfort. Thus, the Daime ritual structure embodies a controlled setting within which an entheogen can be safely administered. Daimistas can be distinguished from religious groups that attempt to “brain-wash” new recruits because proselytizing is sternly disapproved of in Santo Daime. Since the ayahuasca experience is so deeply personal, Santo Daime morality strongly discourages inviting or pressuring outsiders to partake in the ceremonies. One sees this in the waiver that all newcomers must sign before attending a Daime work, which demands a “Yes” answer to the question: “Are you here by your own free will?”

Santo Daime ritual organizers take great pains to ensure that they account for each individual’s welfare and safety. Daimistas are acutely aware of how one individual’s estrangement from the collective structure can disturb the work for the entire group. This overtly ritualized set and setting of Daime works contrasts with recreational uses of psychoactive substances. My informants seek out this structured ritual setting because they believe that it encourages the healing they seek in a way that they could not achieve alone. Because daimistas have experienced the difficult psychological and spiritual crises that arise occasionally in Daime works, they are mindful of the importance of having support from other participants. The focus on developing ritual proficiency, especially by daimistas who have travelled to Brazil, illustrates how Daime works in Europe offer a controlled environment for administering an entheogenic substance.

The scholarly findings of entheogen-assisted healing enumerated above correspond to Santo Daime members’ descriptions of the ayahuasca experience. Daimistas claim that most suffering and conflict in human life stems from what they refer to as the *ego*. It is the suiscope mechanism of Daime ceremonies that they believe can bring about psychotherapeutic results by revealing the ego’s hidden fixations and neuroses. For instance, a 48-year-old Belgian daimista who works as a businessman told me about how the introspective process of ayahuasca rituals helps him to “step back” from destructive thought “patterns”:

With Daime, you take one step back from your daily life and you observe yourself...It’s like a [Pandora’s Box] that is opened. You are inside the steaming pot of all your emotions and things that happened in your life, memories...I think everybody has a lot of patterns in their behaviour; you get stuck in it sometimes...that’s the ego. Daime refreshes my mind every time I take it...it’s a kind of cleaning of some mental patterns you are stuck in...I can look at my thoughts...you see the whole system: why you feel [negatively] towards other people, and ok, let it go, it’s not worth it. As soon as you can be conscious about yourself, you step back, you take a look at your own thoughts, it’s the solution.

- Boris

My informants describe the ego as a conviction that the perceiving self is divided off from the observed world. This is the same conceptualization of self that is propounded in secular modernity, what Charles Taylor (2007: 711) calls the “carefully erected boundaries of the buffered identity, which neatly divides mind from nature.” As I have communicated in more detail elsewhere (Blainey 2013), Europeans are joining Santo Daime because they believe that this entheogenic practice provides them “solutions” to the ego by “dissolving” the sense that they are separated (see also Shanon 2002: 339–340). Such powerful introspective encounters are common to many mystical traditions (see Kornfield 2000: 86–94). For my informants, allegiance to the “conditions” of the ego (that is, all one’s habitual thoughts, convictions, and attitudes) is the primary source of malevolence in human life, both on the individual and social scale.

Of course, Belgian Daime members understand that the ego is necessary for maintaining a personal sense of self relative to other people in daily life. However, they consider this ego to be a superficial and utilitarian aspect of everyday reality, which they view as actually undergirded by a more fundamental unity of all beings. It may appear to outsiders that daimistas are modern-day hippies. Quite the reverse, daimistas’ rigorous self-discipline actually makes them more like Buddhist, Christian, Sufi, or Hindu monks/nuns. I observed that daimistas enjoy quiet contemplation or saying prayers on a rosary during their free time, and they regularly practice sacred Santo Daime hymns at home. Daimistas attribute their calm and temperate demeanor to the lessons they learn through meditations inside and outside the Daime works.

It is important to note that despite the positive results experienced by the majority of those who participate in carefully orchestrated Daime rituals, the consumption of ayahuasca does carry a risk of experiencing existential crises. One Belgian daimista, who claims Santo Daime helps him to solve his ego problems, was also candid about the hazards of drinking ayahuasca:

I became less inhibited, especially in expressing myself: singing, talking, less captured in myself, more free to go outside and make a connection with another person and with the world (before, I was more imprisoned in myself, captured in my ego)....[However], some experiences can be pretty scary at the beginning. Especially for people who don’t have much experience with looking in themselves, who haven’t worked on themselves. It can be very frightening, very scary, sometimes. Or overwhelming!...I feel it has a danger if you are not aware that sometimes you can lose yourself in this wonderful experience. And instead of integrating what you’re learning into your life, you are just always continuing to look for the nice feelings in the work. And although the Daime shows you these things, I know people who are not able to understand the lessons. And they always come back to the Daime and they don’t make progress in their lives because there’s no integration of the lessons they are learning in their daily life.

- Oscar

A 44-year-old piano teacher from East Flanders, Oscar plays accordion during the works. He says that he drinks less Daime when he plays his instrument with his Belgian church because he sees it as more of a musical service to his fellow daimistas. He told me that he savors his opportunities to go to international Daime meetings in Amsterdam. Here, he does not have to play music and can instead focus more on his own personal work. Like his daimista colleagues, Oscar is outspoken about his concern that neophytes may occasionally have a psychological breakdown in the face of intense phenomena that can accompany the ayahuasca experience.

In Belgium, informants reported two incidents that occurred during the 20 years that Daime works have taken place in this country. In one instance, a paranoid newcomer ran out into the streets in the middle of a work. He ran to the police station and sent officers back to the church. When the officers arrived and saw a bunch of people meditating quietly in a room (there was no ayahuasca visible), they promptly left the daimistas to continue their ceremony. Another time, supervisors had to physically restrain a man that tried to distract and disrupt other participants with loud vocal outbursts. Regarding this specific incident, daimistas voiced their empathy for those who have a painful ego-death in Daime, but they view it as ultimately remedial. It bears repeating that this is a very uncommon occurrence and the results are temporary. Unless one is already aware of possessing an acute psychiatric illness, the risks of participating in structured ayahuasca rituals are very low for normal adults.

With the relatively recent expansion of Santo Daime into Europe and North America, liberalist Western governments face a conundrum: existing laws forbidding “hallucinogens,” originally designed to stamp out recreational use of these substances, now also stifle daimistas’ right to freely practice their religion. Another Belgian daimista, a 59-year-old retired arborist who now lives by himself in a small East Flanders apartment, believes that it would be optimal for Western societies to make accommodations for circumscribed uses of “sacred plants”:

I think the sacred plants are there to help us...I think the people who make the laws prohibiting sacred plants should first try it and experience it, and then judge about it. Because of course, they have the power to say ‘No, it’s forbidden, and we’re going to take it from you.’ But how can you judge about something if you’ve just read the [media] reports of it?

It’s about how you use it...The young people also want to try all these different substances...But they are using them without guides. I think it’s good to use these sacred plants or even the derived chemical substances...Instead of saying ‘No, no, no’, they should say ‘Yes, yes, yes, but in special contexts’, like religious contexts, or even without religious contexts...Let’s take it wisely and in a good setting and not in a dance hall where there’s alcohol...that would be a good thing.

- Emmanuel

All daimistas share this conviction, asserting that drug enforcement legislation could be nuanced in light of scientific evidence. According to my informants, new legal controls could be put in place to regulate the distinction between safe and unsafe sets and settings for the consumption of entheogens.

Conclusions: Towards Ethnographically Informed Regulations of *Set* and *Setting*

In a paper on the potential value of entheogens as “cognitive tools” for the strengthening of existential intelligence,¹⁰ Tupper (2002: 510) notes that our culture’s strong distrust regarding entheogenic substances has more to do with propaganda than with “any properties intrinsic to the substances themselves.” Like heavy machinery, weapons, and human belief systems, entheogens can be used for good or bad ends depending upon the motivations (*set*) and the environmental context (*setting*) of their use (see also Anderson et al.

¹⁰ Existential intelligence is the degree to which one can effectually conceptualize and manage universal problems of meaning and being (see Gardner 1999).

2012; Smith 2000: 1). Failing to heed the scientific findings reviewed above, the culture of prohibition continues to deny the verdicts of empirical scholarship. Scholars have consistently shown that the psychophysical risks of these substances are demonstrably minimal; moreover, the laboratory and ethnographic evidence indicates that within secular or sanctified contexts where set and setting are controlled, entheogens can function as psychiatric medicines and/or therapeutic sacraments.

Following the wisdom of a growing scientific consensus, it is conceivable that governments will begin to regulate entheogens so that only sanctioned uses are permitted. Hence, the misuse of these powerful psychoactive substances (i.e., outside of ritualized, clinical, or other normalized contexts) would be akin to the misuse of any other tool, like driving a car without a driver's license. In envisioning a future arrangement whereby entheogens could be suitably incorporated into Western society, Richards (2005: 386) proposes the foundation of "retreat centers" where these substances could be ingested in a supervised setting. Tupper (2008b) recommends a governmental policy approach for monitoring the set and setting of ayahuasca drinking. He advocates laws that regulate the credentials of people dispensing the brew, inspections of sites where rituals are performed, and regular testing of the quality of the sacraments being distributed (Tupper 2008b: 302). As Western scholars and therapists continue to theorize the prospects for entheogenic medicine, much can be learned from the Daime rituals that are already underway across Europe and North America. With the present research as an example, ethnography can be a useful resource for devising new government controls of substances that have been introduced into Euro-American culture. Trained ethnographers can conduct fieldwork and interviews to help translate foreign concepts into regulatory principles and precautions that make sense within a Western framework.

Daimistas describe the transcendent state of consciousness afforded by the Daime beverage as a "key to a lot of solutions" (Blainey 2013: 15, 193–207; see also Blainey 2010). But they are careful to mention that ayahuasca is not a magic panacea that will cure just by being popped like a pain pill. My informants proclaim that Daime works afford them an enhanced sense of well-being; in general, they portray ayahuasca as a teacher that instructs individuals how to overcome their selfish ego, a narcissistic impulse which they view as the source of much suffering. Through the careful implementation of the Santo Daime ritual apparatus, the sacrament is dispensed and ingested in the presence of trained supervisors and the mutual support of experienced daimistas.

When entheogens surfaced as "psychedelics" in the 1960s, the hippie counterculture was ignorant about how to use them responsibly. Today, scholars and entheogenic devotees are instigating renewed discussions in our society about how to incorporate the therapeutic capacities of these substances while diminishing the negative impacts of naïve and unstructured uses. Now that new facts about entheogens' safety and potential benefits are emerging, Western society is poised to commence a new era of sensible regulations informed by both laboratory and ethnographic evidence.

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