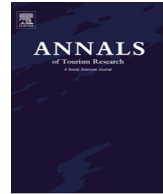




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Research Note

Drug or spirituality seekers? Consuming ayahuasca

Girish Prayag^{a,*}, Paolo Mura^{b,1}, Michael Hall^a, Julien Fontaine^c^a University of Canterbury, New Zealand^b Taylor's University, Malaysia^c Karavel Promovacances, France

“Ayahuasca” refers to a hallucinogenic beverage, commonly known as ayahuasca tea, consumed by indigenous communities in Peru and Ecuador (Tupper, 2008). Ayahuasca tourism generally involves an “ayahuascero” or “shaman” led ceremonies and rituals in which tourists drink the hallucinogenic tea with the intent of healing psychological and physiological problems (Winkelman, 2001). While several studies examine contemporary issues surrounding ayahuasca from shamans’ perspectives (Dobkin de Rios, 2005; Holman, 2011), tourists’ perspectives are lacking (Winkelman, 2005).

Depending on positionality and self-identification of tourism roles, ayahuasca is usually portrayed as a spiritual experience that leads to greater self-understanding (Krippner & Sulla, 2000) or a form of drug tourism (Dobkin de Rios, 1994). With few exceptions (e.g. Belhassen, Santos, & Uriely, 2007; Uriely & Belhassen, 2005), previous studies on drug tourism fail to acknowledge that “drug related tourist experiences might involve a quest for profound and meaningful experiences” (Uriely & Belhassen, 2005, p. 238). Hence, ayahuasca tourism occupies a fluid interspace capable of providing a spiritual, healing, recreational or drug experience, or potentially none of these.

The potential contradictions between spirituality, usually regarded as a positive process that leads to growth of the self (Winkelman, 2005), and drug tourism, often portrayed as a hedonistic escape for Western tourists (Dobkin de Rios, 1994) guide the two research questions of this study (in what way(s) is ayahuasca spiritual to Western tourists? and how this experience is related to drug tourism by Western tourists?). The study provides an opportunity to challenge static binary thinking in tourism by emphasizing the fluidity of categories and concepts within the tourist experience.

Spirituality is the personal quest for understanding ultimate questions about life, meaning, and the relationship to the sacred or transcendent (King & Crowther, 2004). Tourism experiences can be spiritual. For example, the physical characteristics of the natural environment (e.g., landscapes and features) can be a source of spirituality (Sharpley & Jepson, 2011). Tourists consume ayahuasca for different reasons, including personal spiritual development, emotional healing, and self-awareness (Labate & Cavnar, 2014; Winkelman, 2005). Clinical research shows that participants often report

* Corresponding author.

E-mail addresses: girish.prayag@canterbury.ac.nz (G. Prayag), Paolo.mura@taylors.edu.my (P. Mura), michael.hall@canterbury.ac.nz (M. Hall), julien.fontaine@skema.edu (J. Fontaine).

¹ Tel.: +60 3 5629 5000x5545.

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mystical experiences, visions, and strong emotions accompanied by purely physical effects (e.g., vomiting) when consuming ayahuasca (Kjellgren, Eriksson, & Norlander, 2009).

Western societies have often criminalized the use of ayahuasca (Labate & Feeney, 2012) and media depictions of its consumption for religious purposes are sensationalized (Anderson et al., 2012). Ayahuasca has been depicted as a dangerous street drug and its effects compared to methamphetamine (UK Border Agency, 2010). Drug tourists, a highly contested term, are “those aware of the accessibility of illegal and illegitimate drugs in a particular location and consume these drugs during their stay” (Uriely & Belhassen, 2005, p. 239). By definition, most Western tourists visiting ayahuasca retreats are drug tourists but whether they perceive themselves as such is contested (Belhassen et al., 2007). The ‘drug’ serves only as an experience enabler for some tourists (e.g., spirituality seekers) (Belhassen et al., 2007) but for others it is the main experience (Uriely & Belhassen, 2006). Hence, any binary distinction between drug [negative] and spiritual [positive] tourist is in reality highly fluid, requiring an understanding of self-identification of tourism roles.

In the summer of 2011, one of the authors participated in an ayahuasca retreat for one month in the area of Iquitos. The micro-ethnographic field research, which uses ethnography over a shorter time scale (Mitas, Yarnal, & Chick, 2012) consisted of several qualitative methods, including participant observation, in-depth interviews, and personal diary to collect data (Hall, 2011). Through researcher “immersion” as participant observer, including engagement in ceremonial activities alongside participants and note-taking, one of the authors was able to understand the connection between participants’ experiences and ‘pervasive patterns’ in their social contexts. In participants’ words, common “pervasive patterns” in their home (mostly Western) environments are characterized by circumstances in which “spirituality is lost” and “life is stressful”. Only findings from in-depth interviews with six participants are reported in this study. All participants were in their late thirties or early forties, experiencing ayahuasca for reasons such as healing, self-discovery and curiosity. The interviews were conducted in English and French, depending on participant preferences.

All six tourists described personal benefits of their encounters with ayahuasca in terms of a change in self or a better self in relation to others. Ayahuasca was described as a ‘spiritual journey’ or ‘sacred ritual’ because of its physical, psychological and social dimensions. For example, participants reported physical changes including weight loss due to the strict vegetarian diet. Psychological changes included feelings of relaxation, serenity, and connectedness to nature. Social changes were conceived around better understanding of ‘others’ (e.g., retreat participants) through self-awareness and intentions of behaviour improvement toward significant others (e.g., family and friends) and the broader society. The effects of ayahuasca on participants reflect the notion that spiritual travel experiences have a strong change component.

All participants acknowledged the growing number of tourists in Iquitos and its negative consequences on the local community (e.g., cultural commodification). Yet, a paradox exists between participants’ perceptions of their own impacts as tourists and the perceived impacts of others on ayahuasca practice. Participants considered themselves as spiritual tourists while viewing recreational users of ayahuasca as drug tourists. The spiritual seekers categorised themselves as the ‘good tourist’ and labelled the so called drug seekers as the ‘bad tourist’. Spiritual seekers perceived they had limited negative consequences on ayahuasca practice while condemning drug seekers for commercialization and ‘pollution’ of ayahuasca by not desiring an authentic personal transformative experience. Surprisingly, none of the participants are conscious that they, as individual tourists (whether ‘good’ or ‘bad’), contribute to the perceived negative effects on cultural practices and local communities.

From tourists’ accounts, ayahuasca seems to bring positive changes to self through shaman brokered experiences. In this way, the tourist experience of ayahuasca is spiritual. Participants did not want to be tainted by the negative associations of ‘drug’ tourism, highlighting that the intersectoral space(s) between drug tourism and spiritual tourism is fluid (time, space and context), and dependent on other and self-identification of tourism roles.

Critically with respect to such fluidity, the participants profess that the experience can change the self. Yet, there is no convincing evidence that ayahuasca leads to a fundamental long-term change in tourists’ social outlook and/or behaviour once they have left the interspace of drug and spiritual tourism. In fact, repeated visits to ayahuasca retreats may well suggest a lack of permanency in personal change. As one participant mentioned, the motive of his repeated visits was to “purge myself of the

negative elements of life". To this end, an area of future research is to track the long-term personal impacts of ayahuasca tourism and other spiritual experiences in the tourist's home environment.

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