

TURN ON, TUNE IN, AND HEAL TOGETHER: CULTURE, INTERACTION RITUALS,
AND COLLECTIVE SELF-TRANSFORMATION IN PSYCHEDELIC-ASSISTED GROUP
THERAPY WITH INDIVIDUALS WITH TREATMENT-RESISTANT MENTAL DISTRESS

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ABSTRACT

This doctoral study has been concerned with psychedelic (psilocybin) culture, its therapeutic application on group-based retreats, and its impact upon the subjective healing and self-transformation of individuals with treatment-resistant mental distress. While clinical trials suggest psychedelic-assisted therapy can be efficacious in resolving various mental health troubles, and psychedelic retreats advertise the transformative potential of psychedelics, less understood is the role that intersubjectivity plays in therapeutic outcomes. In this study, retreats were framed as a type of therapeutic community, in which culture, interaction, emotions, collective effervescence, and social connection were investigated as aides to the psychedelic-therapeutic process. This research used in-depth interviews combined with autoethnographic, participant observation data to consider how psychedelic-assisted therapy, in conjunction with intersubjectivity and a therapeutic culture in retreat settings, impacted the lives of people struggling with treatment-resistant forms of mental distress and Post-Traumatic Stress Disorder. The range of sociocultural phenomena associated with psychedelic therapy retreats were examined using micro-sociological frameworks, especially Interaction Ritual Chain (IRC) theory (Collins 2004). The research question for this study was: *How are “healing” and self-transformation defined and achieved in psychedelic therapy culture, and to what extent are they impacted by intersubjective dynamics?*

This dissertation found that *the efficacy of psychedelic therapy can be enhanced by intersubjective dynamics, and these dynamics can be analyzed by using a Symbolic Interactionist—namely an IRC—framework.* The therapeutic outcomes of group-based psychedelic-assisted healing retreats were not solely attributable to the causal powers of psychedelics themselves; also crucial were the sociocultural, psychological, and emotional

factors allied with the overarching retreat environment, each of which impacted upon psychedelic consciousness *and* post-retreat “integration” practices. These factors—such as the evolution of a community (between guests), therapeutic alliance (between therapists and guests), compassionate “emotion culture” that paid deference to cultural/symbolic objects (self-transformation and healing, the collective, and psilocybin rituals), and “cultural set and setting”—operated in unification with using psychedelic mushrooms as a tool of introspection, autognosis, and self-healing. In this sense, self-transformation and healing in psychedelic-assisted group therapy was achieved *collectively*.

This research adds to scientific knowledge in three principal areas. First, sociologists have largely neglected studying psychedelics in the 21st century, whether as cultural, subcultural, or countercultural social phenomena, or as a therapeutic modality. This dissertation thus contributes to a nascent sociology of psychedelic culture/s and therapy. Secondly, this social scientific research complements psychedelic science and psychedelic studies by investigating the sociocultural aspects attendant to psychedelic healing and self-transformation. Most research on psychedelic therapy is clinical in nature, takes place in laboratories, and is predominantly positivistic, quantitative, and focused on individual outcomes. Distinctly, this study is the first of its kind to contribute qualitative, naturalistic, and intersubjective approaches to psychedelic therapy. Thirdly, rarely has IRC theory been employed in mental health research or research on therapeutic communities. This study advances this theoretical framework by applying it to the micro-dynamics of everyday life on psychedelic retreats, the latter of which are framed as therapeutic communities. In so doing, this research underscores both the ongoing value and the limitations of IRC theory.

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CHAPTER 1: INTRODUCTION

1.1 Psychedelics: The Situation in the 21st Century

The scientific and mental health communities are in the midst of a “psychedelic renaissance” (Sessa 2013), a series of sociocultural, political, and medical phenomena that have sparked widespread interest in questions surrounding psychedelics generally, and their healing power and transformative potential specifically. While headlines announcing the impact of psychedelics on mental health spread across the globe, since the early 2000s (as well as in the 1990s) research on these substances resumed after a hiatus since the 1970s. Concomitant with this period, mental health issues in Western, industrialized nations remain a significant concern. Disciplines like psychiatry, for example, tasked with resolving distress, have failed to advance (Pilgrim 2007; Rose 2019) despite decades of research and billions of dollars devoted to neuroscience (Deacon 2013). This occasion, shared with an era of progressively privatized and ineffective healthcare in the US, a growing suspicion of orthodox medicine, and a deterioration of civic culture, has created what McQuaid (2005: 286) calls a “constellation of sociological conditions... conducive to the rise of alternative medical care.” It is this sociocultural and political background that has given energy to the growth of psychedelic therapy in the 21st century.

As the psychedelic renaissance unfolds, research that was deemed taboo or “career suicide” just a decade or two earlier continues to derive legitimacy from the scientific establishment as a whole and at institutions like Johns Hopkins, New York University, Imperial College London, the Universities of California at Los Angeles, Berkeley, and Davis, and myriad others around the US, Canada, and abroad. In light of the positive outcomes of this “legitimized” scientific research (Giffort 2020), in the US cities across California, Colorado, Oregon, and in

Washington D.C. are decriminalizing the use of psychedelics (Lowe et al. 2021).

Notwithstanding the cultural impact, or the uses of psychedelics for recreational purposes or self-transformation in “already well” populations, the hype around psychedelic-assisted therapy is palpable. For example, Ben Sessa, a self-described temperate scientist and psychiatrist who admittedly holds disdain for the word “healing” (2013: 2), has suggested that by “[u]sing the guided psychedelic experience as medicine, we can tentatively allow ourselves to use a forbidden word, a word that as medical students on our first psychiatric placement we are conditioned never to utter. It is the word *cure*” (Sessa 2014: 59). On behalf of claims of this magnitude and the clinical trials backing it, in 2017 and 2018 the Food and Drug Administration authorized MDMA and psilocybin, respectively, as breakthrough therapy drugs, hastening the bypassing of legal obstacles for their continued study (Whitfield 2021). Associated with this emergent publicity, mainstream popularity has followed suit. For example, Michael Pollan’s (2018) *How to Change Your Mind*, a New York Times bestseller, has reached millions, and monthly op-ed articles appear in publications like the *New York Times* and the *Washington Post*. The for-profit industry awaiting medicalization and increased decriminalization has flourished. Yet overall, the field itself remains nascent, and many scientific questions remain.

1.2 Gaps in the Literature

In the 21st century, the vast majority of studies of psychedelic therapy have been committed in clinical and laboratory settings (Kettner et al. 2021) and have used positivist methods for gathering and analyzing data (c.f. Brecksema et al. 2020; Lutkajtis 2021). Thus, two immediate gaps in the literature are extant. First, rarely have studies attempted to understand the *social* or *collective* dimensions of psychedelic therapy. Second, seldomly have scholars utilized interpretivist methods to collect and analyze *qualitative* data. With regard to the first, as

psychedelic therapy increases in popularity, group-based healing contexts will be used increasingly, namely due to its economy of scale. It is highly expensive to have trained experts, doctors, or therapists on staff for therapy, and because of this, many therapists, retreat organizers, and companies are looking to the future with an eye on group-based therapies. There is therefore a need for studying the dynamics of psychedelic therapy engaged collectively—how it should operate, and what roles intersubjectivity, culture, social solidarity, emotional bonding, and therapeutic philosophy play in positive outcomes.

Concurrent with the nature of clinical and laboratory studies and their emphasis on positivist epistemologies is the lack of interpretivist studies in psychedelic culture and therapy. Qualitative studies are epistemologically important and necessary, particularly as they can add to the growth of knowledge in the field and can help guide clinical and therapeutic practices. For example, qualitative studies—such as interviews, storytelling, autobiographical narrative analysis, and ethnography—are useful in eliciting data around meaning-making, context, multiple “truths” or realities, and an honoring of the particular perspectives of individuals situated in cultural contexts. This is particularly important in understanding self-transformation and outcomes in therapeutic modalities (Hill et al. 2013). As well, understanding the phenomenology of therapy-users’ experiences, as well as the impact of the sociocultural environment—the “set and setting”—of the psychedelic experience, can provide important insight into building future psychedelic therapies, both in individual and group-based situations.

Overall, psychedelic culture and therapy generally, and psychedelic-assisted therapy in group contexts specifically, is ripe for sociological analysis. Yet, thus far sociologists and social-psychologists have largely ignored this nascent and rapidly progressing field. Myriad studies exist on the positive impact of psychedelics on mental health and wellbeing, both in distressed

and “well” populations (see Lowe et al. 2020 for a review). Yet in general, studies on mental health and wellbeing focus on individual psychology, oftentimes situated *outside* social contexts. Moving forward, it will be important to better understand the impact social context and social connection—broadly conceived—have on positive therapeutic outcomes. Much research has been done on therapeutic communities, showing that positive emotional experiences and group solidarity are important in self-transformation and the resolution of distress, trauma, and addiction (Clarke 2015; Clarke & Waring 2018; Denzin 1993). Yet rarely have sociologists focused on psychedelic culture and psychedelic therapy in the 21st century (c.f., Giffort 2020), and no studies in sociology or social-psychology have focused on psychedelic-healing retreats. This research, therefore, builds on prior studies of therapeutic retreats—such as Clarke’s (2015) study of day communities for personality disorder (Clarke 2015) and Denzin’s (1993) research on Alcoholics Anonymous—by considering how, in psychedelic-assisted group therapy, intersubjectivity contributes to self-transformation and healing.

1.3 Aims and Objectives

This was a study of psychedelic culture, with a specific focus on the therapeutic application of psychedelics in group therapy contexts. The focus was on “psilocybin,” or the active compound in “magic mushrooms.” Henceforth, these terms (e.g., psychedelics, psilocybin, mushrooms, etc.) will be used synonymously. This research addressed the following question: *How are “healing” and self-transformation defined and achieved in psychedelic therapy culture, and to what extent are they impacted by intersubjective dynamics?* To answer these questions, there were several objectives to this research:

1. To investigate psychedelic culture and its therapeutic application.

2. To understand the sociocultural and power dynamics and therapeutic philosophy of a psychedelic-assisted group therapy retreat.
3. To examine retreat culture, interaction rituals, and power dynamics through the framework of Interaction Ritual Chain theory.
4. To investigate the role of sociocultural contexts on (psychedelic) drug use and drug experiences—the “cultural set and setting.”
5. To analyze the impact of psychedelic therapy on the healing and self-transformation of sufferers of chronic, treatment-resistant mental distress.
6. To study the role played by intersubjectivity—collectivity and solidarity—in healing and self-transformation.

The research design employed participant observation (autoethnography) and in-depth narrative interviews to understand culture, social processes, and subjective experience in psychedelic therapy culture. It did so by focusing specifically on the workings of and therapeutic outcomes in a psychedelic-assisted group-based therapy retreat. This methodological approach was fruitful in its attentiveness to microlevel and cultural phenomena and their syntheses. It was also applicable when using micro-sociological theoretical frameworks, specifically Interaction Ritual Chain theory (Collins 2004). This theory has as its foundations cultural sociology, social-psychology, and symbolic interactionism—namely the works of Emile Durkheim (1995) and Erving Goffman (1959, 1961, 1967). This tradition is social-psychological in that it theorizes individual-level microsociological events but acknowledges how situations put pressure on individuals to act and react to their normative demands—or as Collins says, referencing Goffman (1967): “not individuals and their interactions, but interactions and their individuals” (Collins 2004: 5).¹ It

¹ This is not, however, a structure-over-agency approach. See Collins (2004: 5)

was, in this sense, a useful tool for studying empirically and theorizing microlevel social and cultural phenomena, interaction rituals, and self-transformation. On retreat, sociality was framed as occurring in interaction rituals, of which mutual focus, emotional connection and build-up, and symbolic objects were created and sustained, enabling an analysis of the production and dissemination of culture. Simultaneously, however, it enabled an analysis of how retreat culture directs interaction rituals. Overall, this study investigated, analyzed, and explained how psychedelic therapy culture contributed to healing and self-transformation of individuals suffering treatment-resistant mental distress and self-described trauma. On the basis of my findings, in this dissertation I have argued that intersubjective dynamics can enhance the therapeutic outcome of psychedelic-assisted therapy, and that such dynamics are best explored through the framework of Symbolic Interactionism, namely Interaction Ritual Chain Theory.²

1.4 Overview of Chapters

This dissertation contains nine chapters (including the Introduction and Conclusion) and is organized into three parts: Part I: Literature and Theoretical and Methodological Frameworks (Chapters 2-4); Part II: Analyzing and Theorizing Retreat Culture and its Rituals (Chapters 5-6); and Part III: Analyzing and Theorizing Narratives of Self-Transformation and Healing (Chapters 7-8). Beginning with Chapter 2, I overview the theoretical literature concerning micro-sociological analyses via Symbolic Interactionism. I do so to situate and later utilize a framework for analyzing qualitative data on intersubjectivity and the creation, internalization, and extension of culture. In Chapter 3, I outline the literature on the sociology of drug use and drug

² Even though Collins situates his work as fundamentally rooted in the symbolic interactionist tradition, it is acknowledged that Collins' IRC theory, with its highlighting of explanatory and even predictable mechanisms, may be at odds with traditional interactionist frameworks which place importance on social processes as emergent phenomena.

experiences. I first provide a short history of the field before making the claim that sociocultural factors, and not purely pharmacological factors, impact heavily upon how drugs are taken and experienced, and thus are necessary factors of analysis in any study of drugs. This knowledge helps set the stage for later chapters by verifying how the sociocultural environment (cultural set and setting) directs psychedelic consciousness for therapeutic purposes. The last chapter in this section, Chapter 4, overviews the methodology of this study, describing both in-depth interviews, narrative analysis, and autoethnographic methods in depth.

Part II consists of analyzing and interpreting the retreat experience itself. In Chapter 5, I consider the structured rituals, or culture, of the retreat itself. I combine IRC theory and dramaturgical analyses of interactions, situations, and emotions, with personal insight and interview data to frame the *emotion culture* and *sacred objects* of the retreat. In Chapter 6, I describe what it is like for retreat guests to learn about psychedelic culture and therapy on retreat. I provide personal observation and interview data to show how retreat staff explain and characterize psychedelics, psychedelic states of consciousness, and psychedelic healing on retreat, and go into the concomitant theories of mental distress and trauma in psychedelic therapy culture. I then supplement this data with extant literature in psychedelic science and psychedelic studies.

In Part III, I focus strictly on the stories of people who have undergone weeklong psychedelic-assisted retreats as a means of curing significant mental health issues and trauma. In Chapter 7, I tell the stories of three persons who underwent traumatizing sexual experiences and who attempt to resolve PTSD through psychedelic therapy on retreat. In Chapter 8, the focus is broadened to analyzing subjects' experiences with and reflections on the intersubjective environment on retreat and how that impacted their self-transformation. In each of these later

chapters, I thread theoretical frameworks and empirical insight into the data as a way of understanding and analyzing self-transformation on retreat, and in the last chapter I build an evolved theory of *collective* psychedelic integration and healing. In Chapter 9, the concluding chapter, I revisit the themes from the theoretical framework and connect them to a summary of the research findings.

PART I

LITERATURE REVIEW AND THEORETICAL AND METHODOLOGICAL FRAMEWORKS

CHAPTER 2: THE ROOTS OF INTERACTION RITUAL CHAIN THEORY

2.1 Cultural Sociology and Symbolic Interactionism

Much has been written on culture in the tradition of sociology, particularly since the “cultural turn” of the 1980s. As Richard Peterson (1979) has described, sociologists focus on four general items when talking about culture: *values* (the ranking of behavior or goals); *norms* (specific values pertaining to behavior); *beliefs* (systems of meaning that justify values and norms); or *expressive symbols* (forms of material culture that often embody beliefs and indicate values and norms) (pp. 137-38). As Griswold (2012) argues, the last decades of the twentieth century saw a new entry included in the list: *practices* (see Bourdieu 1984). Additionally, two general traditions of studying culture exist in the academy: that of the humanities, and that of the social sciences (Griswold 2012). It is in the latter tradition that will be the focus of this dissertation, a tradition of which Clifford Geertz, the famous anthropologist, was situated in when he defined culture as “an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which [humans] communicate, perpetuate, and develop their knowledge about and attitudes toward life” (1973: 89).

Not all of sociology’s founders analyzed culture equally. Marx and the Marxist tradition sought to understand the connections between capital and cultural production/consumption, and were thus the basis of “cultural studies,” with notable figures such as Althusser (1971), Stuart Hall (1986), and E.P. Thompson (1979) (see Emirbayer 1996). In contrast, Weber’s “*verstehen*” style of sociology advised scholars to study the meaning social actors place upon their behavior,

propping up diverse interpretive schools such as the social constructionist (Berger & Luckmann 1967; Geertz 1973), ethnomethodological (Garfinkel 1967) and phenomenological traditions (Schutz 1974). For Durkheim, particularly in his later studies of religion, the emphasis was on providing a system for studying the creation of symbolic objects—and concomitantly, norms, values, and morals—through collective effervescence in religious rites. Religious gatherings, Durkheim writes, offered an understanding of how actions in the realm of culture—distinct analytically from social-structural and social-psychological lenses—imparted both a logic to, and organization of, social life (Emirbayer 1996). It was for this reason that much of Durkheim’s work formed the basis of studying meaning-making through interaction, of which two schools of thought are of particular interest in this chapter: cultural sociology and symbolic interactionism.

2.1.1 Durkheim, Rituals, and the Roots of Cultural Sociology

The overarching framework of this dissertation consists of an interpretivist, cultural, and micro-level sociology. Because of this, it takes as its foundation a particular history of Durkheim’s canon—that of his later writings. While some sociologists have read Durkheim as a pure positivist (c.f. Belvedere 2015) or as “a static theorist of social organization, of structures fixed into a functionalist system by a value system,” Collins (2004: 37) contends, rather, that it is “worth stressing how dynamic his conception is.” Though his earlier work sought an understanding of structural influences on social behavior, his later work, such as *The Elementary Forms of Religious Life* emphasized the creation of culture and meaning. In this text, Durkheim’s investigations of religious rites, or “rituals,” are significant and contain widespread implications for the rest of social life: society in general, and all sorts of interactive forms, come to be bound with symbols—or “sacred” objects—and the respect they demand as they are generated through

religious rituals. As Turner and Stets (2005) suggest, scholars today have transposed Durkheim's analytical scope to broader areas of collective culture.

For example, it is no longer considered that cultural objects need be religious, nor do they need to take on the "sacred" quality as they might in religious ceremonies; rather, most if not all components of culture can direct and/or inhibit preferences, actions, and emotions. In this sense, cultural forms take on moral qualities and arouse positive or negative emotional responses. Additionally, cultural objects are externalized as "objects"—in the broad sense as words and phrases, material or ideational objects—and can elicit solidarity amongst members while also operating as *signs* for other groups to recognize. Lastly, rituals—what Durkheim often referred to as "ritual processes" and later interactionists describe as "interaction rituals" in referring to everyday intersubjectivity—are the cause and effect of a collective effervescence that generates physical and verbal rhythms amongst participants as they interact with one another (Turner & Stets 2005: pp. 72-73).

Overall, recent theorists have appropriated Durkheim's theory of social solidarity for use as a more vibrant explanation of the creation of culture through intersubjectivity. As I will describe below, Randall Collins's interaction ritual chain theory elaborates on this trajectory by deriving a theory of emotions via the "chains" (or links) of interaction rituals from Durkheim's works.³ As Turner and Stets (2005: 73) suggest, Durkheim's later studies of religion, and of interaction rituals, provided a foundation for the study of emotions as linked to "(1) cultural values, beliefs, and norms, (2) objectification of these cultural elements with external symbols, (3) moment-to-moment rituals reinforcing these symbolizations of culture, (4) rhythmic synchronization of body

³ Collins (2004: 9-24) provides an overview of the various ways in which "ritual" is conceptualized and analyzed in anthropology and the social sciences. Collins' notion of ritual and interaction ritual, as I will show near the end of this chapter, is a rendition of Durkheim's and Goffman's (1967) theories of ritual.

movements and talk, and (5) ritualized sanctioning of those who fail to conform to the dictates of culture.”

In *The Elementary Forms of Religious Life*, Durkheim analyzed the worshipping rituals of Native Americans and the Aboriginals of Alice Springs, Australia, arguing that collective interactions surrounding religious ceremonies and the belief systems extended from them create their own cultural formations. Here, we can see the original notion of “ritual” being used to describe the initiation of cultural forms. “A religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden—beliefs and practices which unite into one single moral community called a Church, all those who adhere to them” (Durkheim, [1915] 1995: 62). This elaboration on the production of culture and “sacred” objects *through* ritual reveals how symbolic systems created by rites—symbols of membership and psychological and behavioral repertoires for the group under question—generate a rationale for social action, perpetuating a collective and thus historical trajectory of social behavior. In other words, culture and its sacred objects, once created, can turn around and impact upon the very structures and social order that perpetuated it. Once cultural forms “are constituted,” Durkheim later writes, “they are, by that very fact, realities sui generis, autonomous and capable of being causes in turn, capable of producing new phenomena. ... [O]nce they exist, they become, in turn, creative sources of action, they have an effectiveness all their own, and they react on the very causes on which they depend” (Durkheim 1978: 130)” (cited in Emirbayer 1996: 116). As a result, rather than the overly “structuralist” label levied at him, Durkheim clearly shows that religious ceremonies thus produce culture and have a pluralistic result, creating symbolic meaning systems that shape behavior and in turn effect changes at broader levels of society.

Understanding culture as analytically distinct from, though impacting upon, both social-structural and social-psychological relations, provides a useful lens with which to analyze and theorize social behavior. It is in this sense that Durkheim's later work is significant in the ongoing debates between *cultural sociology* and *sociology of culture*. The former identifies culture as "interrelated with but distinct from society," and is opposed to the positivist and materialist accounts of culture typical of the *sociology of culture*. The latter investigates culture as "simultaneously constituted by and constituting [society] through an ongoing process" (Morawska & Spohn 1994:47; see also Emirbayer 1996; cf. McLennan 2004). In this dissertation overall, and as will become clearer in further chapters, the focus is on cultural sociology (though with a purely micro-level analytical approach). Alexander's (1988) "strong program" offers an analysis of this perspective's understanding of the autonomous nature of culture in its role on human thought and behavior (Inglis 2016), or what Alexander calls "action and its environments" (1988; see also Swidler 1986). Overall, Durkheim's "religious sociology" is a hallmark feature of cultural studies (and sociology's late turn towards the study of culture) and many scholars beyond mid-20th century have been influenced by his work (even if they did not explicitly reference Durkheim) (see Alexander 1989: pp. 123-55).

There are of course outstanding critiques of Durkheim's work (for example, see Tilly 1981), some of which will be entertained further in coming chapters. Most important for the moment, however, is the criticism that some have suggested Durkheim's "functionalist" scheme tends to reify collective effervescence in a similar way as Parsons' broad "value" system—that the analysis of religious ritual is too wide-ranging and tends to assert an explanation for many if not all social phenomena. Rather than symbolic processes, the role of sociology in Parsons' perspective is to discover the ways in which institutions promulgate social values and bring forth

harmony amongst the populace (Parsons 1967, 1968; see Alexander 1989: pp. 156-73). As we will see later, Collins (2004), pointing particularly to Durkheim's *Elementary Forms*, responds to such by using Durkheim not as an explanatory device for social evolution or integration, but instead as a way of looking at microlevel interactions. As Collins writes, "the problem here is functionalism, not ritual analysis. If we take rituals out of the functionalist context, we still have a clear model of what social ingredients go into making a ritual, and what outcomes occur; and the strength of those ingredients are variables, which determines just how much solidarity occurs" (Collins 2004: 15). As we will see in the remaining sections, Durkheim's work continues to inspire broad-ranging debates, such as providing a foundation for understanding how mental life is intimately associated with social life. In this, he situated himself between the critiques of both Kant's universalist model of intrinsic reasoning and William James' pragmatic individualism (Brekhus 2015), instead positioning mental life as collective and socially constructed.

2.1.2 Symbolic Interactionism: Understanding the Self as Object of Interaction

While much of Durkheim's work on the production of culture was associated with social relations at the meso- or macro-level, the symbolic interactionist tradition flipped that analysis on its head, stressing the type of sociality and cultural production extant in micro-settings. Because of the structuralist position of Durkheim's focus on religious ceremonies, he did not offer a social-psychological view of the production and dissemination of culture through intersubjectivity (Emirbayer 1996) despite his nod to a social-psychological theory of human

nature strewn (inexplicitly at times) throughout his work⁴. It is here where symbolic interactionists' focus on micro-settings, in which cultural objects are diffused through continued communication and socialization, offer a unique theoretical account (Griswold 2012). George Herbert Mead is one of the most prominent scholars in this subfield of sociology and social psychology.

Following Charles Cooley's development of the "looking glass self," which presupposed intersubjectivity in the development of individual identity, Mead theorized the importance of symbolic representation in processes of socialization. For both Cooley and Mead, the philosophy of pragmatism—though from a social rather than individual standpoint—served as a useful anchoring point. As well, both scholars explored the ways in which identity takes shapes through interaction with others and the general environment. As Mead (1934: 1) writes, social psychology studies the individual by "dealing with experience from the standpoint of society, at least from the standpoint of communication as essential to the social order." In each case, interaction is understood as the means with which persons can either confirm, or disconfirm and thus reconsider, one's sense of self.

In *Mind, Self and Society* (1934), Mead studied the socialization of children, developing the notion of the "self" using the concepts of the "I" and the "me" borrowed from William James to describe how learning takes place through interaction. This takes place first by internalizing the lessons learned with actual humans, and second through imagining the role played by the "generalized other" in subsequent thinking and behavior. The "I" symbolizes the subjective self, and the "me" the socialized self that develops through the norms and values derived from

⁴ Though, Durkheim's ontology, based on his *homo duplex* understanding of human nature as part profane/individual/psychological and part sacred/social/sociological, shows he thought about the duality of individual representations being comprised of collective representations. See Durkheim (2005) and Hynes (1975).

sociality. The “me”—operating in some ways similar to Freud’s notion of the “superego”—reflects upon and constructs the “I” via the experiences gained in the broader community. Additionally, in ways similar to Durkheim’s description of how social processes influence, direct, and control behavioral repertoires and community conduct, the “generalized other” is Mead’s conceptualization of an imagined community enforcement mechanism.

“But only by taking the attitude of the generalized other toward himself, in one or another of these ways, can he think at all; for only thus can thinking—or the internalized conversation of gestures which constitutes thinking—occur. And only through the taking by individuals of the attitude or attitudes of the generalized other toward themselves is the existence of a universe of discourse, as that system of common or social meanings which thinking presupposes at its context, rendered possible” (Mead 1934: 155-56).

Mead’s social-psychological theory of consciousness and cognition via the concept of “internal conversation” makes him not only a leading figure in the tradition of symbolic interactionism. As we will see below and in later chapters, Mead’s work also served as a foundation for sociological theories of mind (Collins 1989), cognition, and emotions (Denzin 1984; Holmes 2010), and others.

There have been critiques of Mead’s analyses. Archer (2003) for example suggests that “reflexivity”—similar to Mead’s description of “internal conversation”—is an innate quality of human beings in general and a process which enables critical analysis of one’s socialization. It is, in other words, a fundamental aspect of agency (Walsh 2021). Additionally, as Collins (1989: 15) points out, Mead lacks an account of the human drive for social solidarity, thus positing a primarily utilitarian approach—quite the opposite of Durkheim’s account of human nature. By broadening Mead’s account to incorporate Durkheim’s idea of “solidarity as a major goal of

action, we have a much more realistic and flexible tool for understanding human behavior and cognition” (Collins 1989: 15). In addition, whereas humans develop their social capacities through solidarity at the societal level for Durkheim, for Mead such happens much “lower”—not at the structural, but the interactive level. Nevertheless, as we will see, Mead provides the foundation for much to come within sociology and social psychology.

Despite Mead’s laying of the foundations, it was Herbert Blumer, a student of Mead’s, who coined the term “symbolic interactionism” in 1937. Because Mead never mapped out his theoretical scheme of society, Blumer composed the most prominent elaboration of the method and theory in sociology in a chapter entitled “The Methodological Position of Symbolic Interactionism” (1969). Here, Blumer provided three well-known premises of this overarching work: humans act toward, create meaning for, and interpret objects through ongoing interaction. Objects in this sense are not only *material* or *physical*, but *social* (e.g., roles, statuses) and *abstract* (e.g., norms, values, morals, worldviews) (Blumer 1969: pp. 10). For Blumer, the meaning and value of cultural objects does not arise naturally as intrinsic to the objects under consideration, but through social relationship.

Snow (2001) has refined Blumer’s three premises into four tenets, calling them the “anchoring principles” or the “essence” of symbolic interactionism (despite the field evolving in various directions). These four tenets are: the principle of “interactive determination,” or the necessity of understanding “the micro, interpersonal level of social life” (p. 370); the principle of symbolization—focusing not only on constructivist dimensions as Blumer and Mead do, but on structural dimensions as well, asking how symbolization becomes “taken-for-granted and routinized” so as to become “part of Bourdieu’s (1990: 52–65) ‘habitus,’ Mead’s (1938: 220–23) ‘specious present,’ or Goffman’s (1974: 21–39) ‘primary frameworks’” (p. 372); the principle of

emergence—concentrating on how novel social phenomena (whether material or ideal) can arise independently from the past; and the principle of human agency—considering not only social structure (as is common in sociology), but on the “active, willful character of human actors” (Snow 2001: 373). These tenets will be discussed further in future chapters.

Overall, Blumer operated as an important connecting piece, bringing the pragmatist and social behavioralist positions of Mead to a wider audience and sparking a fruitful tradition in interpretive sociological and social-psychological research. We can thus think about symbolic interactionism as a micro-level theoretical framework and methodological program that focuses on recurrent social interactions. It can also be understood as a response to macro-level (“top down”) and positivist frameworks, specifically Talcott Parsons’ structural functionalist perspective, which often emphasizes the constraints of structural forces on human activity. Symbolic interactionism, by focusing specifically on face-to-face contact with an emphasis on the agentic qualities of human beings, sees smaller interactions (“bottom up”) as the most important aspect of social life. Rather than focusing on social institutions as classifying and directing social relations, interactionists consider how language and symbolization—the subjective “meaning-making” aspects of social life—operate in intersubjectivity, or as Blumer (1962: 179) writes, “the peculiar and distinctive character of interaction as it takes place between human beings.”

Blumer took seriously Mead’s methodological orientation for understanding human behavior through the internal life, and thus the meaning-making aspects of the subject, a process that depended upon interpretive rather than positivist operational foundations. This area of research espoused by Blumer became known in some circles as the Chicago School of research, while others, in contrast to Manford Kuhn (the Iowa School) and Sheldon Stryker (the Indiana

School) who were also popular but distinct in ways, such as using quantitative, positivist methods (see Carter & Fuller 2016: pp. 935-37). For Blumer, subjects are active agents who engage in independent action, and the point of sociological research in this tradition is one more aligned with the interpretive tradition founded in Weber's *verstehen*. While there is not enough space to go into detail on the wide impact this tradition has made, a few notable examples can be mentioned here.

Garfinkel referred to his *Studies in Ethnomethodology* as “the investigation of the rational properties of indexical expressions and other practical actions as contingent ongoing accomplishments of organized artful practices of everyday life” (1967: 11). The word “organized” is important in Garfinkel’s work, as it suggests social action and types of practical techniques in local settings that are more or less “ordered” (Llewellyn 2014). Alfred Schutz’s (1974) phenomenological approach, following the tradition of Edmund Husserl, also sought to utilize micro-level, non-empiricist and non-positivist methods. Schutz argued for a phenomenological approach in the social sciences, attempting to obtain “organized knowledge of social reality” through “[i]ntersubjectivity, interaction, intercommunication, and language” (p. 53). Schutz did this by looking at people’s “stock of knowledge at hand” derived through intersubjectivity with other “egos” (e.g., predecessors, contemporaries, consociates, successors) and passed down through one’s idiosyncratic “biographical situation.” The latter is what contributes to “relevance,” or what forms of action an actor deems appropriate on account of prior experiences and the use of imagination to predict possible outcomes.

As can be discerned, therefore, all notions of the self from the perspective of the symbolic interactionist tradition are comprised through social interaction. As discussed above, Cooley’s notion of the “looking glass self” presumed intersubjectivity in the development of

individual identity. Similarly, Mead, and through him Blumer, saw meaning and meaning structures arising through social interaction and social interpretation (Blumer 1969: 5). Here, the self is deemed an object, and is thus created in *process* and in *relation* to others through interaction. As Mead writes:

...the individual realizes himself insofar as, in some sense, he sees himself and hears himself. He looks in the glass and sees himself; he speaks and hears himself. It is this sort of situation in which the individual is both subject and object. But, in order to be both subject and object, he has to pass from one phase to another. The self involves a process that is going on, that takes one form and now another--a subject-object relationship which is dynamic, not static, a subject-object relationship which has a process behind it, one which can appear now in this phase, now in that (1964: 13).

In this vein, the self, as Bankston et al. (1981) write, “is a dialectical process in which the actor may ‘try on’ alternate identities, shifting to-and-fro in diverse assessments of self” (p. 285).

As I will comment shortly, Goffman’s socially constructed self pays little attention to human agency and instead relies on the situation, or the encounter, as a constraint upon the self. In his analysis, the self—even though constrained under particular directives and morals of the situation—is created in, conforms to, and manages their impression within interaction with others and with the broader social environment, or in “rituals” (explained further below) (Goffman 1959, 1961, 1967). There are other traditions focusing on the self in symbolic interactionism, such as those of Identity Theory—which specifically connects the self to social structure (e.g., “commitment,” “roles,” “identities”)—and Affect Control Theory—which focuses on culture (e.g., events or situations) as giving rise to self (Francis & Adams 2019).

In analyzing psychedelic self-transformation and healing, and in theorizing the self, this dissertation primarily focuses on Interaction Ritual Chain theory's (Collins 2004) notion of the self—and the thinking self—as comprised of emotions and past chains of interaction rituals, the symbolic objects of which “circulate” within and “transmit” to other rituals and thus develop into a more or less coherent and patterned self-representation. As I will discuss this theory further below, for now it is prudent to note that Collins reflects on, yet ultimately moves away from Mead's understanding of internal conversation and the Generalized Other. Like Mead's notion of childhood socialization positing the construction of selfhood through a reflection on interactions with others, in Collins's model the orienting factor is prior IRs—the buildup of EE and symbolic objects. In subsequent chapters throughout this dissertation, it will become clear why understanding the nature of the self from a SI framework (and as I will show in Chapter 5, *supplementing* that framework with Turner's (2019) culture-making approach) will support a theory of self-transformation through intersubjectivity and psychedelic therapy.

Of course, symbolic interactionism has its critics, yet for the most part it has been a widely accepted and prominent school of thought and methodology throughout the last half century. As both Hall (2003) and Plummer (1996) have shown, despite its advancements and breadth, the field is still ripe for theoretical contributions (Carter & Fuller 2016). In the next section, I will review some of the classic studies in this tradition.

2.1.3 Organizational Culture and the Negotiated Order: Understanding the Structure of Interaction

“The social world is not divided by levels of analysis, but each ‘level’ depends on the other. The split between micro- and macroanalyses was primarily a function of an academic division of labor, which too often led to rivalry and disparagement.

Microsociological presuppositions are key to an adequate macrosociology (Collins 1981), and the reverse is true as well (Fine 1991).” (Fine 2008: 220)

As Gary Alan Fine points out of the paradigmatic distinction in sociology, there was a wide gap between mid-twentieth micro- and macro-level research: the approach made by symbolic interactionists and those studying social-structural forces, respectively. The connection between these points was the study of culture. While ongoing debates abound between the definition of “culture” and its analytical utility as either separate from or connected to structure, in the remainder of this chapter I will refer to culture as analytically distinct from structure (c.f., Sewell 1992), thus foregrounding both the microsociology tradition previously discussed and that of cultural sociology, which will be discussed below.

One of the earlier approaches to micro-macro connections considered interactionist perspectives inside the structure of organizations. Traditionally, studying organizations was within the horizon of macrolevel sociologists who focus on structure as opposed to culture, rationality and constraint as opposed to emotions and agency (Fine 2008: 220). The “negotiated order” approach initiated by scholars from the University of Chicago such as Anselm Strauss and Howard Becker considered how interaction and structure operate within a duality in institutional and organizational settings, with each shaping the other in intimate ways. As Fine (2008: pp. 3-4) argues, the negotiated order perspective in sum argues that all social order consists of patterned events that are negotiated by actors and the structural constraints and historical contingencies of the organization (see also Fine 1984, 1991).

Strauss and colleagues' ethnographic work in psychiatric hospitals provided what might be the most prominent and original work in locating the organizational mechanisms behind interaction, and vice versa (Strauss et al. 1963, 2017 [1964]). One of the hallmark studies of negotiated order is Glaser and Strauss's (1964, 1965) studies of "awareness contexts" in hospital settings. The authors explored the evolution of interactions and the exchange of information between patients who were unaware of the severity (or terminality) of their illness diagnosis and their doctors' knowledge of it. Receiving diagnosis information is context-dependent and relies to a certain extent upon institutional mandates to dictate whether an "open" or "closed" (or "suspicious" or "mutual pretense") awareness context would take place within the doctor-patient relationship. (In the era under study, right-to-know orders regarding terminal illness were not yet imposed, leaving disclosure to the preference of doctors/nurses.) Hospitals provide doctors and nurses (it is the former's responsibility to discuss death, though the latter can partake if they feel comfortable) a "backstage" where they can prepare and strategize in preparation for, to recoup themselves after, or to avoid an uncomfortable interaction ritual (Goffman 1959).

As well, Glaser and Strauss (1964) shone light on other organizational research regarding awareness contexts, considering other sociologists' analyses of interaction. Within face-to-face communication, to understand how "one guesses the other's perception of [their] behavior so as further to direct that behavior oneself," Mead, for example, relied on an "open awareness" context, where for children both parents and subjects of socialization understand each other as "open and cooperative" (p. 673). In contrast, and as I will discuss further below, for Goffman, particularly in *The Presentation of Self in Everyday Life* (1959), the focus is on "closed awareness," where the "audience" of a "performance" is intent on discovering characters' identities. This form of "impression management" is intended as a way of projecting and saving

“face” (Goffman 1967), and during such interaction Goffman’s focus is on how participants create and maintain particular character presentations so as to preserve a consistent portrayal throughout the interface. As Glaser and Strauss (1964: pp. 674-75) point out, Goffman’s (1959) book sections on “team collusion” (pp. 112-120) and the “maintenance of expressive control” (pp. 33-37) reveal this analysis.

In a similar vein to Glaser and Strauss’s (1964, 1965) focus on controlling the presentation of emotions and diagnoses, Hochschild (1979) uses an emotion-management framework to explore the differences between working- and middle-class families’ emotion management tactics during child rearing. As a sociological study of emotions connecting culture with structural constraints (e.g., class) Hochschild explores “feeling rules” and how such are elicited in certain social circumstances, of which Chapter 5 will focus on in the case of psychedelic therapy retreats. Hochschild’s perspective—an argument against Goffman’s “dramaturgical” approach (discussed below—reveals how middle-class members are taught to manage their emotions more than the working-class, and that this perpetuates class-based social stratification. This is because “meaning-making jobs,” which “put more premium on the individual’s capacity to do emotion work,” are more commonplace in the middle class. As well in the “negotiated order” perspective, Gary Allen Fine’s *Kitchens: The Culture of Restaurant Work* (2008), is a deep and detailed account that connects micro-interactions with the structural (e.g., economic) limitations of the restaurant industry. Fine explores the “negotiations” between cooks, their various demands, and the division of labor; the relationship between time and the “microrhythms” of the establishment order; dish preparation and the broader tempos of the working day; relationships and culture between coworkers and the meaning of community; and the aesthetics of food as evaluated by both the producers and consumers. In the latter sense, Fine

explores how restaurant workers in various fashions come to conclusions about “what is possible to create... [within the] structural and historical... conditions of restaurants and public taste” (Fine 2008: 14). Fine’s work is, overall, “an interactionist sociology that takes organizational existence and social structure seriously” (2008: 14).

Overall, while as we can see the symbolic interactionist tradition has brought on the arrival of numerous branches of study within the overarching discipline of sociology (and others), a particular paradigm focuses directly on the ways in which culture and interaction connect with larger, structural dynamics in social circumstances. In the next section, I focus specifically on the work of Erving Goffman to showcase the possibilities inherent in interaction under cultural and structural forces.

2.1.4 Erving Goffman: The Structure of Social Encounters

Erving Goffman’s career lasted multiple decades and resulted in several well-regarded volumes. While his works ranged, and were at times detached in theoretical scope, they remained fairly consistent methodologically and preferred ethnography overall. While he did not refer to himself as situated within the interactionist tradition, his work has roundly been considered as extending that school of thought and of being an offshoot of Durkheim and Mead in several ways. In Goffman’s formative book, *The Presentation of Self in Everyday Life* (1959), he examined interaction rituals framed under the metaphor of the theater. Here, interaction rituals are those forms of sociality that occur during everyday life. In these occasions, Goffman describes participants as “performing” and managing impressions as preconceived characters on the “frontstage” (with the audience present) after “preparing” for such interactions in the

“backstage” (hidden from the audience). The goal during face-to-face encounters is to control the impressions an individual or group of subjects make on others by carefully constructing their emotional expressions and body language during “parts” or “routines” which sometimes include the use of “settings” and “props.”

In this style of analysis, Mead’s influence is always felt in the sense that interaction consists of mutual presence and attention, with both parties exchanging verbal and bodily gestures that depend on prior actions. Yet for Goffman more attention is paid to the situation, or how the “moment” adds a new level of nuance to the dynamic series of presentation and impression management. In other words, it is the situation that requires, and thus constrains, certain forms of presentations: settings and roles are part and parcel to the institution in which the presentations take place, directing participants toward certain lines of performance; once an individual constructs a line of action in view of the audience, they must continue to adhere to the boundaries of such a performance or “lose face” and confront embarrassment. As Goffman writes in the conclusion of *The Presentation of Self*, rather than the book being about theatrical performances, it is “concerned with the structure of social encounters—the structure of those entities in social life that come into being whenever persons enter one another’s immediate physical presence. The key factor in this structure is the maintenance of a single definition of the situation...” (Goffman 1959: 254). In other words, it is up to the participants to keep the “definition of the situation” alive with their performances and defended against intrusions, mishaps, and alternative definitions. A fascinating account of this style is Snow and Anderson’s (1993) study of homeless citizens of a Texas city, where “identity work” was performed as subjects worked on impression management to control how others perceived them.

In *Interaction Ritual* (1967), Goffman extends Durkheim's studies of religion by defining rituals as components of everyday life. While there are of course differences between Durkheim's and Goffman's analytical focus, "differences between the formalities of tribal societies and those of casual encounters among modern acquaintances," writes Collins (1989: 17), what Goffman is pointing to "is that there are certain general processes which construct cognitive realities and moral obligations specific to particular kinds of groups." For Goffman, a "normative order" prevails in ubiquitous forms of sociality. These forms, or "units of interaction," run the gamut: rituals exist whether during "the fleeting facial move an individual can make" in spontaneous face-to-face encounters, or at "week-long conferences... that push to the limit what can be called a social occasion" (Goffman 2017 [1967]: 1). It is this style of analysis—a focus not only on individual verbal and behavioral expressions, but on the *external* circumstances weighing on the interaction—that Goffman posited his famous quote: "Not then, men and their moments. Rather, moments and their men" [sic] (Goffman 1967: 3). "Moments" are defined as existing to some extent in semi-structured encounters, with contextual props adding a layer of complexity to the unraveling of subjects' identity presentations and lines of action. For example, during his examination of the "moral career" of mental patients in *Asylums* (2007), Goffman took to psychiatric hospitals to understand the impact of "institutionalization" on patients' prior social selves. Similarly, in *Stigma* (1986) Goffman focused on how people with "spoiled identities" manage their impressions on others during constraining social circumstances. In these analyses, the situation comes with its own requirements, and participants in the interaction must attend to the situational demands that in some ways they themselves help to create. It is because of this—as I will describe further below in the case of Randall Collins's work—that Goffman defines "ritual": "I use the term 'ritual' because this activity, however

informal and secular, represents a way in which the individual must guard and design the symbolic implications of his acts while in the immediate presence of an object that has a special value for him” (Goffman 1967: 57).

In some ways Goffman’s later work began to move the investigative focus from the microlevel of interaction to meso-level frameworks of interpretation, thus contributing to the burgeoning fields of cultural sociology and sociology of cognition (see Brekhus 2015). In *Frame Analysis* (1974), Goffman explored how cultural context—in the form of symbolic representations and systems of meaning—become embedded in people’s cognitive structures. Rather than suggesting that symbolic objects come to be known and understood strictly through the process of interaction as Mead suggested, Goffman “levels up,” suggesting that people derive basic cognitive “schemata of interpretation” (p. 21) from group-based structures. Here, mental reasoning is the product of symbolic systems that demarcate significance of any sort. In other words, as Goffman writes, “a primary framework is one that is seen as rendering what would otherwise be a meaningless aspect of the scene into something that is meaningful” (Goffman 1974: 21).⁵ While this important work on framing has provided a foundation for numerous forms of social movements scholarship (Benford 1993a, 1993b; Benford & Snow 2000; Johnston 2003; Snow et al. 2011; Powell 2011), more specific to this dissertation is Piet Strydom’s (2007: 350) comment that “given his wide-ranging impact on later developments [Goffman] must surely count as the most central and influential figure in cognitive sociology” (from Brekhus 2015).

Goffman’s theoretical lineage has also provided an important component of the “practice theory” tradition as well. Swidler (2001) suggests that the concept *practice* has myriad uses and

⁵ Goffman’s analysis in this work was inspired by the anthropologist Gregory Bateson. See Bateson (1972: pp. 138-48).

definitions, though describing it as “unconscious, embodied, or habitual action,” which is “contrasted with articulated, conscious ideas” (p. 223). For example, in *The Logic of Practice*, Bourdieu (1990) describes practice as practical and strategic action that, like the concept “habitus” operates largely via unconscious cultural-cognitive structures. In this particular usage, practice can denote an unconscious sense of action based on boundaries between social markedness and unmarkedness, deliberate and automatic cognition. Swidler’s (1986) cultural toolkit theory also draws from this approach, arguing that culture impacts everyday life by offering practical devices people can draw on from their own cultural “repertoire.” The latter provides “strategies of action” in terms of habits and skills being used in relation to structural circumstances (1986, 2001). While not overtly focused on cognition, Swidler’s work does emphasize a type of internalization of externality that plays a role in “culture in action.” The practice theory tradition stemming from Goffman’s work does not only provide a strict focus on individuals but on the routinization of institutions as well. Much of Michel Foucault’s work has grappled with the institutional and scientific logic behind practices that categorize types of human beings and human behavior (1995 [1977], 1978) (Swidler 2001).

Overall, important for the turn to culture and cognition in sociology, we can see how Goffman’s later scholarship moved from a *production of culture* standpoint to the *reception and internalization of culture*—a position broadly related to Durkheim’s work on the production and internalization of culture via religious ceremony. Whereas towards the beginning of his career Goffman, like Durkheim, paid attention to the ways actors’ behaviors are directed by ritual—which circumscribe symbolic objects and provide guidance to acceptable behavior—it was the individuals themselves that were the “sacred objects” of Goffman’s analysis. Yet while Durkheim’s focus was at the largescale, collective representations of society broadly, Goffman’s

were the interactions occurring at the level of everyday life, within social and institutional contexts that direct rituals in certain directions. One of the more recent and far-reaching approaches connecting interaction with social structure is Randall Collins' Interaction Ritual Chains theory.

2.2 Interaction Ritual Chain Theory: Bringing Durkheim, Goffman, and Mead Together

“A theory of interaction ritual is the key to microsociology, and microsociology is the key to much that is larger... If we develop a sufficiently powerful theory on the micro-level, it will unlock some secrets of large-scale macrosociological changes as well”
(Collins 2004: 3).

Throughout this chapter I have been examining scholarship that analyzes the social production of culture. In doing this I first reviewed Durkheim's classic, late work, which considered the emergence of collective moral solidarity through systems of meaning making in religion. I then situated that tradition within the overarching field of symbolic interactionism that focuses on the same output yet at the opposite end of the social scale. Here I focused on classic studies before discussing various scholars who connect the creation of culture at the micro-level back to structural forces, particularly through the “negotiated order” perspective. In the current section I will delve into a more recent theoretical framework—Randall Collins's “interaction ritual chains” (IRC) approach—which, in adopting Durkheim's work on religion and connecting it to the SI tradition through Mead and Goffman, conceptualizes the production, internalization, and dissemination of cultural “chains” from a social-psychological standpoint. As I will highlight in

this section, Collins shows how microsocial forms of intersubjectivity connect with social structure, yet the process by which it does so is through a unique conception of *emotions*.

2.2.1 Interaction Rituals: An Overview from Collins's Perspective

The starting point for Collins is face-to-face communication in *interaction rituals*, which provide the foundation for all social action that is much larger. As described above, whereas it was Durkheim who posited the most well-known description of macro-level rituals in religious contexts, it was Goffman's interpretation of Durkheim through a micro-sociological lens that provides the definition of "ritual" used in interaction ritual chain theory. The term "ritual" has wide usage amongst different schools of thought, such as in anthropology where it represents or mirrors an overarching structure that supports a larger cultural arena (e.g., norms, values, morals)—an approach more analytically like the sociological notion of "structuralism," or of the "code-seeking program" of Levi Strauss (Collins 2004: pp. 25-30). For Collins, the notion of ritual lies in the foundation of symbolic interactionism—face-to-face intersubjectivity—yet Goffman's oeuvre, through the work of Durkheim, addresses several important components.

Firstly, rituals in the IRC tradition necessitate "situational copresence," where humans congregate in physical space. Copresence is a step towards "focused interaction," which allows participants to communicate and entertain what Goffman calls a mutual "definition of the situation" (1959: 254) achieved by reciprocal involvement. Interaction provides a pressure to generate and maintain "social solidarity" through conformity to the situation, Goffman's notion of "deference rituals." Thus, as opposed to Durkheim's level of analysis, particularly in *The Elementary Forms of Religious Life* where collective conscience was described as inherent at the

level of entire societies, Collins, more along the lines of Goffman's analytical focus on "situations," provides "a model of how solidarity and shared symbolism are produced by interaction in small groups" (Collins 2004: 14). In other words, for Collins, collective conscience "can exist in little pockets rather than as one huge sky covering everybody in the society" (Collins 2004: 14-15). The point is not to *begin* with an all-encompassing structure of meaning intertwined throughout a society; it is, rather, to see how meaning is established *situationally* as a *means to* producing structure.

IRC theory posits rituals as having *four ingredients*: group assembly (co-presence of more than one person); boundaries to outsiders (a sense of who is and is not involved); mutual focus of attention (common awareness of an object or activity); and shared mood and/or emotional experience (Collins 2004: pp. 48). Each ingredient operates as feedback for the others, and the latter two—shared attention and mood—bolster one another, like Durkheim's notion of collective effervescence. IRs also produce *four outcomes*: group solidarity, or feeling like a member of the group; emotional energy (EE), or "a feeling of confidence, elation, strength, enthusiasm, and initiative in taking action" (p. 49); symbolic (or "sacred") objects that represent and are revered by the group and its participants, which can be material, verbal, or ideational; feelings of morality or symbolic boundaries surrounding the group and its symbolic objects. Rituals can be either *formal*—as Durkheim has shown with religious, political, or military rituals—or *natural*—in the everyday sense that Goffman studied, such as face-to-face conversations in mental hospitals between staff and patients (2007 [1961]). Like formal rituals, naturalistic rituals vary in style, such as those that fall under the category "lifestyle rituals." For Collins, "Lifestyle rituals in the realm of leisure sociability have been especially important in the modern era, adding new boundaries to the older dimensions of class, religion, and ethnicity, and

often displacing them in the subjective consciousness of modern people with the rituals of situational stratification” (p. 297).

Another important distinction between Collins’ analysis and Goffman and Durkheim’s is the former’s preference for open-ended and free conduct amongst individuals bereft of structural influence—even at the micro level. Whereas Goffman and Durkheim assume to a certain extent sacred objects as pre-constituted, with rituals being a repetition of prior causes, a notion of emergence at the level of the group is left open-ended in Collins’s theory of IRs. As we will see, of course, indeed Collins places much interest on repetition of rituals, as is shown by the interjection of interaction ritual *chains*; but my point here is that the *creation* of cultural forms can be a novel, emergent phenomenon, and rather than debate the notion of structure/agency, micro/macro is preferred, and the latter is deemed the starting point. It is the macro which provides the gateway from “local” forms of interaction to “inter-local connections”: that which transfer symbols and—as we shall see, *emotional energy*—from “local situations into a larger swath of time and space, with the distinction between what is active and what is not” (Collins 2004: 5). To the extent that micro-practices continue beyond the local, it only then becomes necessary to invoke the macro. As I will show in the next section, that which transposes the local into the inter-local is emotions.

2.2.2 *Emotional Energy: The Chains of Interaction*

Rather than speak simply of “agency,” Collins prefers the explanatory power of the human capacity for emotions. Classic sociologists backgrounded emotions in their analyses: Durkheim’s moral solidarity, Parson’s notion of “values,” Weber’s emphasis on “status groups,” and even

Marx and Engels' theories of class conflict (Collins 2004: pp. 103-5). Yet for Collins, emotions are the dynamic and driving force of society. In this sense, aside from Durkheim's work having provided the catalyst for a sociology of knowledge—for example the classic work of Fleck (1979 [1935]) and Mannheim (1936)—for Collins the task is to promote a framework for understanding how knowledge and morality—that is, *ideas* and *symbols* attached to group membership—are socially situated and thus pave the way for a “sociology of emotions capable of explaining the passions of righteousness, retribution, and rebellion, a sociology encompassing both anger and love” (Collins 2004: 12). In other words, in contrast to Durkheim's focus on morality, the “glue” of solidarity and social harmony (as well as the mobilizing force of conflict) is not the division of labor or collective effervescence, but emotions themselves.

Notably, it is the theory of interaction rituals—the foundation of which was provided by Mead and Goffman, as well as Durkheim—that provides the most “fine-grained picture of how emotions are transformed in the process of interaction:

“rituals begin with emotional ingredients (which may be emotions of all sorts); they intensify emotions into the shared excitement that Durkheim called “collective effervescence”; and they produce other sorts of emotions as outcomes (especially moral solidarity, but also sometimes aggressive emotions such as anger). *This puts us in a position to use the flow of emotions across situations as the crucial item in the micro-to-micro linkage that concatenates into macro patterns*” (Collins 2004: 105; emphasis mine).

Thus, as will become clearer below, we have here one of Collins's most standout interventions in not only the social-psychology of personality and behavior, but of a reasoned case for the connecting factors—the *chains*—between micro levels of intersubjectivity and macro patterns of

social relations. For IRC theory, rather than a focus on social structure, interaction at the microlevel is what generates social order. It does so in “transient situations and local groups, which may well be stratified by class, race, gender, or otherwise divided against each other” (p. 105). As long as the mood is more or less common amongst all participants, such a common mood becomes either anticipated or gathered through the focus of members on one another, thus amplifying that mood as participants become entrained and rhythmically engrained (both physiologically and psychologically) in each other.

Notably, Collins distinguishes between “emotion”—an initial ingredient and ephemeral state—and his overarching concept “emotional energy” (EE)—a master resource of motivation, the result of a swelling of emotional harmonization, feelings of solidarity, and attachment to the group and its symbols. IRs can be built out of any emotion, and Collins describes a simple, binary positive-negative model (“joy, elation, enthusiasm, effervescence—in contrast to disappointment, dreariness, and depression”). This “basic psycho-physiological pattern” can be described as a “blend of emotion and cognition” that can be conceptualized simply as “high” and “low” EE (pp. 107). Whether group members “feel sadder in the course of a funeral, more humorous as part of a responsive audience at a comedy show, more convivial during the buildup of a party, more engrossed in a conversation as its rhythms become established,” each model of EE represents a similarity with Durkheim’s notion of “collective effervescence” (Collins 2004: 108).

EE inspires enthusiasm across moments and situations. When rituals are “successful,” they increase EE, resulting in feelings of self-assurance, passion, and initiative; when they “fail,” EE is decreased. Just like high EE provides energy, whether physically or psychologically, and impacts motivation, enthusiasm, initiative, low EE in the form of “sadness or depression is a

motivational force... reducing the level of activity, not only bringing physical listlessness and withdrawal (at its extreme, the avoidance of being awake) but making social interaction passive, foot-dragging, perfunctory” (p. 107). EE also entails what Durkheim (1912/1954) calls “moral sentiment,” and others like Parsons have called “value,” which contains both a “positive” and a “negative” side. While as Durkheim suggested collective effervescence and sacred objects derive honor and respect from members, they also enable a type of symbolic boundaries—inclusion and exclusion—to be drawn. This happens both in terms of *commission*—committing an act either against one’s own or another group’s symbolic objects—or *omission*—failing to honor a symbolic object. The inability to adhere to proper respect for a symbolic object can range from minor irritation to rage, depending on how the moral boundaries have been constructed.

As in the works of Goffman and Garfinkel, the accumulation of IR experiences over time impacts upon emotions, moods, and repertoires that persist over one’s life. It is for this reason that EE becomes connected in “chains,” with symbols, passions, and preferences connected to prior IRs being an important indicator of what happens in future interactions (Collins 2004: pp. 118). Between interactions,” Collins writes, “EE is carried in the individual’s stock of symbols, in the cognitive part of the brain; it is an emotional mapping of the various kinds of interactions that those symbols can be used in, or that can be thought about through symbols” (2004: 118). In other words, as the individual participates within groups and networks with certain cultural affiliations, norms, or values, the EE derived from such experiences is associated as “particularized cultural capital” or “symbolic repertoires” (Collins 2004: 86). As Collins says, “some persons feel full of confidence and initiative in a gathering of professional acquaintances, but not in a sexual situation; some feel confidence in a business negotiation, but not a political one; persons who dominate the center of attention in an intellectual gathering may fade into

shyness at a drinking party” (p. 118). Thus, not only does the theory of EE as chains in interactions get at the foundations of psychological and behavioral constitution, but because of prior IRs, people derive emotional attachments—high EE—so as to make future distinctions between IRs they want to experience in the future and those they do not. As I will show in the next section, it is this internalization of symbolic objects via social affiliations that enables Collins—like his predecessors—to map out a sociological theory of thinking.

2.2.3 Internalized Symbols: A Social Psychology of Selfhood

If biographies are shaped by one’s prior IRs then thinking is no different, and it is through conceptualizing thinking as a micro-social process that Collins continues his effort to “dynamize Durkheim” from a “static sociology of knowledge” and an “abstract model... of the inner structure of the self” to a more refined explanation of how thinking is conditioned by sociality. The overall point is to better grasp how social conditioning might direct thinking towards one type instead of another. To do so, Collins reflects on, yet ultimately moves away from Mead’s understanding of internal conversation and the Generalized Other. Like Mead’s notion of childhood socialization positing the construction of selfhood through a reflection on interactions with others, in Collins’s model the orienting factor is prior IRs—the buildup of EE and symbolic objects.

As described above, it is the buildup and transmission of EE and sacred objects that are the heart of IR chains as they become internalized by participants and thus persist and expand throughout space and time. As rituals provide the foundation for the *first-order creation* of symbols, it is in subsequent interactions where *second-order circulation* of symbols takes

place—whether through action, ideas, or conversation. Finally, then, *third-order circulation* of symbols takes place in the minds of IR participants, where psychological and behavioral repertoires derived from collective effervescence takes place in the “solitary rituals” of the mind. As Collins writes, “Conversation is interaction ritual, charging up symbols with membership significance; thought is internalized conversation, flowing on the EE charges that symbols have at a particular moment in time” (Collins 2004: 183). Conversation, whether with another or with oneself in the form of thought, rests upon the prior storage of symbolic objects and EE one has built up in prior IRs. Another way of saying this is that affiliations with certain groups—forms of knowledge, sacred objects, and solidarity as Durkheim showed; styles of presentation and the dictates of “situations” as Goffman described—directs one’s trajectory, not only physically and emotionally, but psychologically as well.

Of course, there are differences between external and internal conversation: whereas the former is in most circumstances responding to the demands of the environment, such as Goffman argued (1959, 2017), internal conversation takes place more-or-less unrestrained. Yet that is not to suggest that thinking itself is unanchored. As Collins writes, “internal conversations are not unbounded or random but have a shape that resembles IR chains. Thinking always takes place in some situation in time, and thus is surrounded by overt IR chains, which both set the starting point for internal thinking, and supply its symbolic and emotional ingredients” (Collins 2004: 184). Thus, as we can see Collins’s IRC theory is “a full-scale social psychology, not only of emotions and situational behavior, but of cognition.” In other words, internal and external lives are impacted by culture, and we not only *embody* culture—as I pointed out in the section on cultural capital—but *internalize and present* it in future chains as well.

2.2.4 The Significance of Interaction Ritual Chains for General Sociological Theory

Interaction Ritual Chain theory has import in that it intervenes in a variety of important sociological questions. Firstly, as stated above the theory responds to the same question confronting Durkheim's work: What holds society together? For Collins, rituals—intense or subtle, hierarchically stratified or horizontally equitable, successful or unsuccessful—exist throughout society like little “pockets of solidarity” (2004: 41). Additionally, as IRC theory provides analyses of solidarity on equitable grounds, it just as well offers tools to analyze social stratification and group conflict. In various social settings some groups, or some group members, hold more resources than others, and are thus better equipped to generate and keep up the prominence of their rituals or symbolic objects. In such stratified rituals, some group members, or interactants external to the group, hold higher amounts of esteem or resources from others, and can use reserves to slight others without opprobrium, or to derive “more impressive symbols and fill their members with more emotional energy.” As Collins writes:

“conflict is not the primordial condition of social life, a Hobbesian war of all against all, but is analytically derivative of social solidarity. That is to say, effective conflict is not really possible without the mechanisms of social ritual, which generate the alliances and the energies of the partisans, as well as their most effective weapons in dominating others” (2004: 41-42).

In this sense, rituals are key aspects of social life that both contribute to solidarity yet undermine it as well.

Additionally, in its ability to produce an analytical lens for understanding “mechanisms of change,” IRC theory is dynamic, rather than some of the styles of sociological theory Collins

critiques as being static (c.f., Bourdieu 1984). “As long as there are potential occasions for mobilization,” Collins writes, “there is the possibility for sudden and abrupt periods of change” (p. 43). Similar to the way in which Durkheim showed how moral principles are established in rituals, a change in rituals equals a change in the structure of morality. Because of this, Collins suggests that IRC theory “mediates between postmodernist and similar theories that posit ubiquitous situational flux of meanings and identities, and a culturalist view that fixed scripts or repertoires are repeatedly called upon” (2004: 43). Lastly, as I have shown in the section above, IRC theory provides a unique social psychology of individual biography and personality. This is the central feature of Collins’s work: that within shared moments of focus and communication, emotional energy—drive—and cognitive symbols—cultural wherewithal—results in participants feeling a sense of “confidence, enthusiasm, and desire for action in what they consider to be a morally proper path” (2004: 42). Collins’ account deserves to be quoted at length here:

“These are the events that we remember, that give meaning to our personal biographies, and sometimes to obsessive attempts to repeat them: whether participating in some great collective event such as a big political demonstration; or as spectator at some storied moment of popular entertainment or sports; or a personal encounter ranging from a sexual experience, to a strongly bonding friendly exchange, to a humiliating insult; the social atmosphere of an alcohol binge, a drug high, or a gambling victory; a bitter argument or an occasion of violence. Where these moments have a high degree of focused awareness and a peak of shared emotion, these personal experiences, too, can be crystalized in personal symbols, and kept alive in symbolic replays for greater or lesser expanses of one’s life. These are the significant formative experiences that shape

individuals; if the patterns endure, we are apt to call them personalities; if we disapprove of them we call them addictions.” (p. 43).

Conclusion

In this chapter I have ventured to highlight the roots of Interaction Ritual Chain Theory. I began with an overview of Durkheim’s studies of religion as the foundation of a cultural sociology. I then took a turn towards the work of George Herbert Mead and the symbolic interactionist tradition. Here, I described the self as object and as comprised through interaction. In the next two sections, I built upon this framework by dissecting notable interactionist studies that prioritize a structural analysis of interactions—organizational culture, negotiated order, and Goffman’s approach to self-construction and presentation in “situations.” The aforementioned research and frameworks were relied upon in order to proffer a deeper understanding of the roots of Collins’s *Interaction Ritual Chains* (2004). It is here the work of Durkheim, Mead, and Goffman come together for an all-encompassing, general social-psychological and cognitive theory of behavior and selfhood. This theory—and adjacent scholarship from the interactionist tradition in general—will be relied upon heavily throughout the rest of the dissertation, not only in understanding interaction rituals, culture, self, and self-transformation, but drug use, the cultural structure of a psychedelic therapy culture, and a theory of self-transformation collectively via EE and social connectedness.

CHAPTER 3: THE SOCIAL AND CULTURAL CONTEXTS OF DRUG USE AND EXPERIENCES

3.1 The Social and Subcultural Bases of Drug Use and Addiction

One of the hallmarks of sociology is to study and explain (and perhaps predict) human social behavior. Drug use, while historically framed as outside the context of society by disciplines such as neuroscience, psychiatry, psychology, medicine, and even criminology, is always situated in sociocultural, political, and historical phenomena, making it, importantly, within the purview of social scientists (Miller & Miller 2014). The general focus of a sociology of drug use, writes Goode (2007), “is on what makes drug use a specifically social activity, how socialization, culture, social interaction, social inequality, deviance, and group membership play a central role in the use of psychoactive substances; what people do under the influence; and what societies do about the control of—or why they tolerate or accept—drug use and distribution” (p. 415-16). As we will see in this broad review chapter, understanding the social context of drug use is an important topic, and entails many distinct approaches, methods, and perspectives.

As Carl Hart (2021) has shown, in any given year, thirty million Americans report routinely ingesting illicit drugs. As well, hundreds of thousands of drug users are also arrested yearly, all in an idiosyncratic attempt to experience pleasure or in pursuit of happiness. While in this chapter I refer to “drugs,” “drug use,” and “drug experiences,” I use these broad terms in the

name of brevity; it is clear that not all drugs have the same impact on physiological functioning. It is also clear that not all drugs carry the same addictive, or toxic, properties. For example, drugs like the classic psychedelics—e.g., psilocybin (which is the focus of this dissertation), LSD (lysergic acid diethylamide), DMT (dimethyltryptamine), and mescaline (the psychoactive component of peyote)—have little toxic or addictive properties, unlike many other routinely ingested substances. While arguments can be made that drugs vary in their addictive properties—that is, physiologically or psychologically—the term “addiction” is often used loosely (Hart 2021). In the most recent (5th edition) of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, a person is described as “addicted” when they become distressed by their drug use. In contrast, Hart (2021) defines addiction as the moment “when important life functions, such as parenting, work, and intimate relationships” are disrupted, when attempts to stop are unsuccessful, or where tolerance or withdrawal symptoms become problematic (p. 18; epub). In other words, repeated use of a substance does not simply result in “addiction.” As Hart argues, “[s]eventy percent or more of drug users—whether they use alcohol, cocaine, prescription medications, or other drugs—do *not* meet the criteria for drug addiction. Indeed, research shows repeatedly that using this definition, addiction affects 10 to 30 percent of those who use even the most stigmatized drugs, such as heroin and methamphetamine” (Hart 2021: 20; epub).

In this chapter, the focus is primarily on marijuana, LSD, and psilocybin, and the purpose is to understand the way in which drug use and drug *experiences* are intimately connected to social relations. While I recognize the existence of biomedical frameworks on addiction and drug use (Weinberg 2011), this dissertation foregrounds a sociological framework—and in addition, in this chapter a brief focus on criminological perspectives—for drug use and experiences. As

described below, one of the ways I argue against a purely biochemical perspective (described as “pharmacological essentialism” or a “chemicalistic” fallacy) is by using the case of Moral Panic theory as a foil. The ultimate point of this chapter, therefore, is not only to review literature from various disciplinary foci on the social bases of drug use *and* drug experiences, or to evaluate the necessity of using qualitative research methods in “naturalistic” drug use settings, but to provide a foundation for later chapters in understanding the importance of sociocultural contexts of psychedelic culture and psychedelic-assisted therapy.

3.1.1 The Chicago School: Early Studies on the Social Contexts of Drug Use and Addiction

The first systematic research on drugs in sociology came in the first half of the 20th century from the University of Chicago. Historically situated on the back of prohibition and other Protestant principles, the common perspective of the era held drug use as not only an aberration from the norms and values of polite society, but as dangerous, addictive, and criminal. It was, in other words, a viewpoint based on “moralistic rather than scientific” criteria (Lindesmith 1938: 593). The period's values were also reflected in the then in vogue social scientific research at the time, predominantly macro-structural frameworks with a focus on deviancy and crime in urban areas. A distinct feature of Chicago's sociology department was a new and evolving “ecological” theory of urbanization, explaining the growth of cities and the attendant social disarray—e.g., deviance, crime, poverty—brought to cities by processes of industrialization. The most prominent example of this scholarship is Park, Burgess, and McKenzie's *The City* (1925). Here, Chicago was delineated as expanding outward from the urban center, and it was posited that as growth continued, distinct ecological niches (framed as concentric circles surrounding the core of the city) would follow. Bingham Dai and Alfred Lindesmith, the early sociologists to

specifically analyze drug use—namely, opiate addiction—as a social phenomenon, were inspired by the moment's structural approach to deviant behavior in urban settings.

Dai's *Opium Addiction in Chicago* (1970 [1937]) was the first sociological study of this kind, not simply due to its analysis of drug addiction, but for its critique of the then current essentializing “pathology orientation” to drug addiction. In this work, Dai argued against prevailing psychological analyses focusing on character predispositions, stating instead that neighborhood disorganization, high levels of crime, and a lack of social connection (“primary group associations”) created an environment that supported people’s decision to engage in criminal activity, of which drug use was but one type. Living amongst conditions of elevated concentrations of “family disorganization, crime, vice, alcoholism, insanity and suicide” (Dai 1970: 198), addicts, Dai argued, were the victims of unfortunate social conditions. As Goode (2007) writes, rather than suggest that drug users/addicts were pathological—that “[e]ither the drug created out of whole cloth a new and fearsome creature, impelling the user against his or her will to engage in behavior totally alien and uncharacteristic, or users were psychopaths, their consumption of psychoactive substances a manifestation of their abnormal personalities” (p. 418)—instead drug users were simply those that fell on hard times. Otherwise, they were normally functioning persons—“people just like ourselves” (Pfohl 1994: 209); from Good 2007: 416). Dai’s informative work on social disorganization and the roots of deviancy was influential to the later *conflict theory* of drug use and addiction. While the ecological perspective of crime and deviancy provided an important frame for understanding the “spatial distribution of crime and drug use” (Allen 2016: 39), at the same time it operated analytically as a form of social determinism, positing disadvantaged citizens as passive recipients of structural circumstances.

Following in his colleague's footsteps, Lindesmith's *Opiate Addiction* (1947; see also Lindesmith 2008) substituted the social disorganization approach for a more interactionist framework. Here, the focus was on addicts' personal experiences of opiate use and addiction. Pleasure, tolerance, physical dependence, withdrawal symptoms—all were studied as both biological *and* sociological events. Factors related to *social control* (e.g., incarceration, lack of money, difficulty finding drugs due to legislation) as well as *self-control* (e.g., failed attempts at self-restraint) helped explain why and how addicts personally deal with discontinued drug use that leads to withdrawal. Notable was Lindesmith's reference to the burgeoning area of symbolic interactionism unfolding via G. H. Mead in Chicago's Sociology Department: "physiological effects of the drug," Lindesmith writes, are always understood through the lens of "significant symbols" as described by Mead, or "collective representations" as referred to by Durkheim" (Lindesmith 1938: 607). Certain kinds of drug use, therefore, and even drug experiences and withdrawal symptoms, are understood through intersubjectivity—a novel and, as we will find, prescient argument for the era.

In summary, these two scholars were renowned in providing an early social scientific orientation to drug use—namely opiates—that was more nuanced in its explanatory approach and provided evidence to the social bases of drug use/addiction. Rather than presenting these matters as purely genetic or psychological dispositions, drug use was explained as rooted in social forces. For Dai, drug use and addiction were the product of a dysfunctional social environment; for Lindesmith, addicts became trapped in pharmacological dependence *due to* social-structural forces thwarting their procurance of drugs—a type of goals-means discrepancy. Of particular importance in this section, as will be continued in the next section, is that of exploring the complex nature of drug use within *naturalistic* settings, which require qualitative

methods and micro-sociological analyses, particularly the style of research necessitated by social psychology and symbolic interactionist frameworks—the foundational methods and theoretical frameworks of this dissertation.

3.1.2 Naturalistic Studies of Drug Use: Interactionism, Criminology, and “New” Deviancy Theories

As we have seen in Chapter 2, the Chicago School’s emphasis on symbolic interactionism prefaces methodological strategies that can derive intimate knowledge of natural social settings. In this tradition, larger structuralist frameworks like the early ecological perspective are eschewed for in-depth, subjectivist interpretations (Max Weber’s notion of *verstehen*) of personal and social experiences. As Allen (2016: 41) writes, “symbolic interactionists reject societal determinism and contend that social structure can only be admissible insofar as it enters into interpretations of actors who pursue purposes as emotionally charged human beings in local social situations.” Commenting on empirical, micro-level frameworks, Summers-Effler (2010) puts this point nicely, stating that “when we select a position from which to observe, we are ruling out the capacity to see certain aspects that are necessarily relevant to what is going on” (p. 198). As we will see, qualitative methods like in-depth interviews and ethnography are used more widely in this tradition, generating a sociology that offers deep, first-hand understanding of the personal and social milieu of drug users—the type of viewpoint showcased in the autoethnographic component of this research on psychedelic therapy retreats.

In 1953, Howard Becker, prominent Chicago School sociologist, began a leading series of articles on the social bases of drug use from this perspective. As a semi-professional jazz

musician playing music in the city, Becker himself was a member of a marijuana-using subculture of artists and musicians. Such personal experiences put Becker at odds with the then dominant drug-use-as-deviant approach held by mainstream society and by many academics. Informed by Mead's symbolic interactionism, Becker wrote an article titled "Becoming a Marihuana User" (1953) that theorized how drug users "contend with powerful forces of *social control* that make the act [of drug use] seem inexpedient, immoral, or both" (1953: 59; italics added). In other words, Becker showed how subcultural members of a drug-using group—and other social "outsiders" (Becker 1963)—diffused the social forces (e.g., labels, stigma) that pressured adherence to dominant social mores and projected drug use as shameful or sinful. When subjects interact with and learn about drug use via subcultural groups—groups "whose own culture and social controls operate at cross-purpose to those of the larger society" (1963: 67-68)—they also learn how, in *breaking* some rules, to *enforce* their own group's rules. Becker thus argued that rather than passive in the face of structural forces, people *learn* to "get high" via processes of socialization: "No one becomes a user without (1) learning to smoke the drug in a way which will produce real effects; (2) learning to recognize the effects and connect them with drug use (learning, in other words, to get high); and (3) learning to enjoy the sensations he perceives" (Becker 1953: 242). It is, in other words, the user's conception of a drug and of drug use—which is learned through social interaction—that makes it possible that a non-user will become a user, and that a user will enjoy the experience of the drug. From the Meadian framework, we can see how drugs and drug use are symbolic objects that are known and characterized through interaction. The same goes for this research project, as we will find in later chapters, whereby sufferers of chronic trauma and mental distress *learn* via sociocultural

phenomena that psychedelic therapy might be helpful for them in alleviating distress, and then attend a *guided* retreat where they are *taught* to use psychedelics for therapeutic purposes.

Social control theory—rooted in a structural-functionalist framework—was originally prominent in criminology. The argument is that attachment (e.g., personal bonds) to conventional society (e.g., people, values, morals, institutions) is what accounts for law-abiding conduct. Conformity to social norms and values, therefore, provides an incentive for certain types of “acceptable” social behavior (Bahr & Hoffman 2015: 201-02). Those less attracted or connected to normative and legal lifestyles, it is argued, are more likely to engage in deviant behavior (Goode 2007: 419). Further studies have shown other processes by which drug users also learn how to negotiate “moral ambivalence” about their identities as outcasts (Shiner & Winstock 2015). For example, as Becker wrote about marijuana, “In the course of further experience in drug-using groups, the novice acquires a series of rationalizations and justifications with which he may answer objections to occasional use if he decides to engage it. If he should himself raise the objections of conventional morality he finds ready answers available in the folklore of marihuana-using groups” (Becker 1963: 74; taken from Shiner & Winstock 2015: 2). Here, subcultural groups—or communities of psychedelic therapy users—proffer cultural descriptions of and rationalizations for drug use.

Becker’s work in the symbolic interactionist and ethnographic traditions helped propel future studies in what Shiner (2009) calls “new” deviancy theories. Weinberg (2011) argues that this was in large part due to sociologists moving away from what David Matza (1969) dubbed in *Becoming Deviant* the “correctional” framework found in classic functionalist perspectives on drug use (Weinberg 2011: 302-03). Rather, “new” deviancy theorists “rejected their allocated role as assistants in the quest to free society from ‘troublesome activities’ and dismissed the idea

that there was a distinct, unambiguously deviant, minority whose behaviour could be explained as a result of individual pathology or social dysfunction” (Shiner 2009: 15). Notably, as researchers got closer to the “action” of subcultural groups—through qualitative methods in naturalistic settings—it became less plausible to portray drug use as simply deviant and as leading to the downfall of the individual or society (Weinberg 2011: 302-03). As Sykes and Matza have shown, those who engage in “deviancy” do not simply live on the margins of society and find themselves living outside social pressures to conform to the dominant order. Instead, they engage in “neutralization techniques,” whereby the dominant society’s perception of nonconventional norms is evaded through rationalization (Sykes & Matza 1957, 2018). This happens, for example, when stigma becomes neutralized through interaction with a group (Room 2005). It is for these reasons that some sociologists have argued that there has been a “death” of the sociology of deviance (Bendle 1999).

3.1.3 Self and Self-Transformation in Drug Use, Abuse, and Recovery

Other important aspects of qualitative research on drug use in naturalistic settings consists of the social construction of drug-using identity as rooted in cultural practices. Ray’s (1961) ethnographic study of heroin users is a renowned exhibition of the usefulness of qualitative methods in drug-using cultures. Studying drug relapse experiences from an SI perspective, Ray found that addicts’ decisions to engage in abstinence propelled a fluctuation between using and non-using identities. Users are steeped in a “social world of addiction [which] contains a loose system of organizational and cultural elements, including a specific language or argot, certain artifacts, a commodity market and pricing system, a system of stratification, and ethical codes” (Ray 1961: 133). Users also incur a status and identity both from their immediate social group

and from the larger society which contains structural (e.g., federal and local laws) and cultural symbols (e.g., stereotypes). Under abstention, the two identities clash: that of the addict's, which is in relationship to the norms, values, and statuses of the addicted group, and that of the abstainer's, those identity characteristics and relationships to the outside world that are desired but only attained through the non-using self. "In the period following physical withdrawal from heroin, the addict attempts to enact a new social reality which coincides with his desired self-image as an abstainer, and he seeks ratification of his new identity from others in the situations he faces" (Ray 1961: 140). Yet, just as the user can conceive of a new identity by interaction with those on the outside of drug-using groups, interactions with those inside the group can cause abstention to fail. "The abstainer's realignment of his values with those of the world of addiction results in the redefinition of self as an addict and has as a consequence the actions necessary to relapse" (Ray 1961: 140).

In his ethnography of an Alcoholics Anonymous (A.A.) group in *The Alcoholic Society* (1993 [1987]), Denzin also explores the social psychology of self-construction from an SI framework. Denzin argues that in pursuit of clientele's sobriety, A.A.'s purpose is the reconstruction of the self in light of the goals, values, and morals of the group. "Not only does he or she become sober, but a new language of self is acquired, as are a new set of meanings concerning alcohol, alcoholism, alcoholics, and the drinking act" (Denzin 1993: 154). Denzin argues that the process of refurbishing a new—recovered—self happens through the three stages of socialization into A.A.: the *preparatory stage*, where the individual "imitates and mimics the words, actions, and feelings of other A.A. members;" the *interactional stage*, where the individual "learns how to take the attitudes of specific A.A. members;" and the *participatory stage*, where "the individual learns to take the attitudes of the A.A. group as a collectivity"—that

is, where a “generalized A.A. attitude is learned” (Denzin 1993: 314). A notable insight Denzin makes, a la Durkheim and Goffman’s works, is that the self becomes sacralized through ritual and the collective structures of the group.

“The self that is recaptured in A.A. is a sacred, ritual self. It is a self that flows out of and into the A.A. group. Its moral significance lies in its symbolic capacity to activate and stand for the fundamental principles of sobriety and anonymity that A.A. values. This moral self thus becomes a god (Goffman 1967). But it is not an isolated god; it is an intersubjectively produced, sacred, social object. Each A.A. self thus symbolizes the totality of the A.A. experience. For in each sober self lies the residues of the A.A. past that holds this society of recovering selves together” (Denzin 1993: 357).

Overall, Denzin shows how members, through various ways, “fit” themselves “into the taken-for-granted meaning structures of the A.A. cultural structure” (p. 357-58).

In another instance of social behavior and drug use studied ethnographically, Dunlap et al. (2002) shows how behavioral and psychological repertoires are transmitted intergenerationally via intersubjectivity in family households. Because low-income neighborhoods are disconnected from “mainstream society,” the authors argue, they mirror in some ways what Goffman calls a “total institution” and can perpetuate subcultural practices. In a study of four generations of women, Dunlap et al. argue that young girls are socialized “to accept violent physical and sexual assault, substance abuse and sales, and unstable households as the effective conduct norms in their households while growing up” (2002: 17). As is expected from the symbolic interactionist perspective, the emphasis here is less on “objective” circumstances and more towards “subjective” experiences in promoting identity characteristics.

In summary, many of these sociological and criminological studies have utilized symbolic interactionist frameworks and qualitative methods to become better acquainted with processes of socialization and self-construction via intersubjectivity in the naturalistic settings of drug use, addiction, and recovery. These traditions have expanded the social scientific knowledgebase of social behavior, and in particular drug use, as a product of group cultural practices and learning. Qualitative, micro-sociological approaches to analyzing drug use are distinct from prior structural functionalist studies in that they are more sensitive to membership and meaning making in groups while paying less attention to abstract, macro-level social forces and structural arrangements. Whereas the focus of this section has been on the ways behavior and self-concept come about through group membership and interaction, in the next section I explore how cultural affiliation shapes not only who uses drugs and how, but the ways drug *effects* become categorized and experienced. As we will see, despite prominent neurological and pharmacological paradigms, questions of drug effects and experiences are largely sociological undertakings, for as Durkheim has shown, and as Denzin has expressed, it is important to “locate emotion, feeling, meaning, and selves in a collective structure of experience... in a structure outside the individual” (Denzin 1993: 208).

3.2 The Social Bases of Drug Effects and Experiences

As we have seen thus far, since the 1920s, distinct disciplinary and epistemological frameworks have been used to engage in the scientific study of drug use as a complex sociocultural phenomenon. Early studies suggested that drug use was a form of deviancy that existed alongside social disorganization. Then, qualitative methods of naturalistic drug settings detailed the nuances of how culture and intersubjectivity impact the social psychology of drug users (e.g.,

neutralization techniques, self-concept, recovery and withdrawal experiences, etc.). In this section, which is important for this research overall, I show how sociocultural relations impact not simply drug use, but drug *experiences*—that is, the categorization, effects, and phenomenological experience of drugs. Before exploring the sociology of drug experiences, however, it will be necessary to first understand drugs from the opposite perspective: a non-sociocultural, or biochemical, standpoint. Here, the research question is: *What happens when drugs are understood, simply, as chemical substances that exist outside social relations and cause changes in physiology or psychology?* I use the theory of *moral panic* over drug use as an example of what happens when drugs are seen through the lens of what Goode (1972) calls the “*chemicalistic fallacy*—the view that drug A causes behavior X, that what we see as behavior and effects associated with a given drug are largely (or even solely) a function of the *biochemical* properties of that drug, of the drug plus the human animal, or even of the drug plus a human organism with a certain character structure” (Goode 1972). By describing the sociocultural bases of drug effects and experiences *through* the opposite perspective—the pure biochemical lens—it will become clearer below (and specifically in the later chapters) just how important social context is in drug use generally and in drug experiences—that is, the use of psychedelic consciousness for therapeutic purposes—specifically. As this dissertation finds, and as I will highlight later, intersubjectivity, broadly conceived, is a highly significant factor in psychedelic therapy, which biochemical analyses alone cannot explain. It is therefore important to quickly review the ways in which social dynamics contribute to myriad aspects of drug use, specifically drug effects, experiences, and their outcomes. To do so, I first turn to the consequences of the chemicalistic fallacy.

3.2.1 Moral Panic Theory: The Consequences of the Chemicalistic Fallacy and the Necessity of Considering Sociocultural Contexts of Drug Effects

In *Folk Devils and Moral Panics* (2011 [1972]), Stanley Cohen describes the practices by which persons, episodes throughout history, or social phenomena become defined as a major risk to established morals, values, or interests. In the opening line of his book, Cohen writes:

“Societies appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight” (Cohen 2011 [1972]: 1).

While comprised of an ethnography originally focused on the 1960s battles between the Mods and the Rockers—two English youth subcultures—subsequent social phenomena have been studied empirically under the framework of moral panic theory. One of the most prominent and consistent examples in recent history are the different iterations of the “drug problem” (Goode 2008; Goode & Ben-Yahuda 2009; Giffort 2020; cf. Cornwell & Lidders 2002). Here, marijuana will be considered as an example.

Marijuana has been used for thousands of years and is contemporarily becoming increasingly legalized or decriminalized across much of the United States and Canada. Yet in the

early twentieth century, drug users in general, and marijuana users in particular, were painted as immoral deviants who, it was argued, were likely to become violent and insane under its effects (Good & Ben-Yahuda 2009: 199). Harry Anslinger—Commissioner of the Federal Bureau of Narcotics throughout the 30s, a widely cited journalist receiving support from media mogul William Randolph Hearst, and a “moral entrepreneur” (Becker 1963)—played a large role in this framing. To use a characteristic example, Anslinger, responding to a horrific incident in 1933 where a mentally disturbed and dangerous 21-year-old named Victor Licata used an axe to murder his family (Perkins 2014), Anslinger wrote in *American Magazine*:

“An entire family was murdered by a youthful [marihuana] addict in Florida. When officers arrived at the home they found the youth staggering about in a human slaughterhouse. With an ax he had killed his father, mother, two brothers, and a sister. He seemed to be in a daze. ... He had no recollection of having committed the multiple crime. The officers knew him ordinarily as a sane, rather quiet young man; now he was pitifully crazed. They sought the reason. The boy said he had been in the habit of smoking something which youthful friends called "muggles," a childish name for marihuana. (Anslinger, with Courtney Ryley Cooper, "Marihuana: Assassin of Youth," *American Magazine*, CXXIV, July, 1937, 19, 150; From Becker 1963: 150).

Two important components of this paragraph are important to dissect. Most notable for the purpose of this chapter is the way in which the drug and its users are described. In the same article, the authors write: “Addicts [of marijuana] may often develop a delirious rage during which they are temporarily and violently insane... [and] may take the form of a desire for self-destruction or a persecution complex to be satisfied only by the commission of some heinous crime” (Anslinger & Cooper, 1937: 150; cited in Goode & Ben-Yahuda 2009: 199-200). Here, as

discussed above, the argument is that “drug X causes behavior A.” Secondly, it was never mentioned that the young man had a history of mental illness prior to the gruesome killings, enabling the blame to be placed singularly upon the substance ingested. This portrayal of marijuana, and of marijuana users, was not an isolated incident.

In an analysis of articles published on marijuana use in magazines from 1935 to 1940, Himmelstein (1983: 60-7) found that 95 percent specified the substance as “dangerous,” and 73 percent stated that moderate use is impossible (from Goode & Ben-Yahuda 2009: 199-200). “In short,” Himmelstein (1983: 65) writes,

“nearly every effect imputed to marihuana was also linked to violence and was interpreted in its light. Insanity, destruction of the will, suggestibility, distortions of perception, and alterations of consciousness all carried the connotations of violence and crime. The image of the violent criminal tied these disparate effects together and gave them coherence” (cited in Goode & Ben-Yahuda 2009: 199-200).

While this characterization remained consistent throughout much of the 1940s and 50s, the fervor eventually calmed down for a short period before it was reinvigorated during the 1960s. Yet distinct from the prior era’s depiction of marijuana as creating dangerous and violent tendencies, in the new era the illustration of marijuana users in the media was of drop-outs, hippies, and wayward pleasure-seekers (Himmelstein 1983: 121-36). In a separate instance, in 1971 Dr. Wesley Hall, recently elected president of the American Medical Association, was quoted as saying that the effects of marijuana caused a reduced sex drive and birth defects. Afterward, Hall’s remarks were quoted in the media, yet were apparently overstated. Upon receiving word regarding the media’s misreporting, Hall remarked that the negative publicity

over marijuana, though incorrectly magnified, was beneficial in the long run. On being misquoted, Dr. Hall remarked:

“I don’t mind... if this can do some good in waking people up to the fact that, by jingo, whether we like to face it or not, our campuses are going to pot, both literally and figuratively.... If we don't wake up in this country to the fact that every college campus and high school has a problem with drug addiction, we're going down the drain not only with respect to morality, but... the type of system we're going to have (Drugs and Drug Abuse Education Newsletter 1971, pp. 6, 7) (from Goode 1972).

Articles like those covering Victor Licata’s murders, alleging the harmful, destructive features of marijuana, were repeated often. Not only were such broadcasts “designed to arouse the public to the dangers of marihuana,” but they were, Becker writes, “the same values that had been appealed to in the course of the quest for legislation prohibiting use of alcohol and opiates for illicit purposes” (Becker 1963: 150). In other words, the moral panic over marijuana carried with it the same dramatization over other drugs in prior periods.

A similar instance of moral panic unfolded over the use of psychedelic drugs in the 1960s, most specifically of which was the emphasis on LSD. Like the marijuana examples, the controversies were disproportional to the actual physical threats of psychedelics. For example, in 1966 the chair of the New Jersey Narcotic Drug Study Commission claimed that LSD was “the greatest threat facing the country today,” and that it was “more dangerous than the Vietnam war” (Brecher et al. 1972: 369; cited in Goode 2008: 539). In 1966, a *Time* magazine article read:

“Under the influence of LSD, nonswimmers think they can swim, and others think they can fly. One young man tried to stop a car... and was killed. A magazine salesman

became convinced that he was the Messiah. A college dropout committed suicide by slashing his arm and bleeding to death in a field of lilies” (Goode & Ben-Yehuda 2009: 202).

In the same year, *Life* magazine ran a cover story on March 25th titled “The Exploding Threat of the Mind Drug That Got Out of Control” (Goode & Ben-Yahuda 2009: 202).

The scientific establishment had its own controversial takes. In 1967, the journal *Science* published an article alleging that LSD causes chromosomal damage. Later, other scientific publications highlighted similar results focusing on the harmful effects of LSD on biological processes. For example, on different occasions it was claimed that LSD causes genetic damage, is carcinogenic, or causes malformation of embryos or fetuses (Dishotsky et al. 1971). The media picked up on these studies and amplified their messages. News editorials wrote that LSD damaged offspring and contributed to birth defects. In an article by the *Saturday Evening Post*, it was written that, “If you take LSD even once, your children may be born malformed or retarded” (Davidson 1967: pp. 19-22; cited in Giffort 2020: 106). Despite the myriad studies published on the negative impacts of LSD on biological functioning,⁶ all were subsequently proven inaccurate (Dishotsky et al. 1971).⁷ As Goode and Ben-Yehuda write of the era: “Psychic terror, uncontrollable impulses, unconcern for one’s own safety, psychotic episodes, delusions, illusions, hallucinations, and impulses leading to self-destruction: these formed the fare of the early articles on the use of LSD” (2009: 202). As the 20th century unfolded, moral panics around

⁶ For more research on the negative reactions of LSD, see: Cohen, S., 1966. Lysergic acid diethylamide: side effects and complications. *J. Nerv. Ment. Dis.* 130, 30/40; Cohen, S., 1966. A classification of LSD complications. *Psychosomatics* VII, 182/186.; Cohen, S., Ditman, K.S., 1963. Prolonged adverse reaction to lysergic acid diethylamide. *Arch. Gen. Psychiatry* 8, 475/480.; Robbins, E., Frosch, W.A., Stern, M., 1967. Further observations on untoward reactions to LSD. *Am. J. Psychiatry* 124, 393/395.

⁷ For an overview of the era’s most popular magazines’ depictions of LSD experiences, see Siff’s *Acid Hype* (2015: pp. 50-60).

drug use shifted to PCP in the 1970s and crack cocaine in the 1980s (Good & Ben-Yehuda 2009).

3.2.2 A Sociological Explanation of Moral Panics over Drug Use: Refuting the Chemicalistic Fallacy and Highlighting the Importance of Sociocultural Factors in Drug Experiences

Drugs are physical substances, and intoxication is a physiological and psychological state. But the meaning of a given drug to the people who use it, even the experience of the drug itself, differs considerably from one society, one sector, one group, even one moment in time to another. That meaning is not preordained in nature; it is constructed—and not by wholly free human beings, but rather by people with specific opportunities, desires and limits, operating in and among specific institutions (Todd Gitlin, in Siff 2015: 9).

How exactly do moral panics arise? How do claims makers derive their legitimacy? And to what extent are the public swayed by their stories? Cohen's (2011) argument is that media, driven by profit incentives and operating as a form of social control, persuade the public—and subsequently the police and politicians—that deeply held values and morals are being tested, and that those institutions and the collective conscience in general are under threat. A slightly alternative argument is that actors who amplify the actual threat of the panic have their own motivation for engaging in a “moral crusade”—or a form of “moral entrepreneurialism” the likes of Harry Anslinger and William Randolph Hearst (Becker 1973). It can be proffered that those with greater access to media (e.g., persons of power, experts, or social interest groups) have an easier time disseminating their aims to wider audiences (Cornwell & Linders 2002; Becker

1967a). In summary, many arguments exist attempting to explain moral panics surrounding drug use, and a deeper discussion of them and their details is outside the scope of this chapter.

What may be more important, however, and less discussed via moral panic theory surrounding drug use/addiction is the background assumptions that must logically take place if drugs are to be blamed for the later behavior of their users. It will be important to first consider the explanation given for the perceived causal circumstances stated. Commenting on the moral panic surrounding marijuana, Himmelstein (1983) writes: “Marihuana was believed to be not just dangerous but a menace. Its... effects on consciousness were said to lead... to a maniacal frenzy in which the user was likely to commit all kinds of unspeakable crimes” (cited in Goode & Ben-Yehuda 2009: 199). “Insanity, destruction of the will, suggestibility, distortions of perception, and alterations of consciousness all carried the connotations of violence and crime. The image of the violent criminal tied these disparate effects together and gave them coherence” (Himmelstein 1983: 65; cited in Goode & Ben-Yehuda 2009: 199-200). The same arguments, that “drug A causes behavior X,” were even represented later on in the 1960s, as we have seen, when marijuana users were no longer depicted as violent and aggressive but as lazy, unproductive, and hence, immoral. The fluctuating history of claims describing or justifying the “impact” drugs have on their users is especially important to consider when the variable of race and racism is involved.⁸

⁸ Pharmacological justifications and explanations for crimes where drug use is or may have been involved are often used against people of color. Michael Brown of Ferguson, Missouri in 2014, and Keith Lamont Scott of Charlotte, North Carolina in 2016, were both killed by police using these types of justifications—and both were acquitted of all charges (Hart 2021: 133; epub). As well, Trayvon Martin was also assumed to be “on drugs” before he was shot by neighborhood vigilante, George Zimmerman in 2011. Both Zimmerman and his lawyers blamed Trayvon’s behaviors and reactions to the situation as the result of fear and hostility from smoking marijuana (Hart 2021: 133; epub). These are just a few prominent examples.

Notably, the commonality of such arguments rest on the idea that drugs, drug use, drug effects, and the *experiences* drugs direct, are based on the *intrinsic properties* of the drugs themselves. The contention, in other words, is that “the category of ‘drug’ is based on a natural pharmacological reality—that a drug must *be* something or do something that makes it part of a natural, organic, and chemical entity” (Goode 1972). As Zinberg writes, the “public and professional discussion of drug use remains centered on one aspect—the harmful pharmacological properties of the illicit substances...” (Zinberg et al. 1977: 117). Defined as “a mental disturbance of some unspecified kind, involving auditory and visual hallucinations, an inability to control one’s stream of thought, and a tendency to engage in socially inappropriate behavior, either because one has lost the sense that it is inappropriate or because one cannot stop oneself” (Becker 1967: 166), psychosis was characterized as a typical result of LSD ingestion. A sociological perspective of drug use, drug effects, and drug experiences, and of moral panics surrounding drug use specifically, therefore, must oppose the chemicalistic fallacy.

Building on his prior—and aforementioned—work on social learning in marijuana-using subcultures (Becker 1953), in 1967 Becker proposed an alternative explanation to the moral panic surrounding LSD-induced “psychosis.” Commenting on the era’s media coverage of the “phenomenon,” Becker wrote:

“a great controversy now surrounds LSD use. At one extreme, [Timothy] Leary considers its use so beneficial that he has founded a new religion in which it is the major sacrament. At the other extreme, psychiatrists, police and journalists allege that LSD is extremely dangerous, that it produces psychosis, and that persons under its influence are likely to commit actions dangerous to themselves and others that they would not otherwise have committed” (Becker 1967: 163).

By looking at the moral panic surrounding LSD-induced psychosis, therefore, Becker noticed two outstanding features. First, there was a pattern to be discerned: while the current focus was on the negative impacts of taking LSD, a generation prior the panic was focused on the negative effects of marijuana. There was, in other words, a pattern emerging. Secondly, just as Becker recognized through his personal experiences as a jazz musician that people learn to “get high” and thus experience the altered state of consciousness through cultural affiliations, it could be inferred that membership in social groups could also impart the knowledge of how to properly experience LSD. The chemical makeup of a drug like LSD—similar to that of marijuana—was only one factor of a bigger picture. Stated differently, the supposed drug-induced psychoses “depend in some part on physiological action [produced by the drug], but to a *much larger degree* find their origin in the definitions and conceptions the user applies to that action” (p. 167). Drug-using *cultures*, therefore, provide ways to conceptualize altered states of consciousness—whether experienced as “positive,” “negative,” “enlightening,” or otherwise. “When a user experiences bewildering or frightening effects, he has available to him an authoritative alternative to the lay notion that he has gone mad. Every time he uses cultural conceptions to interpret drug experiences and control his response to them, he strengthens his belief that the culture is indeed a reliable source of knowledge” (Becker 1967: 171). Bunce (1979) sums up Becker’s argument straightforwardly, stating that “as a positively reinforcing subculture extends its interpretation to cover the full range of ‘effects,’ and as this subculture incorporates a greater proportion of users, uncertainty over drug effects should decline and the occurrence of panic reactions or bad trips—which are a manifestation of uncertainty—should be less frequent” (p. 228).

Thus, Becker's initial social learning analysis of marijuana use (1953) predicted the outbreak of LSD psychotic episodes (1967: 172) by pointing to the fact that marijuana use had undergone the same series of events—that as people “learn” to get high via subcultural membership, whether on marijuana or psychedelics, they become more acquainted with the range of experiences available. Social historian Jay Stevens shared Becker's analysis: “If you changed a few nouns in any of the anti-marijuana stories of the thirties, you ended up with a reasonable facsimile of the standard ‘LSD madness’ story as it began appearing in the spring of 1966” (cited in Siff 2015: 151). With the development of a more knowledgeable culture of LSD users, uncontrollable episodes—or at least those that are defined as “psychotic breakdowns” and thus that cause anxiety—diminished over time. In fact, much of the rationale informing this dissertation, and the current 21st century “psychedelic renaissance,” suggests that Becker was correct, at least in this respect.⁹ “By the mid-1970s, when the political controversy and moral panic surrounding LSD [had] abated, the occurrence rate of bad trips sank by a dramatic 45%” (Hartogsohn 2017). Becker thus provided important insights and began to build a social-scientific argument against pharmacological essentialism, aspects of drug use “that traditionally have been presumed to grow directly out of the chemical and pharmacological properties of drugs themselves, independent of human intervention,” writes Goode (1972). Thus, Goode provides a useful description of the difference between drug effects and drug experiences. Rather than the “function of specific biochemical reactions” in the body—the drug *effects*—it is the social situatedness that enables a subject “to be able to interpret and categorize [drug effects] and

⁹ Bunce (1979) argues that while “bad trips” on LSD declined after Becker's hypothesis that LSD-related “psychoses” would follow marijuana's trajectory, he suggests that it did so on behalf of *political* dynamics (i.e., drug policy) rather than an increase in subcultural groups disseminating knowledge and instructions for psychedelic ingestion. Fifty years have gone by now, however, and much data—and that which this dissertation has collected—suggests that knowledge, and thus the sociocultural contexts of drug effects, have largely followed Becker's original hypothesis.

thus place them within [their] experiential and conceptual realms” (Goode 1972: 19). Overall, the *social context of drug use*, as Goode (1972: 16) writes, “powerfully influences—indeed, it might almost be said determines—at least four central aspects of the drug reality... These four aspects are *drug definitions*, *drug effects*, *drug-related behavior*, and the *drug experience*.” This work on the social bases of drug use, therefore, is an imperative aspect of this dissertation research, particularly in the situation of understanding how psychedelic inspired “bad trips”—some of which in previous eras were referred to as episodes of “psychosis”—can be used and *learned* for therapeutic application in trauma reduction, such as in a psychedelic therapy retreat.

The social bases of drug use tradition brought forth novel and useful analyses of not just drug use per se, but drug addiction. A prominent example of this is the case of heroin use and addiction amongst American soldiers during the Vietnam War. With lives exemplified by monotony and insignificance during the war, of all the American troops in Vietnam, 85% were offered heroin, 35% tried it, and nearly 20% became addicted (Robins et al. 2010). First attempts by the government to curb usage failed, and the result was a 90% recidivism rate. However, once the troops returned to US soil and were no longer in an extreme, stressful environment, around 88% stopped using heroin suddenly and naturally. Zinberg (1986) and others (e.g., Robins et al. 2010; Coomber et al. 2013) argue that the social setting of Vietnam—duress and danger; the cheap and widespread availability of the drug; the mode of administration (the easier and less invasive method of smoking as opposed to injecting the drug, made possible because of the large quantities and convenience)—could be attributed as a significant variable affecting heroin use, and that once home in the US, the desire for use, and the ease of access, waned.

Even though addiction research is a “significant medical, social, psychological, legal and political issue,” today no “satisfactory explanatory closure has been provided on the cause of

addiction at the individual and collective levels” (Chen 2014: 111). This unsolved series of questions have produced a cultural, medical, and scientific climate that, like many perspectives on the etiology of mental illness and treatment options available, carries an “overemphasis on neuroscientific causes [which] may have serious intellectual risks, including biological essentialism, cultural ignorance, and practical risks, which play out in real-world developments such as funding monopolization and biased policy orientation” (Chen 2014: 112; see also, Courtwright 2012).

Reductive definitions of drug use and addiction have also fueled the War on Drugs, which has laid the foundations for racist treatment and unequal incarceration rates for black people in the West. From the beginning of the War on Drugs, a twentyfold increase in the drug-control budget in the US was justified through pharmacological descriptions of drugs’ impact on the body, behavior, and psychology of users. What it has done, however, is rationalize the increase in funding for law enforcement agencies and prison authorities—especially in disadvantaged and racialized communities (Hart 2021). “Complex economic and social forces are routinely reduced to ‘drug problems,’” Hart writes, “and resources are directed to those in law enforcement rather than to neighborhoods’ real needs, such as job creation, better education, or lifesaving drug services” (Hart 2021: 26, epub). Failed policies such as these have contributed to the structural forces leading to what Michelle Alexander has called the “new Jim Crow,” in her (2020 [2010]) book by the same title. These issues become further glaring when one considers the current opioid crisis through the lens of the prior era’s crack cocaine crisis. Whereas the former is labeled a “health crisis” and is understood as a mainly white issue, it can be proffered that because the population of crack users in the 1980s-90s were deemed to be mainly black (which is false), a mass hysteria resulted whereby the infamous Anti-Drug Abuse laws were passed that set

a precedent for crack cocaine being punished one-hundred times more than powder cocaine. In the early 1990s, 90 percent of those convicted under this law were black, and all were required to serve a minimum sentence of five years for even small possession (Hart 2021: 30; epub). The Human Rights Watch reported in 2000 that in seven of the US states, African Americans represent 80-90 percent of those imprisoned on drug offenses, and in fifteen states blacks are twenty to fifty-seven times more likely to go to jail for drug charges than white men (Alexander 2020: 122). In general, black folks are at a much higher risk of arrest for drug use than whites even though both groups use and sell drugs at similar rates (Hart 2021: 32; epub; see also Alexander 2020).

The overall point thus far is that social structure, social settings, and cultural meaning systems define both the significance of drugs and—to a great, but disputed, extent—the meaning of drug experiences. Sociocultural situatedness hence contextualizes what types of drugs are considered within the group to be appropriate or inappropriate; how much or how little of the drug is to be taken; the suitability of particular drugs for social situations; how to characterize, and even enjoy, drug experiences (Goode 1972); and notably, as we will find in later chapters, how to *use psychedelics as an adjunct to psychotherapy*. As Becker showed in a later article, drug effects are also beholden to some extent on power relations, whereby social ties and cultural affiliations provide the knowledge and wherewithal to understand a drug's impact on experiences (Becker 1974). Hence, the overarching theme of both the early and later sociologists and criminologists studying drug use and, like Becker, drug effects, is that *drug use—even illicit drug use which is thus a normative violation—can be categorized and—with appropriate knowledge and care—controlled by one's cultural affiliations*.

In summary, early research like Dai's suggested that drug use is a form of deviant behavior produced, or made more likely, in disorganized neighborhoods; for Lindesmith, the fact that drugs are illegal and thus difficult to procure produces additional strains, forms of criminality, and subcultural associations; Becker's argument, though still within the deviancy, social learning, and social control traditions, was more specifically focused on the intimate way sociocultural affiliations impact how drugs are experienced (1953, 1967) (see Goode 2007: 418-19). Therefore, sociological variables—and as we will see in the next section, the concept set and setting in particular—are very important factors in understanding drug use and drug experiences. Such social constructivist understandings of drug use and, more specifically, the social contexts of physiology in general (Becker 2007: pp. 148-49),¹⁰ move the focus of drug analysis away from reductionist forms of “pharmacological essentialism” or the chemicalistic fallacy—those arguments enabling and amplifying moral panics—to sociocultural factors involved in altered states of consciousness, thus paving the way for a more nuanced sociological analysis of the social bases of psychedelics, which will be my focus throughout the remainder of the chapter. Overall, this discussion of moral panic theory will help clarify the importance of understanding the social and cultural dynamics of psychedelic-assisted therapy—not only *who* and *why* people at a particular social, historical, and political moment decide to use particular drugs, or for *what* purposes they do so; but *how* those social and culture dynamics impact upon drug effects,

¹⁰ It is worth noting that Becker's insight carries unique implications beyond its explicit remit; it applies not only for drug use, but for all of what humans ingest in social contexts. From food to smog to chemicals of any sort, all of it is made sense of, classified, and labeled through social interaction, and knowledge and power—also products of the social environment—are important influences of the drug experience. Hence, the larger argument is that physiology in general is ripe for sociological analysis: “breath that is ‘shorter’ than normal, appetite that is ‘less’ than normal, pain that is beyond normal expectation” (Becker 1974: 76)—these issues and more are wrapped in sociocultural constructions. The critique of “asocial [or] uncausal explanations[s]... of complex social behavior” like drug experiences consequently paved the way for a more nuanced, complicated analysis not only of drug use per se, but, as Becker realized over 15 years later, of the way humans *learn* to understand their own consciousness, psychology, and physiology: “how... people learn to define their own internal experiences” (Becker 2007: 148).

experiences, and meaning-making in the process—that is, in the case of this research, how intersubjectivity and cultural influence guide all aspects of the “therapeutic” application of psychedelic therapy.

3.3 A Brief History of Early Psychedelic Science: Set and Setting as Sociocultural Bases of Drug Effects

3.3.1 Rituals and Learning in Set and Setting

As developments in social scientific studies of drug use continued in the late twentieth century, a prominent intervention was made by psychiatrist Norman E. Zinberg, who continued along the lines of sociologists in the *social learning* tradition by using and building upon the theory of *set and setting*. Coined by Al Hubbard, the concept was largely sloganized and made widely popular by Timothy Leary (Hartogsohn 2017: 8), (fired) Harvard psychologist and infamous figurehead of the 1960s American counterculture (Pollan 2018: 190). As Hartogsohn writes, the “set and setting hypothesis basically holds that the effects of psychedelic drugs are dependent first and foremost upon set (personality, preparation, expectation, and intention of the person having the experience) and setting (the physical, social, and cultural environment in which the experience takes place)” (Hartogsohn 2017: 1). Writing in this tradition of the social contexts of drug use and experiences but using set and setting to describe *all* forms of drug use/experience (not just psychedelics), Zinberg argues that social setting teaches subjects about values and rules of drug-use conduct through both “social sanctions” and patterned forms of behavior, or “social rituals.” “Social rituals are the stylized, prescribed behavior patterns surrounding the use of a drug,” Zinberg writes (1986: p. 3 in Ch. 1). Rituals consist of “procuring and administering the drug, the

selection of the physical and social setting for use, the activities undertaken after the drug has been administered, and the ways of preventing untoward drug effects”—a similar argument advanced by Becker. Drug use in social contexts, therefore, consists of both *structural* and *cultural* dynamics: “formal social controls” are factors like laws and policies directed specifically at enforcing drug use, whereas “informal social controls” are learned and/or shaped by social groups and cultural subgroups (Zinberg 1986: pgs. 2-3 in Ch. 1). It is for this reason that we can again consider drug encounters not simply those pertaining to the psychoactivity of a particular substance, but to the way social and psychological variables impact how the drug is used and experienced.

For Zinberg’s analysis of drug use, he suggests that sanctions and rituals operate in four fundamental and intersecting ways. Firstly, sanctions provide boundaries for balanced use, and rituals in this regard circumscribe such sanctions (i.e., “only drink alcohol on the weekends.”). Secondly, social sanctions administer proper physical and social situations where drug use can occur safely and rationally—for alcohol, this can mean not drinking when one must drive; for psychedelics, Zinberg says, the typical maxim of the era was “use in a good place at a good time with good people” (Zinberg 1986). Third, sanctions can distinguish between wanted and unwanted drug effects, and rituals can exemplify the provisions to be taken to avoid (or as we will see later, in the case of psychedelics, *learn from*) negative effects—for example, opioid users can alleviate the risk of overdose by learning about proper dosages or by ingesting small doses at first. Lastly, sanctions and rituals can function simultaneously to enable drug users to maintain themselves—their obligations and responsibilities—during everyday life.

As the 1960s moved forward, subcultural knowledge of psychedelic rituals and sanctions evolved, both in regard to purposeful and directed psychedelic experiences—such as that

oriented toward personal and/or spiritual growth—and those surrounding recreational use.

Harding and Zinberg's (1977) research on types of psychedelic usage helps explain this point. In this work, the authors noted a difference in those who began taking psychedelics in the 1960s (and, thus, experienced a particular sociocultural milieu) and those beginning in post-1971.

“Subjects who began use in the mid-sixties share a sense that psychedelics should be used for "personal growth" rather than recreational purposes. They discuss tripping as an activity which is undertaken to accomplish a worthy goal—to learn more about oneself, to grow intellectually, to transcend ordinary perceptual boundaries, and so on. However, subjects who began use in the past five years have broadened their reasons for using psychedelics to encompass plainly recreational goals.”

In this, the authors suggests that particular rituals and social sanctions are used to achieve the purpose of using psychedelics for personal and intellectual growth. With regard to ritual, some subjects report that being psychologically prepared for a “journey” means “making peace with the public reality” and “mentally putting your house, your affairs, in order;” others described the need to be in a “good mood” and to have “energy” prior to the experience. These, amongst other rituals, are meant to enhance the likelihood of having a *good* trip as opposed to a *bad* trip (and which imply, of course, the necessity of forgoing simplistic biochemical explanations of drug experiences). Regarding social sanctions, in the same study subjects recommended infrequent use of the drug (i.e., less than once a month) as a means of avoiding compulsive use; holding the altered experience in high esteem; and foregoing the possibility of building tolerance to the drug (Harding & Zinberg 1977). Of course, these are but some of the reported rituals and sanctions posited by one group of research subjects.

Rituals and sanctions around drug use thus begin to depict the distinctions involved in micro-interactions in naturalistic settings. In Davis and Munoz's (1968) ethnography of the Haight-Ashbury neighborhood of San Francisco during the late 1960s, a social typology of drug use emerges between the "heads"—those who take LSD for autognostic ("self-learning") purposes—and the "freaks"—those who use drugs, mainly methamphetamines—as a purely hedonistic activity. Though the terms are ideal-types and are "referentially elastic," they reflect subcultural affiliations which carry with it not only the types of drug use (quantity) and experiences sought (quality), but cognitive, psychological, and behavioral characteristics, and class-based distinctions. Whereas LSD users in this context are generally interested in "self-exploration" and "self-improvement"—desires and actions characteristic of middle-class values—the methamphetamine users seek "body stimulation" and a "release of aggressive impulses," which tend to reflect more classically "working class" values. Thus, again, we can discern the sociocultural and political bases of drug use and experiences.

3.3.2 The Psychotomimetic and Psychotherapeutic Traditions: The Lessons of Set and Setting Unveiled

The sociocultural contexts of psychedelic use and effects—a bit of which we have seen via Moral Panic theory, which operates on a reductionist biochemical/pharmacological approach to drugs—are important to consider and have varied widely in the history of (Western) psychedelic use both for therapeutic and scientific purposes. Timothy Leary is one of the hallmark figures in the analysis and theorization of these contexts—that of set and setting—and their impact upon psychedelic consciousness. Leary was a self-described psychedelic evangelist, and in the 1960s he took it upon himself—along with collaborators—to engage in widespread research studying

diverse types of set and setting and their impact on psychedelic consciousness. His book, *The Psychedelic Experience: A Manual Based on the Tibetan Book of the Dead* (1964), coauthored with Ralph Metzner and Richard Alpert (later known as Ram Dass), offers a comprehensive account of set and setting, going into detail regarding the impact that aesthetic, spatial, musical, geographical, and temporal factors have on the experience. As well, Leary and coauthors suggested to readers the importance of other psychedelic rituals for “internal” exploration, such as proper preparation and integration practices, the latter of which made suggestions to literature, meditation practices, and forms of introspection and self-analysis (Hartogsohn 2017: pp. 8-9). As we will find in later chapters, this type of internally directed psychedelic experience is affiliated with the psychedelic therapeutic tradition. In another article, titled “On Programming the Psychedelic Experience,” Metzner and Leary (1967) anticipated that research on set and setting would be made into a science in its own right, with psychedelic practices being manicured to provoke specific outcomes—such as those that would supplement psychoanalysis for mental health therapy. Notably, it has been debated whether Leary in fact argued that set and setting account for 99% of the psychedelic experience (Hartogsohn 2020). Nevertheless, it is apparent that set and setting—the sociocultural (and political) foundations of psychedelic journeys—are significant factors for consideration.

Today the notion of set and setting is deemed so important to psychedelic consciousness that many now refer to the early days of psychedelic clinical studies as dramatically biased and a negative—at times harrowing—experience for many of the patients who underwent such research programs. As Hartogsohn (2017) shows in an article entitled “Constructing Drug Effects,” in the 1950s most research on LSD in the US was overshadowed by the theory of psychedelics as “psychotomimetic”—that because they “mimicked” (i.e., *psychotomimetic*)

psychosis, hallucinations, and mental illness like “madness” and schizophrenia, they could therefore hold the key to understanding, and later, curing, various forms of mental distress (Hartogsohn 2017; see also Swanson 2018). This belief system—a cultural “meaning structure” in its own right—was the foundation upon which countless clinical trials were built, placing both researchers and patients in a set and setting intended to produce (and hopefully understand) psychotic episodes. The outcome was, more or less, a self-fulfilling prophecy, leading patients to lose their normal state of consciousness without any promise of returning. Hartogsohn’s analysis of the psychotomimetic era—which was still in the throes of larger moral panics around supposed LSD-induced psychoses—is important to detail at length here:

Presupposing that patients become mentally ill under the effects of LSD, [psychiatrists] were creating expectancies which fostered negative experiences and aggravated adverse effects. Other factors of set and setting were also liable to unleash a variety of adverse reactions. Many of the subjects who participated in research were hospitalized psychiatric patients who had little choice about partaking in experiments. Preparation for sessions was poor, often consisting of the casual suggestion that the patient will experience a few hours of madness following the ingestion of the drug, not a soothing notion, to say the least. *The possibility of positive experiences or therapeutic benefits was not mentioned, and there was no therapeutic intention involved. Setting was equally bleak. Experiments habitually took place in the formal environment of hospital rooms lit by fluorescent lights. There was often no possibility to recline or get the rest which can be direly needed in some stages of hallucinogenic drug reaction, and patients were often subjected to endless batteries of psychological and physical tests. The social setting was composed of hospital psychiatrists who studied patients impersonally.* After the experience, users were

left without any peers with whom to share their experiences and without any framework with which to make sense of it. It is no wonder then, that experiences were overwhelmingly negative (Hartogsohn 2017: 5; italics added).

However, as the decade unfolded, other researchers and their patients began to have quite different experiences while on the drug (Bunce 1979), namely due to the set and setting—and the overarching cultural meaning structure—crafted by the researchers. In contrast to the psychotomimetic tradition, in

psychotherapeutic research, subjects were often students and professionals who *volunteered* for the study. They often received a thorough *preparation* to the experience, *expected positive and even life-transforming experiences*, and *arrived with therapeutic intention*. The setting for such research was also considerably more benign: experiments often took place in *comfortably furnished rooms*, with sofas and pillows, and subjects were *allowed to recline and listen to music with headphones*. The *social setting was supportive* and often included friends with whom participants could later share their experiences, as well as a *framework for the integration of the experience*. (Hartogsohn 2017: 5).

As can be discerned, there is a significant difference between the two “sets and settings” the research subjects were situated in. In the “psychotomimetic” tradition, subjects believed that drugs like LSD would mimic psychotic experiences and temporary—or even long-lasting—mental illness of various sorts. Studying such states of consciousness, researchers believed, might hold insight into how patients experience schizophrenia and madness generally, as the

state of consciousness engendered by psychedelics was thought to be similar.¹¹ In this sense, participants often had unfavorable, uncomfortable experiences, with some even undergoing traumatic encounters that can only be described as a form of torture. In the “psychotherapeutic” tradition, patients were provided with the knowledge that the altered state of consciousness, rather than similar to insanity, could provide therapeutic benefits or “cognitive enhancement” or “mind expansion;” they were told that what they were being offered was a “new sanity, capable of healing humankind” (Hartogsohn 2020: 67). Thus, as Hartogsohn writes, there is “[l]ittle wonder, considering the theory of set and setting, that such experiences [in the psychotherapeutic tradition] turned out to have dramatically different outcomes than those instigated by psychotomimetic researchers (Hartogsohn 2017: 5).¹² I will have more to say about “bad trips” below. Overall, if set and setting are key components of psychedelic experiences, then providing a safe, comfortable environment is key—particularly important for therapeutic purposes. And in general, we can see that a cultural system of meaning largely imparts particular norms, values, philosophies, and research questions—let alone set and setting—into the organization of psychedelic experiences and studies. Thus, social and cultural relations are significantly related to drug-using, and in particular for this research, psychedelic therapeutic practices, experiences, and *outcomes*. This will be outlined in detail in the coming chapters.

Conclusion

In this chapter I have provided a detailed yet broad overview of the social and cultural contexts of drug use and drug experiences. I have selected studies and frameworks that offer a general

¹¹ Hartogsohn (2020: pp. 23-50) provides a history of the “experimental psychosis movement” going back to the mid-nineteenth century, and its impact upon LSD research in the mid-twentieth century.

¹² In the therapeutic traditions in the early years, another model is the “psycholytic” tradition, which consists of giving patients low to moderate doses, divided between several treatment sessions. See Buckman 1967, Leuner 1967. (from Bogenschutz and Forcehimes 2017).

perspective of how all forms of drug use and drug experiences are situated in sociocultural contexts, using historical and contemporary sociological analyses to do so. Beginning with the early structuralist perspectives of the Chicago School research and moving to naturalistic, micro-level studies and descriptions of self-transformation and interactionism in drug use and abuse, myriad frameworks have been utilized over the course of the last century in analyzing, understanding, and describing these unique social events. Of particular importance in this chapter is the focus on drug *effects* and *experiences*, of which I used moral panic theory as a foil before providing a sociological explanation of its foundation in the “chemicalistic fallacy,” the reductionist biochemical framework of drug use and experiences. This point—that social context, rather than chemical descriptions, matters significantly in understanding drugs—was furthered in analyses of the history of psychotomimetic and psychotherapeutic traditions of psychedelic drug use, of which I described the importance of set and setting in influencing drug experiences. Overall, we can see how drug use, effects, and experiences are uniquely sociological affairs, and are intimately wrapped in social and cultural dynamics. The import of this analysis will be understood in the coming chapters, where I will continue to analyze the sociocultural contexts of drug use, effects, and experiences through the lens of psychedelic-assisted therapy retreats.

CHAPTER 4: METHODOLOGY

This doctoral study was concerned with the way in which psychedelic culture defines and achieves “healing” and self-transformation for people suffering mental distress (broadly), and the extent to which such experiences are shaped by the cultural structure of retreat life and the social and emotional connection between guests and with staff. The scientific study of psychedelic therapy is in a nascent state. While retreats acknowledge and advertise the “healing” and transformative potential of psychedelics—when ingested in a safe and comfortable environment in conjunction with psychotherapeutic modalities—few studies incorporate qualitative methods in understanding the subjective nature of psychedelic healing, and less understood in general is the role that intersubjectivity plays in the process. Notably, sociologists have thus far studied neither. Because of this, in this dissertation both psychedelic mushrooms and their use in a group therapy context are explored through the lens of self-transformation, or “healing.” To investigate these two phenomena, qualitative methods—in-depth interviews and autoethnography—were used and data was analyzed through micro-sociological frameworks, namely the symbolic interactionist tradition (Mead 1932; Blumer 1969; Collins 2004; Tuner 2019).

4.1 A Qualitative Approach: In-Depth Interviews and Autoethnography

This project was concerned with micro-level intersubjective social and cultural phenomena on a psychedelic retreat. Theoretically, it framed sociality using the tradition of symbolic interactionism, as it pertains to the creating and perpetuating of forms of collective effervescence (Collins' (2004) notion of Emotional Energy) and symbolic/sacred objects, or culture generally. This project also uses this tradition as a means of explaining how collective experiences, as well as the relations and ideas “administered” by retreat staff and its organizing principles, curate a drug culture, or “set and setting.” Because of this, this research required a particular epistemological framework that could attend to the nuances of culture and meaning making. It did so through two methods: the use of interviews, and face-to-face interaction via autoethnographic participant observation.

In any interpretive study of micro-level social phenomena, it is imperative to locate, understand, analyze, and attempt to explain the nuanced processes involved in meaning making, definitions, language, interactional patterns, and the socio-cultural context upon which they occur. Qualitative methods, as a methodology of *interpreting* participants' perspectives, accomplish this. As a form of interpretive research, qualitative research ascended with the Chicago School (Eberle 2016) and serve as a means to understanding (*verstehen*) socially constructed reality. Both this theoretical tradition and the methodology it typically entails (studying microlevel phenomena) are opposed to quantitative research, which is affiliated with positivism and thus “objective” explanation (*erklären*) (Middleton et al. 2011: 155). This form of data collection and analysis is especially useful for “naturalistic enquiry—exploring how things are in the ‘real world’ and what this feels like for those who experience this world” (Manning & Morant 2003: 33). This was pointed out in drug-using subcultures in Chapter 3. Middleton et al.

(2011) have argued that relationships, particularly as they are associated with mental outcomes, cannot be measured quantitatively, which require interpretive and phenomenological methods. For these and other reasons qualitative methods are an important feature of investigating social life in therapeutic communities, and I follow this line of thinking in using in-depth interviews, cross-referenced through autoethnographic data, to understand intersubjectivity, culture, and psychological processes in retreat settings. For this project specifically, interviews aided a deeper analysis of retreat guests' experiences of numerous personal and social phenomena on retreat, and autoethnographic methods enabled a micro-level exploration and analysis of the sociocultural environment on retreat—the latter of which I have shown “structures” interaction rituals and the overarching social setting (see Chapter 5).

4.1.1 Interviews

In this thesis which explores intersubjectivity and cultural and social-psychological processes, in-depth, semi-structured interviews were drawn upon. If humans are “the story-telling animal” (McIntyre 1997) who fashion their sense of “self” through the stories they tell, interviews are utilized as a means of listening to and analyzing how people perceive, make sense of, and express their selves and experiences. In this project, interviews were used to understand myriad details of retreat participants' lives—from prior to the retreat, to during, and after. Subjects were asked general questions about their mental health concerns, their wishes to undergo retreat practices, and their desires for the outcome. They were then asked about specific instances of retreat life. Probes were used throughout in order to obtain further or more detailed responses. Finally, they were invited to share specific and general perspectives on any aspect of their retreat and psychedelic experience. The overall strategy of using in-depth, semi-structured questions

was to gain a nuanced understanding of how retreat culture and rituals operate, how they impact everyday life of the guests on retreat, and how the personal and social phenomena found or curated on retreat impacts self-transformation, healing, and the life course.

Interviewers are not objective (Mishler 1986), and due to this project's adherence to subjective experiences, here, the researcher is understood as partaking in the research process, whether through their applied theoretical framework or their personal intervention into the research site itself (necessitating a "reflexive" researcher, discussed below).

4.1.2 Autoethnography

In order to gain a deeper understanding of the cultural context of psychedelic retreats, and to utilize the researcher's (fortuitous and at the outset unforeseen) access to the retreat as field site, an autoethnographic component was added to the data collection procedures at a latter stage of this project. This form of participant observation was used specifically to highlight the researcher's feelings, emotions, and experiences while on retreat, and to take fieldnotes on the various interaction rituals comprising the retreat throughout the week. Autoethnography, as a form of personal narrative writing, can also be traced back to the Chicago School of sociology (Deegan 2001), and Fine (1995) provides an overview of a "Second" Chicago School, where throughout its history, self-observation and self-visibility became more prominent in the texts. Ellis et al. (2011) describe autoethnography as an "approach to research and writing that seeks to describe and systematically analyze personal experience in order to understand cultural experience" (p. 274). While I was less concerned with specifically describing *my personal* experience, Anderson (2006) and others have shown how autoethnography can be used to

investigate social, cultural, and institutional practices. This project thus followed in that tradition, and autoethnographic and participant observation methods enabled participant interview narratives to come alive and to be situated within the broader social and cultural context of the research site. Overall, autoethnography significantly enhanced my access to valuable data that was imperative in answering the research question—not simply regarding the effectiveness of psychedelic therapy, but about the impact intersubjectivity has on the process.

4.2 Recruitment, Demographics, and Data Collection

4.2.1 Recruitment of Past Retreat Participants

Recruitment began with the researcher reaching out to the author of a public op-ed article about their experience at the Jamaican psychedelic retreat in question. After speaking with that person for two hours—without recording or gathering data—they put the researcher in touch with the CEO of the retreat. After a discussion with the CEO, they offered to assist with the research recruitment by contacting several of their past clientele for interviews. A total of 20 former clientele were asked by the CEO if they would be interested in participating in the research. For those that accepted his invitation, the researcher was sent their contact information. Three did not respond to email or were unable to meet over Zoom during the specified time, leaving, at that time, 14 participants. One person who was interviewed connected the researcher with their relative, who also attended the retreat. And finally, after returning from the autoethnographic research, the researcher interviewed one person who was also on their retreat, leaving the total number of interviews at 16. Not all interviewees' data were used in this dissertation, however, for the purpose of brevity.

4.2.2 Participant Demographics

At the time of the interviews all participants were over the age of 30 except for one, who was 26 years old. The majority of subjects were American, though one was Finnish, one British, one was a dual citizen of Canada and the US, and another was a dual citizen of Bolivia and the US. Other than one African American subject and a Hispanic subject, all others were self-described as Caucasian. Six subjects were male, ten were female. All subjects attended at least some college, with the majority holding bachelor's degrees. A few subjects earned master's degrees, one Juris Doctor, and two held PhDs. With regard to marriage, divorce, and partnership, subjects varied. In terms of mental health diagnosis and treatment histories—of which this dissertation is specifically concerned—all participants had at least one psychiatric diagnosis of mental distress, broadly conceived.¹³ Most had been treated by psychopharmacological drugs and most had also utilized talk therapy as well. Most subjects had been prescribed pharmaceutical drugs throughout their attempts to resolve distress, and for many such prescriptions lasted decades. Some found it difficult to get off those prescriptions. Most subjects had rarely used illicit drugs or alcohol throughout their life, though one participant had, in their words, abused alcohol and was treated for it. The majority of participants had no history with psychedelic drugs, and many have largely refrained from using recreational drugs throughout their lives. Thus, generally all subjects described themselves as suffering from some form of mental distress prior to joining the retreat,

¹³ For example, some subjects had been given diagnoses of depression and/or anxiety, some had been diagnosed Post-Traumatic Stress Disorder from sexual abuse/trauma, some had experienced acute or prolonged suicidal ideation. One participant was previously an alcoholic. Another was diagnosed with Bipolar Personality Disorder. In general, when necessary, in this dissertation contributors' stories—and their experiences with psychiatric diagnoses and prior treatment methods—will be discussed in detail.

and of specifically intending to use psychedelic mushrooms as a therapeutic modality for self-transformation and healing for issues that had thus become, effectively, treatment resistant.

This research contained a sampling bias entailed in the fact that the research participants, it could be said, were “chosen” by the CEO. It is possible that to a certain extent, those guests were picked because they had an enjoyable, therapeutically efficacious, or otherwise “positive” experience while on retreat. Thus, my sample population is not *random*, and is possibly skewed towards those that might speaking positively of either the retreat, their personal experience, or both. (To be sure, the investigator has no reason to believe that any of my subjects were lying to me during the interviews.). Two points are to be made in this regard. Firstly, in several ways this study advances the scientific literature, particularly due to the lack of research in sociology and social-psychology on psychedelic therapy, and specifically group-based psychedelic therapy. Thus, procuring a randomized population, while potentially necessary and sufficient for certain studies, is unnecessary at this juncture, as it is more important to understand broadly the types of experiences and therapeutic outcomes possible at psychedelic retreats. Secondly, my data does not suggest that each subject simply experienced “positive,” “transformative,” or “therapeutic” outcomes; each individual and their story, whether or not positive outcomes were found, was more nuanced and important to understand in detail, and, with regard to mental health, cannot be summarized as, even in the most positive case, “cured.” Indeed, while this study found that overall each participant found their retreat experiences generally beneficial to their lives (for idiosyncratic reasons), not all guests have had “lifechanging” experiences or have found the retreat enduringly efficacious for their mental health issues. In summary, with regard to the skewed population sample, while this poses a few methodological challenges related to the subject of objectivity, there are myriad reasons why such a recruitment strategy and sample size

is fruitful and sufficient for this overall study, and in addition it clearly extends the scientific literature in this field.

Notably, the sample population is comprised of individuals who attended the retreat separately (this may not be the case in every instance, but privacy and ethical issues disable the researcher from being able to discern whether or not two subjects were at the same retreat week together). Because of this, the data, based on *separate individual experiences* (as opposed to individuals undergoing the same retreat experience) affords a general picture of retreat processes and experiences—those being, due to the particular study’s interests, the structure and culture of the retreat and the concomitant interaction rituals, opportunity for social solidarity, emotional connection, and self-transformation. It is also important to draw attention to what some might consider to be a “small” sample size in this research. Sample size is a matter of debate in qualitative research (Vasileiou et al. 2018). While oftentimes data saturation is considered a conceptual demarcation of appropriate sample size (Ibid.), in studies of nascent phenomena or where extant literature is lacking, or in research on marginalized populations or in studies attempting to derive a baseline understanding of an area or particular object under consideration, smaller sample sizes—particularly in the case of narrative analysis, whereby detailed storytelling can be analyzed deeply—are sufficient for the task at hand. Furthermore, it is of interest to consider what this sample size suggests for extrapolating to other forms of psychedelic retreats, but I suggest that what is more important is understanding the extent to which the cultural *structure* of the retreat—outlined in Chapter 5—directs and constrains interaction rituals through its particular meaning structures, therapeutic philosophies, and so on.

4.2.3 Engaging Interviews

“[D]ifferent methods shine under different lights and... one should choose the most appropriate data collection technique based on the question being asked and the types of facts and theories one wants to operate with” (Lamont & Swidler 2014: 166)

All interviews took place over Zoom.¹⁴ A significant objective of this research was to enable participants to feel free to tell their complete, unadulterated stories—about mental health/distress, treatment methods prior to the retreat, and any details from their journeys on retreat they deemed important. Yet when necessary, I directed them to discuss particular aspects of retreat life, such as sociality and cultural processes. Because of this situation, it was necessary to combine in-depth interviews with semi-structured, or directed, questions and probes.

I structured the interviews around three general categories: pre-retreat, retreat, post-retreat. I tried to convince subjects that they had sufficient time to be as detailed as they wanted, though I did provide probes and directions when needed. Whereas Mishler (1986) has argued that many styles of research interviewing tend to suppress stories or limit responses—particularly during structured interviews—I have attempted to contest such by creating a comfortable space for interviewees and actively engaging them to delve into any details they wanted. In this sense, I chose *semi-structured interviews*, which allowed “much more leeway for following up on whatever angles are deemed important by the interviewee.” As well, “compared to unstructured interviews, the interviewer has a greater say in focusing the conversation on issues that he or she

¹⁴ Face-to-face interviews are preferable for a number of reasons, but Zoom was deemed a necessary medium for this research, the interview phase of which took place in the first half of 2021 during the COVID-19 pandemic. While early studies on interaction rituals were dependent upon face-to-face interaction, Collins (2004) notes the ability of technology to assist with mutual focus and emotional entrainment, such as was done with Americans on 9/11, where most people did not view the towers falling in person, and thus were not co-present with each other, but were entrained nonetheless.

deems important in relation to the research project” (Brinkman 2020: 437). “Rather than liberating informants’ ‘own’ stories, the research interview sets story parameters and asks informants to respond within those parameters” (Presser 2004: 83). In doing so, I have followed in a vein similar to what Holstein and Gubrium (1995) have called *The Active Interview*, or what Mishler (1986: 118-19) has described as “empowering” the interviewee. Of course, typically interviewees are likely to be more than happy to contribute their stories, whether with encouragement to do so or not, as Graham (1984) and Riessman (1990) have shown. This was the case for the majority of my subjects.

I began each interview as an unofficial conversation, asking about people’s days, their location, and describing a bit about myself and my research. I then began the official part of the interview with, first, the audio consent form, and then by providing a broad directive: “Please tell me about your history with psychedelic drugs, or why you came to use psychedelic drugs.” Subjects typically responded by explaining *why* they decided a psychedelic therapy retreat came to be considered an interesting, or necessary, undertaking. Because of the therapeutic essence of the retreat, it was understood by most that the discussion was about mental health concerns. Idiosyncrasies in storytelling and detailing brought subjects in various ways to the retreat itself and depending on the components provided I either continued to listen or stopped them before the story turned to the retreat by asking for further details about mental health, trauma, family life, diagnoses, and therapeutic attempts. When narratives turned to the retreat, subjects could continue to steer the trajectory as they wanted, though at times I asked follow-up questions or brought subjects back to particular instances. Their psychedelic experience, their perspective on the social and cultural aspects of the retreat and other guests, and their interactions with staff, were the primary objects of focus. After that portion of the interview, the questions shifted to

subjects' current lives, reflections on the retreat and the therapy overall, and any significant changes noticed in their *psychological* or *behavioral repertoires*.

My natural disposition is to procure a space where people feel comfortable in my presence, whether in formal or informal settings. In addition to having this objective for interviews, I attempted to create a sense of informality, as if the interviewer-interviewee relationship was based on mutual trust and respect, if not friendship. Elliot (2005) has shown how in certain in-depth interviews, the relaxed and informal environment may come to resemble conversations amongst friends. This typically generates more information sharing by the interviewee. I utilized this process, but not merely in terms of exploitation or of gathering “the most” out of the interview, but rather due to a personal sense of interest in and connection with those who shared their stories with me. I believe this method was both fruitful for data collection and generated a deeper relationship with the subjects. Elliot (2005) also suggests that certain conversational environments may come to resemble therapy sessions or a style of interview deemed “muddy” by Lippke and Tanggaard (2013). Here, the “interviewer and interviewee, intentionally or not, break with the norms of interviewing, ‘muddy’ the conversation and change it into something apparently quite different” (p. 137), such as “coaching, counseling, therapy, or just a really interesting professional conversation” (p. 136). While these scholars offer a few typologies for dealing with “muddy” interviews, “leaning in,” they suggest, “offers the researcher the opportunity to direct his or her gaze to the relational dimensions of the construction of data, embracing how he or she cannot be separated from what is researched” (p. 142). In my experience, interviews ranged dramatically from intense and concerned with mental health issues; the attempt—and often resolution, at least somewhat—of healing, making for often

intense and wide-ranging emotional journeys for myself and the interviewee; sadness, grief, and hopelessness; and humor.

It is important to understand that using psychedelics for therapeutic purposes *is already* a process of reflection: on one's biography, identity, narratives, psychological and behavioral repertoires, relationships; as well, as I discuss in detail in Chapters 6 and 7, sometimes people “uncover” lost memories. Thus, reflecting upon, talking about, and reconsidering one's past is a significant aspect of psychedelic therapy work—work that each subject has already engaged in, and thus likely has little trouble continuing. For these reasons, I am certain that most, if not all the interviewees felt the interviews to be very positive as a whole—that even if the subject matter was a difficult one, the act of reflection was something subjects have learned and practiced as part of their ongoing mental healthcare routines, or what in psychedelic culture is described as “integration” (discussed in Chapters 5, 6, 7, and 8). The nature of the experiences I asked about provoked them to ponder back on their retreat therapy sessions, and also enabled them to recall important personal information and memories that they were happy to revisit. Yet most interviews also contained moments of sadness, regret, or difficult memories of some sort. Several interviewees cried during our chats, whether due to the revisiting of traumatic moments, reflecting upon their or family members' lives and distress, or the sheer power and affect associated with deep, introspective, healing, and revealing psychedelic experiences.

Scholars (for example, Orb et al. 2001) have studied how the intensity of certain topics—such as those oriented toward trauma, distress, and mental illness—may evoke emotional difficulty. Each participant in my research, however, seemed to appreciate, or spoke about their appreciation to recount those retreat and psychedelic experiences in my presence, even despite the sometimes-dramatic nature of those experiences. No subject ever asked to stop the interview,

and none accepted my offer to do so. I believe that every single interviewee welcomed and valued our conversation—some greatly. Part of the reason for this is that, for each person the retreat as a whole—not just the psychedelic “trip”—was deemed to be a remarkable, life-changing event; for some it was one of the greatest weeks of their lives. It is not uncommon for research subjects to remark positively on being interviewed, even when the interview focuses on difficult topics. For example, Smith (1999) has shown how revisiting difficult memories can have therapeutic advantages. As well, Hutchinson et al. (1994) have described the possible benefits of revisiting illness or sensitive issues as “catharsis, self-acknowledgement, sense of purpose, self-awareness, empowerment, healing, and providing a voice for the disenfranchised” (p. 161). In psychedelic healing culture, like in many psychotherapeutic traditions, healing is presented and experienced as an ongoing process, and many interviewees claimed that the interview encouraged them to revisit that healing work, a place where they could reflect on where they came from, what happened on retreat, and where they had been since the retreat ended. It was presented as a recollection of important lived experiences that made an impact on their lives, and each was quite excited and grateful to have gone through those stories with me. It was acknowledged at the outset of the interviews that participants would be asked about traumatic encounters (if indeed the particular subject had experienced such), and this was done for a variety of reasons, one being the possibility that asking about difficult subjects could “trigger” or retraumatize an individual. During the conversations, many realized, or recalled, having learned a lot from the retreat experience; some recognized that they learned lessons that they continue to import into their daily lives; some felt that the conversation helped them remember what lessons they *should* be incorporating but have not. In other words, it is

completely logical to suggest that in many ways, the interview process for this research could be considered part and parcel to, or as revitalizing, subjects' ongoing *integration work*.

In summary, it is my perspective that each interview was a combination of highly exciting, emotional, delightful, and at times sad moments, and though I do believe that each interviewee appreciated having the opportunity to tell their story, I feel incredibly grateful that I was given the opportunity to be the listener.

4.2.4 Reflexivity in Interviewing

I also wanted the interviews to be conversational rather than stoic, unemotional, or disconnected. I believe that enlivening the interviews with personal connection and shared humanity was the appropriate way to go, both for deriving the greatest, most detailed data, and simultaneously allowing the research participant to feel safe, comfortable, and understood. Researchers have called this a *reflexive* approach to qualitative data gathering and analyzing, whereby the interview itself and the data proffered, though considered the significant source of data (taken to its fullest extent, this is the *naturalist* approach), also take place along with the act of interviewing itself as worthy of being analyzed (the *constructivist* approach) (Elliot 2005: 19-21).

During intense moments, I attempted—and was often successful—at facilitating emotional solidarity with the participants by relating to them. This was often done through sharing with them the fact that I have struggled with my own mental health issues at times. At the very least, I let them know that I understand—in a manner of speaking—*some* of what they were dealing with. Being open as a researcher has been shown to impact subjects' inclination to

share private information. For example, Frankenberg (1993: 35), in studying racism, has described how a significant feature of her “dialogical method” comes from offering personal information about herself. In a similar instrumental (not topical) manner, in opening up “about myself... I broke the silence of the blank-faced interviewer in order to facilitate the breaking of silence” of the research subjects.

Regarding knowledge production, an interviewer must account for *reflexivity* in the interviewing, transcription, and data analysis stages—a process of critical inquiry about the researcher’s role in impacting the knowledge production procedure. For example, Riessman (1993) argues that storytelling is always dynamically contextual due to shifting circumstances such as the intention of the interview, the narrator’s mood, and their association with the audience (Bloor 2006: pp. 121). One way of accounting for this is by paying attention to what Mishler (1991: 52) calls the “joint construction of meaning” during an interview (Bischoping & Gazso 2016: 43). In this instance, the researcher has to be careful and considerate in how they ask questions (e.g., tone, pauses) and responding to difficult topics. Additionally, “standpoint theory” outlines strategies for researchers to situate themselves in relationship with the subjects they research and to acknowledge the inherent inequality involved in the research process, whereby subjects have little say in their involvement and in how their stories are heard, transcribed, analyzed, and announced. In short, standpoint theory posits that “it is vital to account for the social positioning of the social agent,” and thus proffers a necessary dialogical relationship between researcher and researched (Yuval-Davis & Stoetzler 2016: 315).

4.2.5 Engaging Autoethnography

“Every perspective merely reveals what is available for perception from any particular location in space and time, meaning what is literally available to the actors’ senses and what they will actively attend to based on their history of experience. Thus, when we select a position from which to observe, we are ruling out the capacity to see certain aspects that are necessarily relevant to what is going on” (Summers-Effler 2010: 198)

One of the difficulties of interviews is the researcher’s (in)ability to discern the dynamic details of micro-level social phenomena, such as those that happened while on retreat when the researcher was not present. Sometimes these details go unnoticed or operate as “common sense.” Even when noticed, memory can only serve so well. Participant observation methods enabled me to gather a perspective unavailable through interviews. Summers-Effler puts this perspective well by saying that: “The farther an observer moves away from the action, the more they will perceive action according to a cognitive/rational logic and the less they will perceive according to an intuitive/emotional logic” (Summers-Effler 2010: 198). It was for this reason that I was quite happy to receive an opportunity to include autoethnographic data collection measures as part of my dissertation research.

This dissertation was proposed and approved of at the height of the COVID-19 pandemic. At that juncture, I had no idea how long the pandemic would last nor whether it would be feasible to utilize any qualitative methods engaging in-person/participant observation procedures. As the interviewing phase of my research progressed and I became acquainted with subjects’ stories, I also began to have additional conversations with the retreat CEO. Over time, my subjects, the CEO, and I unanimously agreed that without personal participation *and* participant observation (that is, ingestion of mushrooms) at a retreat, my study would be lacking for epistemological and ontological reasons, and thus would be methodologically—and

theoretically—weak. These conversations took place simultaneously with my becoming less concerned with the pandemic’s potential negative impact upon my health and wellbeing. After being offered a reduced rate from the retreat organization, and upon receiving their updated COVID-19 policy, I realized that my opportunity to engage in ethnographic research had come. I was then notified by the retreat of a guest “cancellation” and hence an open guest spot. This gave me a month and a half-advanced notice to pay for and attend the retreat. However, due to ethical concerns, the desire to not interfere with the privacy of individuals attempting to resolve mental distress by use of stigmatized drugs, and the fact that the retreat is a private company, I was unable to engage a typical “ethnography,” thus I settled for an “autoethnography.”

Autoethnography is defined as “an approach to research and writing that seeks to describe and systematically analyze (graphy) personal experience (auto) in order to understand cultural experience (ethno)” (Ellis et al. 2011: 273). Thus, in engaging autoethnography rather than traditional ethnography, I made sure to focus on personal and cultural elements of the retreat itself without much direct analysis or revelation of other retreat guests’ experiences, in effect protecting retreat participants. Overall, the vast majority of interview data used in this research was of people who were not on retreat with me.

I had already decided that Interaction Ritual Chain analysis was of interest in exploring how intersubjectivity and culture were implicated in curating the psychedelic “cultural set and setting;” it was not until my autoethnographic experience I recognized it would also help with theorizing emotionality and the production of retreat culture, and that interest was fueled even further by the opportunity to witness culture and interaction in person. Saldaña describes the process of “reflect[ing] beforehand on what forms of data you will most likely need and collect,” *foreseeing* (2020: 878). As Rock (2001) argues:

Interactionist research hinges on participant observation: *participant* because it is only by attempting to enter the symbolic lifeworld of others that one can ascertain the subjective logic on which it is built and feel, hear and see a little of social life as one's subjects do... but *observer* because one's purposes are always ultimately distinct and objectifying (p. 32).

The use of autoethnography was thus a significant positive evolution of this study, as it enabled me to gain a fuller, more detailed perspective on retreat culture, interaction rituals, and overall experiences.

Therefore, the autoethnographic component delivered a much-needed supplement to the in-depth interview data, and I have utilized my fieldnotes significantly in Chapters 5 and 6. The remaining chapters, however, are more so focused on interview data as a means of narrating the personal stories and experiences of retreat subjects. In these chapters, when autoethnographic data are provided, they are used to “close the gap,” so to speak, between subjects' interview data, enabling a more refined illustration of social and cultural dynamics on retreat.

4.2.6 Writing Fieldnotes Autoethnographically

Fieldnotes are deeply personal (Emerson et al. 2011) and have only recently been discussed outright (Murphy & Dingwall 2003). Upon arrival to the retreat, I—like all guests—was given a small journal with which to take notes in. I used this for my fieldnotes. I took this journal everywhere I went and did my best to jot commentary as formal and informal interactions took place. The general task for my notetaking was to understand and write down information about the social and cultural processes engaged in while on retreat. As per ethical obligations, all

guests and staff were notified of my study, and I have largely refrained from discussing or detailing intimate experiences on the retreat. On rare occasions when I have discussed individuals' experiences on retreat, I have done so in a way that either shelters their personal information, or do so as a means of explaining, analyzing, and/or critiquing the larger sociocultural atmosphere on the retreat. My ethical obligations also did not disable me from writing down particular phrases mentioned or used by staff members at times (though I rarely refer to individuals specifically when doing this), and for which I was better able to understand the cultural structure, emotion culture, feeling and display rules, and the "language of therapy" offered by the retreat (Chapter 5). Each are necessary to the project of explaining, again, the *cultural and social structure* of the retreat, and are by no means intended as commentary on any individual; and it is surely not meant as a normative commentary on any individual.

The most significant moments of data collection, as I show throughout the remaining chapters, produced my understanding of the formal rituals (Collins 2004): the Introduction Circle and the Integration Circles. While the psychedelic sessions are also, surely, formal rituals, I have refrained from writing about other people's psychedelic experiences who were on retreat for various reasons, notably privacy concerns. I have also decided to forego commenting on my own personal psychedelic trips in this dissertation, for privacy reasons and so as to not make my own personal experiences the center of attention, but to rather focus on broader cultural processes of psychedelic culture and the retreat. Nonetheless, my data collected through interviews with past retreat participants comment heavily upon individuals' psychedelic ceremonies, and so I go into detail about these in Chapters 7 and 8. What I was able to write down, however, are descriptions of general mood and my own personal thoughts and feelings on matters. General moods—a

broad notion, of course—in combination with my own personal thoughts and feelings are important descriptors of social and cultural phenomena and interaction rituals generally.

4.3 Methodological Pluralism and Data Analysis: Combining Narrative Analysis and Autoethnography with Symbolic Interactionism

Groups of various styles and sizes develop culture (Fine 1979, 1995), and in a study of psychedelic retreat experiences that were immersed in a cultural and therapeutic structure and meaning system, it is important to understand how that culture impacted interaction and those whose narratives the study was based on. Narratives, or stories (used interchangeably), are expressions of culture and are thus built collectively (Squire 2004: 13). While not the same as *discourse*, oftentimes narratives are built from, represent, and reproduce discourse.¹⁵ Located in the humanist, social constructionist tradition, *narrative analysis* is a useful method for delving deep into subjects' experiences and sense-making, particularly as it pertains to culture and cultural identity. In narrative analysis, the researcher gains a closer look at how subjects' stories, as well as their meanings and perceptions, reflect social and cultural norms, values, and morals (Bischoping & Gazso 2016) as well as subjects' relationship to "cognitive maps" and knowledge cultures (Somers 1999; see also DeGloma 2010, 2014). For example, a significant aspect of Chapter 7 is on understanding and analyzing subjects' stories of psychedelic experiences, recovered memories (and knowing the "truth"). DeGloma (2014), following Denzin's notion of "epiphany," uses narrative analysis to understand how "awakening stories" are understood and

¹⁵ For Polletta et al. (2011: 112) narratives are "forms of discourse, vehicles of ideology, and elements of collective action frames, but unlike all three, they can be identified in a chunk of text or speech by their formal features." As well, Fine (1995) argues that "cultural traditions and social cohesion are created, expressed, and made real through discourse" (p. 128).

give meaning to people's lives. Whereas DeGloma understands "awakenings" as communal narratives that often serve cultural and political ends (pgs. 3-4), I understand awakening stories, or truth discoveries, as stories of personalized healing that are situated or narrated—to some extent—in the psychedelic cultural set and setting and emotion culture of the retreat. DeGloma (2014) also refers to "autobiographical work" and "narrative environments," too, each of which will be considered throughout this dissertation that focuses on self-transformation through collectivity (see also DeGloma 2007).

Narrative analysis has been critiqued on multiple fronts from research strategies with different ontological and epistemological orientations. For example, positivists and realists argue that narrative analysis contains issues of *reliability* and *validity* as well as challenges with *hindsight* and *consistency bias* (Bischoping & Gazso 2016). Additionally, Polkinghorne (2007) suggests that analysts in the constructionist paradigm must consider how to remedy possible misinterpretations of language and affect. More recently, cultural cognitivists have questioned the extent to which narratives are trustworthy reflections of the culture in which they speak, or are instead perspectives chosen strategically by interviewees to present themselves positively (Kimura 2008).¹⁶ Pugh (2013: 54) has argued that to get to the nuanced details of culture, it is necessary to "ask for specific examples to get past the belief statements, interpret the cultural meanings from the particular discursive choices of language and metaphor participants use to access the schematic, [and] read for the emotional meanings behind the narrative to attempt to glean fragments of the visceral and meta-feelings." However, it can also be argued that to gain a further, deeper understanding of the cultural structuring of the retreat, and its impact on

¹⁶ Pugh (2013) calls this type of interview data the *honorable*, but suggests analysts need to take into account further types. The other three types, in addition to the honorable, are the *schematic*, the *visceral*, and *meta-feelings* (Pugh 2013).

emotions, self-transformation, and group solidarity—that is, the *micro*-level sociality on retreat—the only true way of gathering such information is via participant observation.

Thus, in order to gain insight to, understand, analyze, and explain retreat culture and intersubjectivity, I engaged autoethnography as a means of better connecting narratives to their sociocultural foundations. Because there are no objective or “correct” readings of narratives, “readers must always embed their interpretations in the larger intertextual arenas that surround, define, and shape the text in question” (Denzin 1997: 235). I used autoethnography to investigate “the larger intertextual arenas that surround[ded], define[d], and shape[d] the text in question” (Denzin 1997: 235). Autoethnography gave the researcher deeper access to the myriad sociocultural phenomena—interaction rituals, social connection, emotion culture, norms and values, cultural boundaries, personal experiences, and the visceral connection to and memories from the retreat experience—that I became only loosely privy to through interview methods. Hence, while many have written about the importance of interviews for understanding culture (Pugh 2013), by using such in combination with autoethnography created a form of “methodological pluralism” (Lamont & Swidler 2014) that significantly impacted my ability to discern how meaning is created and utilized on retreats, thus giving me a “multidimensional understanding of social phenomena” and enabled a fine-grained “interpretive analysis” (Pugh 2013). A number of examples of the importance of participant observation can be shown to have increased my capacity to investigate the nuances of intersubjectivity on retreat.

4.3.1 Understanding and Analyzing Data through Theory

As described briefly above and as thoroughly reviewed in Chapters 2 and 3, this dissertation's data was analyzed through Randall Collins' (2004) Interaction Ritual Chain theory. His is a "general" theory of interaction founded in the Durkheimian and Goffmanian traditions. This project originally began with the objective of learning about the sociocultural construction of drug experiences (Becker 1953). Due to there being very little 21st century sociological research on psychedelic use (c.f., Giffort 2020 and psychedelic-assisted therapy, the scope of the project was broad. Through *deductive reasoning*—and what Saldaña calls foreseeing, as mentioned above—participant observation enabled a further study and acknowledgement of the appropriateness for understanding intersubjectivity and culture through the lens of symbolic interactionism, and particularly IRC theory. For example, the autoethnographic component enabled a better view of the cultural context, and its myriad microsocial processes, of the retreat—which could then be theorized and analyzed as forms of structured interaction rituals (Turner 2010a, 2010b, 2019; Collins 2004).

Notably, however, while on retreat I recognized the inability of Collins's framework to sufficiently understand power relations stemming from authority, nor the *cultural structure*, fused with the *therapeutic philosophy*, driving formal and informal interaction rituals. Thus, as shown in Chapter 5, it was necessary to infuse Turner's (2010a, 2010b, 2019) notion of *culture-taking/-making*—a critique and extension of Collins' theory—to sufficiently account for how retreat rituals—Introduction Circles, Integration Circles, Learning about Mushrooms, etc.—are built, influenced, and facilitated by both the retreat's staff and its therapeutic philosophy and objectives. Autoethnography also provoked the necessity of conceptualizing the retreat as a style of therapeutic community and enabled an understanding and theorizing of the creation of what

Hochschild calls an “emotion culture,” with attendant “feeling” and “display rules” (Hochschild 1983).

Autoethnography facilitated the data coding process in numerous ways. Initially, and prior to the undertaking of participant observation methods, data was to be analyzed and coded according to the overarching research question—self-transformation and healing through psychedelic-assisted therapy. As the interviews continued, however, I slowly began to recognize the impact intersubjectivity had on the retreat’s transformative dynamics. I recognized, in other words, the notion of self-transformation done *collectively* (something that Collins’s theory of Emotional Energy and the creation of symbolic objects and particularized cultural capital, predicted.) Autoethnography permitted me to further discern a new style of coding, both for interview and autoethnographic data, surrounding collective effervescence on retreat. Simply put, individuals as strangers came together on retreat with a similar desire and focus—self-transformation; over the course of a week and myriad structured interaction rituals, a therapeutic philosophy and an emotion culture, strangers become partners in healing, and provide emotional and social support to one another. As Saldaña (2020) writes, through participant observation I was able to *feel* the data, or “gain deep emotional insight into the social worlds you study and what it means to be human” (p. 879). “Others’ emotions,” he writes, “clue you to their motives, values, attitudes, beliefs, worldviews, identities, and other subjective perceptions and interpretations” (Ibid.). This statement is apt and explains my experience on retreat perfectly: through participant observation, I was able to understand not only how retreat rituals operated and what they looked and felt like—a significant feature of research in its own right—but I could begin to comprehend and appreciate on a more nuanced level the narratives my interview subjects shared with me. One example is that participant observation better equipped me to

analyze interviews and discern the cultural construction of what Denzin (1993) calls “meta language” (or what Pugh 2013 calls “meta-feelings”), connecting such empirical events with the larger theory of intersubjectivity and IRC theory (Collins 2004).

Of course, paying deference to people’s struggles of mental health distress, traumatic encounters, and self-transformation is absolutely necessary, and I have done my best, but picking out which details to include or ignore in a final draft was a challenging task at times. It was also difficult to fuse together disparate parts of people’s journey, told at different points in the interview, as a means of exhibiting the depth of people’s lived experience. Thus, two overarching code frameworks were created for data analysis: that which pertained to the *collective* and *structured* aspects of the retreat and its formal (and informal) rituals, and that which pertained to the cultural impact of *individuals’ idiosyncratic psychedelic therapy sessions*. While interview data spoke of the impact of collectivity, emotions, vulnerability, and connection on retreat, autoethnographic data supported a more honed analysis of these phenomena. On the other hand, only individuals can explain their personal struggles with mental distress and their highly individualized psychedelic journeys; however, my participant observation on retreat—my discerning of the cultural structure and the cultural set and setting for psychedelic experiences—still brought those data to a finer level. Thus, two overarching frames, data, and analysis exist in this dissertation: psychedelic healing, focused on in Chapters 6 and 7, and collective healing, focused on in Chapters 5 and 7.

4.3.2 Subjectivity or Objectivity, Friends or Subjects? Reflections on Going “Native” on Retreat

When I first arrived on retreat, my ultimate goal was connected to my role as a sociologist: gathering data. Yet I was also very personally interested in all aspects of the retreat, not to mention being in Jamaica for the first time and being given the opportunity to feel the exciting and intense experiences of participating in psychedelic culture and consciousness and exploring the depths of my psychology.

During the Introduction Circle (described in detail in Chapter 5), I was as vigilant as I could be in gathering details and writing notes. Over the course of the week, however, this vigilance, and my attempt at “severing” myself somewhat from the others (to be “objective”), waned increasingly. As I’ve written in Ch. 5, the overarching purpose of the Introduction Circle is to provide an induction ritual for facilitating intimate relationships, emotional bonding, and social solidarity, and these experiences weighed on me and drew me in, and I did not hold back from allowing it to be so for a few reasons. Firstly, from my sociological role, building relationships is part of the operation of (auto)ethnography, and as described above, the researcher recognizes the nature to which he impacted the phenomena under study; as well, doing so, and being kind and listening to others’ stories was part of people’s journey towards wellness.¹⁷ Who was I to interrupt that for the purposes of social science, or to not engage as fully as I could in social solidarity and engaging with others on an intimate level? As well, personally, I became invested; I was drawn in by the tales of struggle, hope, and healing, the sharing and caring, the *emotion culture* (outlined in Chapter 5) of revelation, vulnerability, connection, compassion.

To make questions of subjectivity/objectivity even more complicated, that I was ingesting psychedelic drugs with strangers on the first (whole) day of the retreat also contributed to

¹⁷ Wiley (1998) has written about “role blurring” in therapeutic communities.

bringing down any defense mechanisms I had from my role as a “sociologist.” “We”—the retreat guests including myself, overseen by retreat staff—had left our routine social roles and activities to engage in the act of dramatically altering our states of consciousness on a faraway island. It was a wild, fun, exciting, and at times psychologically *scary* occasion—and we were doing it together, *in solidarity*. In retrospection (though I did have these thoughts while on retreat), it is clear that while there, I began to feel that adhering strongly to, or preferencing my study over the building of community, was a bit less important than it was for me to be there, present with others, as my personal self. There were even moments during my psychedelic state of consciousness—particularly during the third (and last) dose—where I became quite confused as to which self *should* take precedence—my scientific or personal self? It was an intense experience to say the least, and it was difficult to parse, particularly in that state. Annette Lareau’s (1996) description of “over-rapport,” or “going native,” is something I now relate too on a deep level.^{18 19}

Because of these experiences, throughout the week I became less vigilant in taking notes and thinking with my analytical mind—indeed, one could say, as outlined in Chapter 5, I was *engaging in the emotion culture* of the retreat. Indeed, the construction of a cultural set of rituals and intersubjectivity that prefaces feelings over rationality is one that at times challenged my sense of obligation to the research project at hand. It was difficult to distinguish at times between

¹⁸ “Going native” generally refers to adopting as best one can the lifestyle, norms, and habits of the people one studies. For analyses of the “going native” term as derogatory and affiliated with colonial rhetoric, see O’Reilly (2009).

¹⁹ Lareau (1996: 218-19) writes in detail about “going native” in her ethnography of parental involvement in schools and social class distinction: “I liked being in the classrooms; I liked the teachers, the children, and the activities – making pictures of clovers for St Patrick’s day, eggs for Easter, and flower baskets for May. I liked being there the most when I felt accepted by the teachers and children. Thinking about taking notes reminded me that I was a stranger, forced me to observe the situation as an outsider, and prevented me from feeling accepted and integrated into the classroom.” This is quite similar to my experience.

my rational/intellectual mind and my emotional side, and from which perspective to view social phenomena, from which lens to witness interactions, from which level to relate to and communicate with others—and this was all particularly the case, I felt, during my interactions with some of the retreat guests who were dealing with difficult life circumstances they came to the retreat to resolve. I *felt* for them, I wanted them to do well, to *be* well; I was a part of the community. Long ago Whyte (1943), in *Street Corner Society*, wrote about this problem, suggesting that the researcher inevitably has their “personal life... inextricably mixed with [their] research” (p. 279). But, along with the solidarity I felt to the others, I also, simply put, wanted to enjoy myself and the wild experience I was having.

Looking back on these thoughts and experiences, and with the emotional safety net that is hindsight, these are fascinating questions to consider, and I am grateful for the opportunity to ask them. But it is important to note that throughout the retreat, and for several weeks after, I did indeed feel that my emotional self should, for my own mental health and wellbeing, take precedence over my rational, intellectual, analytical—that is, my social scientific—mind. I do not regret feeling this way, and I do not feel on the whole that it took much away from my data-gathering capabilities. I much preferred to engage wholeheartedly in my blossoming relationships with others rather than risk any part of that by being more concerned with where my project was going. In other words, I felt more interested in experiencing and offering emotionality than attempting to record it. Jennette Clarke, in her dissertation work (2015) and subsequent work (Clarke et al. 2016; Clarke & Waring 2018) has written about “not really [being] a member of the [therapeutic communities]” she was studying. I had the opposite experience: I *was* a member of the community, and I cherished and cherish that experience to this day, and I do not believe this problematizes my research; rather, I feel it enhances it.

4.4. Keeping Up Relationships, “Leaving” the Community

I continue to do my best to remain in contact with both groups that this study brought me into contact with. In terms of the interview subjects—with whom I interviewed over a year prior to the defense of this dissertation—I have contacted all of them, telling them that I had the chance to attend a retreat myself (and also notifying them of interviews I have done, so they can read how it is I understand and speak about their lived experiences on and after retreat). Only a few responded to my email, and all who did professed to be very excited to know that I now *really understand* just what they went through regarding the psychedelic retreat (of course, each person recognizes the idiosyncratic nature of psychedelic consciousness, yet they simultaneously understand the *collective* aspects of retreat life as well). Nevertheless, I will continue to update these subjects, not only as publication of the material takes place, but because I feel quite connected to each person as they spent two or more hours (on average) sharing with me intimate details about their lives.

I am also still in contact with most of the people I was on retreat with. At the time of writing this chapter, we just had our second (online) integration circle, which the retreat facilitates, marking two months post-retreat. Thus, two months after our retreat ended several members of our group met over Zoom to discuss how we are doing (mental/physical health, emotional and psychological wellbeing, etc.), how the retreat has or continues to impact us, and how we can continue to “integrate” the lessons learned while on retreat into daily life. I have also been told by many in this group to keep them updated with the ongoing research and publication of data. Because of this, I do believe that I will continue to keep in touch with many, if not all members of the group as time continues on.

In summary, at this juncture I do not know exactly what “leaving” the community looks like; for some interview subjects who have not responded to my two emails, “leaving” may have already taken place in their minds. For others who did respond to my emails, I believe they feel, somewhat, that we are still in relationship. I will continue, nonetheless, to send spontaneous emails and updates on the research. And for those in the retreat group with whom I’m still connected to, I do not foresee completely “leaving” this community any time soon, as I am personally interested and invested in their wellbeing, and I myself feel intimately connected to them after having spent a (wild) week on retreat together. As well, it is important to note that I feel strongly about each of the therapists, facilitators, and general organizers of the retreat, as well as the wonderful family whose property in Jamaica retreat guests stay on. I hope to remain in touch to some extent with all of them.

Summary

This chapter has outlined the ways in which interviews and narrative analysis of past retreat participants’ stories, combined with autoethnography of my own experience on retreat, were synthesized through Interaction Ritual Chain theory. I used these methods in tandem with this theoretical tradition as a way of situating both my experience and the experiences of my research subjects in broader psychedelic and retreat cultures, which impact upon intersubjectivity, self-transformation, and healing in psychedelic-assisted therapy retreats. It is this larger cultural “structure” of the retreat—founded in a broader psychedelic culture—that I explore in the next two chapters (Chapters 5 and 6), and which impact upon the participant narratives outlined and analyzed in Chapters 7 and 8. I turn to those chapters now.

PART II

THE CULTURAL STRUCTURE OF RETREAT RITUALS

CHAPTER 5: THE CULTURAL STRUCTURE OF INTERACTION RITUALS

The cultural and dramaturgical perspectives intersect most clearly in regard to the maintenance of moral standards. The cultural values of an establishment will determine in detail how the participants are to feel about many matters and at the same time establish a framework of appearances that must be maintained, whether or not there is feeling behind the appearances (Goffman 1959: 241-42).

We have seen in Chapter 2 the importance and scope of the interactionist method of analyzing and theorizing intersubjectivity and the creation of culture. Towards the latter half of that chapter, I provided examples of how interaction rituals (IRs), rather than spontaneous, static

phenomena (Collins 2004), become *negotiated* (Fine 1984, 2010) or *structured* (Turner 2010 2019). The purpose of the current chapter is to explain the cultural context of interaction rituals facilitating self-transformation, or healing (engaged collectively). The strategy, therefore, is twofold: (1) to apply a theoretical framework to both autoethnographic and in-depth interview data, and to do so as a means of (2) highlighting the significance of interaction rituals and their *structured cultural contexts* for self-transformation. By cultural structure I mean the way in which an overarching set of ideas, objectives, and/or therapeutic philosophies *direct* and *constrain* IRs in order to produce particular outcomes. Through synthesizing autoethnographic data from the retreat with interview data from guests' experiences of past retreats, I will deliver a detailed overview of the retreat's first day and its first formal ritual, the Introduction Circle. This ritual is important—I argue the most important of the retreat—as it is the first formal gathering in which staff and guests come together in interaction and hence build a cultural foundation for subsequent rituals. In doing so, I illustrate how staff *culture-make*, posit therapeutic philosophies and knowledge, and create an emotion culture around *sacred objects*—all of which curate a therapeutic, transformative environment *and*, as will be seen in Chapters 6 and 7, the *cultural set and setting* that will direct guests' psychedelic consciousness.

At the outset, and as a means of understanding how culture, power, and self-transformation function in psychedelic retreats-as-institutions, I overview literature on therapeutic communities (TCs), which I deem analytically similar to the retreat. While TCs, like the retreat in question, generate spontaneous interaction rituals (as Collins's model generally infers), most *formal* IRs are structured according to the established goals of the retreat staff and the therapeutic culture of the institution. I thus borrow from Turner's (2019) work on culture-taking/making to help illustrate how cultural structure and power relations impact and direct

rituals like the Introduction Circle, the latter of which I focus on primarily here. This IR will be important to investigate at length as it sets the tone—the culture, the “link” in the *chain* of IRs—for all subsequent rituals. Consequently, studying its myriad details via IR chain theory and cultural and dramaturgical frameworks exhibits a foundation on which emotions, feeling and display rules, self-transformation, and social control operate. While there is no way to exclude the psychedelic experience from a larger analysis of the retreat setting and its concomitant intersubjectivity, it is useful for analytical purposes to understand how the cultural structure of the retreat setting contributes to self-transformation *collectively*, and prior to the use of psychedelic drugs. It is in the next chapter I will analyze the cultural structure of *psychedelic rituals* and its impact on the personal (and collective) healing process.

5.1 Framing Psychedelic Therapy Retreats as Therapeutic Communities:

5.1.1 Cultural Structure in TCs

Goffman argues that organizations or institutions can be viewed technically, politically, structurally, culturally, and dramaturgically (Goffman 1959: 240), and in this chapter—in this dissertation generally—I am able, by means of my empirical data, to understand, discuss, and analyze the latter three. By building a theory of the cultural structure of the retreat, we will be in a position to better analyze and understand the way in which *structured* interaction rituals connect micro-level forms of intersubjectivity—*formal* and *informal* IRs—that facilitate self-transformation collectively and connect to future psychological and behavioral repertoires.

As Goffman showed in *Asylums*, a “total institution” can be considered “a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life”

(Goffman 1961: xiii). While total institution as a concept has typically referred to places of (often forced) confinement, such as mental hospitals, army barracks, and prisons (Foucault 1995), others have used the term in a broadened sense.²⁰ Simply put, we can understand this tradition of the concept institution—whether forced, “total,” or otherwise—as a way of describing a geographical, physical, and/or cultural context where conformity or orthodoxy is asserted. To a similar extent, one of The Oxford English Dictionary’s definitions of “institutionalization” is, “The action of establishing something as a convention or norm in an organization or culture” (cited in Vine 2020: 184). In this definition, “institutionalization” innocuously describes the manner in which we assume the characteristics of an organization—how we are *enculturated*” (Ibid.). As described in Chapter 2, Durkheim’s conception of religion can be considered, to some extent, a process of enculturation or institutionalization: “A religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden—beliefs and practices which unite into one single moral community called a Church, all those who adhere to them” (Durkheim, [1915] 1995: 62). Institutions are therefore the means by which sacred objects can be established and separated from everyday life, and the unity of beliefs and practices surrounding them enforced.

TCs are structured around their own philosophies of enculturation or institutionalization. As Rapoport (2013 [1960]) writes, the TC, “like any social system, functions according to a more or less explicit and articulated set of ideas about how it ought to be organized to achieve its purposes” (Rapoport 2013). Yet unlike more traditional hierarchical institutions, Roberts (1977) argues that in modern TCs “the community is the primary therapeutic instrument” (Ibid.). For

²⁰ For example, Dunlap et al. (2002) have used the term to describe the experiences of persons living in inner city environments cutoff from larger social and cultural majority forces and with their own conduct norms.

example, Clarke et al. (2017) define TCs as “planned social environments that involve both staff and service users in the therapeutic process” (Clarke et al. 2017: 631). Haigh (2015) argues that TCs are simultaneously “a radical group-based therapeutic model, and a complex therapeutic philosophy” (Haigh 2015: 274). Roberts defines therapeutic community as: “a consciously designed social environment and programme within a residential or day unit in which the social and group process is harnessed with therapeutic intent” (Roberts 1977: 4; from Haigh 2015: 274). Overall, as I will continue to show, and in the vein of Clarke’s (2015) study, contemporary TCs—and the psychedelic retreat—operate with democratic values and more “fluid” power dynamics, and a therapeutic philosophy intertwined with social relationships visible in both formal (i.e., administered) and informal interaction rituals. To the extent that modern TCs and surely the retreat operate with democratic values and fluid power relations, it is also appropriate to define the operations of the retreat as a “negotiated order” (Strauss 1978; Fine 1984).

While there are many types and ways of organizing TCs (Haigh 2015), each usually revolves around the production of a type of alternative reality—a reality that is both constructed by the culture of the community and distinct from its guests’ everyday lives (Wiley 1991). Because of this, I will begin to refer to the production of this reality as relying upon a TC’s “culture” or “cultural structure.” Social-psychological studies of support groups have shown how distinct therapeutic ideologies produce varying definitions of situations (such as for divorce or bereavement groups) that impact cognitive and affective outcomes and identity constructions (Francis 1997). In other words, situational definitions, generated through cultural structure, “encourage understandings and emotions that coincide with the groups’ own ideological perspectives” (Francis 1997: 153). Clarke et al. (2016) suggest that one of the most important components of TC culture is “the role of emotion and the relational ‘climate’ in terms of whether

an environment is able to facilitate the expression, and then transformation, of negative affect” (p. 395). An “effective relational context,” Clarke et al. argue in the manner of Collins’ (2004) notion of mutual focus and solidarity, “is one that both contains difficult emotions, but then goes further by transforming the negative experiences into positive experiences such as hope and wholeness through mutuality and feelings of inclusion” (2016: 396).

In *One Foot in Eden*, Bloor, McKeganey, and Fonkert (1988) sociologically analyze a variety of therapeutic communities. Their description of “therapeutic work” is important in describing how healing processes are ingrained throughout the spectrum of IRs in TCs. In such communities,

therapeutic work is a cognitive activity which can transform any mundane event in the community by redefining that event in the light of some therapeutic paradigm... to so redefine an everyday event as an occasion or a topic of therapy sets it apart and transforms it, much as the profane is transformed into the sacred by religious belief and ceremony... Any and every event and activity in the therapeutic community is potentially open to such redefinition: there is no nook or cranny of resident life that is not open to scrutiny and potentially redefinable in therapeutic terms (Bloor et al. 1988: 5).

In this sense, as Clarke (2015) and Clarke and Waring (2018) have shown, and as my work will similarly highlight, to the extent that a TC is more or less “administered” (through culture and power relations), both formal and informal interaction rituals provide clientele with the opportunity to engage in the therapeutic process together. In the coming sections I will highlight how important the social dynamics—and their structured rituals—are in creating an environment of solidarity, mutual emotional support, and therapeutic efficacy.

5.1.2 Power and Authority in TCs

TCs, depending on the culture and therapeutic philosophy, facilitate different ways of organizing power dynamics. The history of TCs is one in which early on, criticisms were levied at the use of power and social control. For example, power relations between staff and clients may result in emotional manipulation (Sharp 1975). Because clients are often in a position of vulnerability, staff can use the power of interpretation of client behavior in a way that manipulates and forces compliance and control. This can be done, for instance, through labeling, blaming, and stigmatizing (Ibid.).

Control can also operate through cultural meaning structures. For example, Wiley's (1991) ethnographic research on the therapeutic community Quaesta highlights how

“Creating culture was a conscious and deliberate undertaking... Through the charismatic authority of the Founder/ Director, the all-encompassing and highly structured ideology and institutional practices of the therapeutic community, a total ideological institution was created. The therapeutic community not only physically housed and monitored individuals on a 24-hour basis but it sought to get inside them and reconstruct them from the inside out. Consequently, a triple level of total ideological institutionalization was accomplished by virtue of physical containment, ideological containment, and the very substance of the ideology which emphasized ‘structure’ and ‘containment’” (Wiley 1991: 158).

According to Wiley (1991), the Founder/Director became the “central definer of reality,” themselves producing a culture—the “ideology and institutional framework and practices”

(Wiley 1991: 158). Not all TCs are authoritatively produced, however. In their historical overview of TCs, Bloom and Norton (2004) suggest that it has recently become more common to attempt to instill a “deep democracy” between staff and clients. This therapeutic culture, they argue, “seeks to subvert the militaristic, hierarchical, and frequently punitive and retributive control structures that typically characterize most of our social systems and replace them with an environment offering different styles of relating that seek to avoid the repeating of past traumas.” Thus, whereas Quaesta’s TC was structured according to explicit power and ideological dissemination, other approaches are more dialogical. In a separate paper, Wiley (1988) shows how in therapeutic contexts, “role blurring,” in contrast to more explicit power dynamics in “role segregation,” produces a democratic, egalitarian attitude toward the healing philosophy of certain TCs.

More recently, and in the symbolic interactionist tradition, Clarke (2015) suggests that there are two general styles of power in TCs. The first is based on staff manipulating and controlling clients, whether through the power of psychotherapeutic interpretation (Sharp 1975; Rose 1999) or more explicit forms. The other utilizes power in a more imaginative way, where clients are seen as agents, and interactions and practices between staff and clients are understood as attempts to confirm patient perspectives on and experiences with mental distress (see Barnes & Bowl 2001). As well, Bloor’s (1986) critique of Sharp’s work suggests that while power is a constant in all forms of social life, and the power of interpretation can operate in a manner associated with social control in TCs, interpretation can also operate as “orchestration,” a method which “allows for the autonomous participation of residents in their own treatment” (Bloor 1986: 308). As we will find in this chapter, the latter form of power—power as authority, suggestion,

framing, and the power of cultural norms, values, and boundaries—is most useful for this immediate research.

5.1.3 The Self and Self-Transformation in TCs

One of the predominant foci of this dissertation is on self-transformation through the healing of mental distress and trauma. Green (2004) suggests that defining healing or “recovery” in the context of mental distress is difficult, particularly because agreement upon what it conceptualizes is distinct among various communities of scholars, clinicians, relatives, policymakers, and consumer activists (Green 2004). Varying definitions may include restoring subjective (or objective) health to a “premorbid” level; getting to a point where mental health treatment (e.g., talk therapy, medications, etc.) is no longer necessary; finding oneself able to fulfill role obligations; subjectively describing oneself as finding wellbeing, life satisfaction, or no longer experiencing symptoms; etc. As will be seen in future chapters and as outlined in Chapter 2, I continue to rely on the symbolic interactionist perspective of self and self-transformation as *process*, and hence defer solely to subjects’ subjective interpretation and narrative of their healing and biographical trajectory, particularly through the instance of interaction—with others (e.g., staff and retreat attendees) and the culture of the retreat overall).

As I have shown in Chapter 2, in the symbolic interactionist tradition the self is comprised through interaction (Blumer 1969). Similar to Durkheim’s understanding of the influence of social (i.e., religious) rituals, Mead’s idea of the self is produced through reference to the “generalized other,” a real but imagined other whose perceived attitude/s shape/s the self. For Collins (2004), the self is not simply a cognitive, rational self, but is an emotionally

motivated self, whose actions are informed by seeking out successful interactions that boost their emotional energy. With regard to institutions and TCs, Goffman famously argued that the self is comprised of the situation in which it is found. In *Asylums*, focusing on the plight of patients involuntarily committed to a “mental hospital,” he wrote that the self

“can be seen as something that resides in the arrangements prevailing in a social system for its members. The self in this sense is not a property of the person to whom it is attributed, but dwells rather in the pattern of social control that is exerted in connection with the person by himself and those around him. This special kind of institutional arrangement does not so much support the self as constitute it” (Goffman 1961: 168).

For Goffman, “normative orders” prevail outside “total institutions” as well, directing and constraining social interaction, lines of action, and as he showed in *Stigma*, the presentation of “spoiled identities” in restricted circumstances. It is through this framework Goffman uttered his famous words, “Not then, men and their moments. Rather, moments and their men [sic] (1967: 3). Thus, for Goffman, particular selves exist within certain “moments,” or social, structural, and cultural conditions.

The same goes for TCs, in which the self—and the possibility of *self-transformation*—becomes the product, more or less, of the sociocultural environment. It can be generally proffered that the fundamental objective of TCs is self-transformation, though in TCs—and as I will show below, and in Chapter 7—much of the accomplishment of transforming the self is cooperative. Wiley (1991) found, for example, that the “primary goal” of the TC in his study was the “transformation of self,” a task that “was to be accomplished as the *culture* and primary therapist (i.e., guide) ‘penetrate the deepest core of who you are’” (p. 147; italics mine). As Denzin has shown, in the TC that is Alcoholics Anonymous (A.A), the purpose of and ideology

driving the therapeutic process is the “temporal recovery of self that has been lost to alcoholism.” Denzin suggests that the ideology of A.A. is that “alcoholism is a dis-ease of emotionality, temporality, social relationships, and self,” and healing is accomplished by the “relational and emotional restructuring of self.” “By taking individuals with ruined, distorted, disorganized selves and giving them a new, sacred, whole self,” Denzin argues, “A.A. reveals how the collective creates the individual” (Denzin 1993: 357). In TCs, it is also important to note that particular scripts of self-transformation exist, alongside the institution’s and staffs’ power to implement particular definitions of reality. DeGloma, for example, remarks that such institutional contexts serve as “narrative environments,” “where individuals adopt shared autobiographical scripts and construct personal accounts in accordance with (often unacknowledged) social norms of storytelling, cognitive conventions, and feeling rules” (2014: 23). Thus, in TCs, self-transformation—or healing—is a collective, relational endeavor (Clarke 2015; Clarke et al. 2016; Clarke & Waring 2018).

In summary, this brief review of the literature on the creation of culture, power, and the self in TCs suggests that it is important to understand the development—if not the underlying, imposing structure—of a “normative order.” In the remainder of this chapter, a summative question remains: What is it that *structures* the normative order of the psychedelic-assisted therapy retreat in question, and the myriad formal and informal IRs extant in daily life in the retreat? To what objectives do IRs tend? And how are they configured, or directed in a way that helps guests achieve self-transformation and healing?

As a means of providing a theoretical foundation, I will build upon the aforementioned literature to illustrate a way of analyzing IRs throughout the weeklong event. As we will see, while this dissertation uses symbolic interactionist frameworks (IRC theory specifically) and

attendant qualitative methods, in the next section I will build upon those theoretical analyses outlined in Chapter 2 to understand structured interactions and power relations in the retreat setting. Thus, by theorizing the psychedelic retreat as a TC—as containing cultural structure, a normative order, or by theorizing it as an “administered round of life”—we can understand how guests, through the retreat’s structured rituals and cultural meaning system, are socialized, socialize one another, generate adaptive tactics for managing and evolving from challenging or triggering circumstances, and develop what Collins (2004) calls symbolic objects for explaining mental health concerns and treatment methods. While clinical trials and laboratory experiments have often conceived of mental distress and the potential of cure as being situated in the altered state provided by psychedelics and the concomitant integration of this form of introspection, much less considered is how the “relational and emotional restructuring of self occurs in treatment,” particularly via social processes, cultural context, intersubjectivity, and solidarity. These items and dynamics will be analyzed throughout the remainder of the dissertation.

5.2 Culture-Taking/-Making: A Theory of the Structure of Interaction Rituals on Retreat

By theorizing the retreat as a TC, we can hypothesize that it contains a cultural structure, therapeutic philosophy, and a normative order that provides, loosely, an “administered round of life.” In this chapter, I am therefore concerned with how the retreat as TC produces a “relational and emotional restructuring of self” via social processes, cultural context, and solidarity, and that facilitates guests’ socializing, generating adaptive mental health tactics, and developing what Collins (2004) calls symbolic objects and particularized cultural capital surrounding healing. However, it is not feasible to transpose Collins’ theory onto interaction rituals in TCs without supplementation for two reasons. For one, as Summers-Effler (2004) has shown, while Collins’s

analysis of IRs includes aspects of power, it is important to understand how power can be used to generate “solidarity” rituals as well as “power” rituals. In the latter case, as I will highlight below, when sacred objects are not held in high esteem by IR participants, social control mechanisms become important to rebuild the boundaries of etiquette around ritual norms and morals and sacred objects. As well, by prefacing this issue of power, a second intervention into Collins’ (2004) analysis is warranted: the *structuring* of IRs during a psychedelic retreat. It is for this reason that Turner describes Collins’ IRC theory a form of “micro chauvinism” that lacks analytical utility to understand “the power of structure and culture to affect the flow of not only interaction rituals but also the additional interpersonal practices that are always involved in interaction and, hence, its ritual dynamics” (Turner 2019: 157). Without a proper understanding of how higher levels of social reality impact upon micro-level interactions, we are left, Turner argues, with an analysis that “will not even present an explanation of the rituals themselves, much less of all the other forces pushing these rituals in particular directions” (Turner 2019: 155-7). It is this idea of “pushing... rituals in particular directions” that in this chapter I have called *cultural structure*—that which organizes, directs, channels, or forbids particular interactions and their fundamental components. In other words, in this chapter I am concerned with the norms, values, and boundaries of the retreat culture in question, as analyzing it will provide a better idea of the cultural foundations of self-transformation on retreat.

“Culture,” simply put, “imposes itself on encounters,” writes Turner. “I see the process of interaction as highly complex and involving many different cognitive, emotional, behavioral, and interpersonal dynamics that have large effects on what aspects of culture are made relevant to an interaction” (Turner 2019). Borrowing from Mead’s (1934) notion of “role-taking,” and R. H. Turner’s (1962) “role-making,” Turner responds to this critical inquiry by developing the

interrelated concepts of *culture-making* and *-taking* (2019). Explaining retreat phenomena as a series of *culture-taking* and *culture-making* (Turner 2011, 2019), and by utilizing (below) further details offered by dramaturgical approaches to micro-social interaction, I will *simultaneously* build and use a theory of culture, constructed with autoethnographic and interview data, to provide a description of how “the power of structure and culture... affect[s] the flow... of interaction and, hence, its ritual dynamics (Turner 2019: 157). In doing so, I can better proffer an analysis of how the administration of *psychedelic-assisted retreat culture* impacts formal (and informal) rituals and thus becomes impressed upon the dynamics of healing and self-transformation of individuals. For Turner (2019), several processes are involved, and pictured below in Figure 1 is a diagram of these processes, which I will draw upon *selectively* to further elaborate on Collins IR chain theory.

(1) <i>Situation-taking and -making</i> : The process of assessing and asserting the meaning of (a) the ecological space in which the encounter occurs (props, boundaries, locales, use spaces, etc.), (b) the demography of the encounter (number, density, categories of persons), and (c) the locale of the encounter in types of corporate units within institutional domains.
(2) <i>Status-taking and -making</i> : The process of assessing and asserting the locations of others and self within the division of labor, if any, of salient corporate units, if any, and the expectation states associated with these locations.
(3) <i>Category-taking and -making</i> : The process of assessing and asserting (a) the salience, if any, of the categoric membership of others and self, (b) the nature of interaction (social, work-practical, ceremonial), and (c) the nature of others (as intimates, persons, or personages).
(4) <i>Role-taking and -making</i> : The process of assessing and asserting the roles and disposition to act in certain ways of others and self with respect to status locations, memberships in categoric units, and generalized roles.
(5) <i>Ritual-taking and -making</i> : The process of assessing and asserting the appropriate rituals (stereotyped sequences of talk/body language) for openings, closings, formatting and structuring, totemizing, and repairing ritual behaviors.
(6) <i>Emotion-taking and -making</i> : The process of assessing and asserting the appropriate emotional states of others and self in an encounter.
(7) <i>Talk-taking and -making</i> : The process of assessing and asserting the appropriate forms of talk in an encounter.

Figure 1: Microdynamic processes involved in Culture-Taking, Culture-Making, and Interaction Rituals (taken from Turner 2019: 170)

Prior to the start of the retreat, retreat participants are, to a certain extent, aware of the particular practices, ideologies, and rituals they will be engaging in throughout the week. Turner calls this “situation-taking,” thus demarcating the initiation of culture-taking. For example, the retreat’s homepage is usually the first point of contact for inquisitors. The homepage sets the stage for viewers by providing them with an overview of the cultural foundations of the retreat as based on a therapeutic (as opposed to recreational) model.

“Psilocybin-assisted retreats for people who have tried it all and are ready to *heal*.

Experience the *deep transformation* you have been seeking” (italics added)

“One of the world’s leading psychedelic retreat experiences, retreats take place in serene locations and incorporate a safe, caring, facilitated group experience to *catalyze life-changing transformations for our guests*” (italics added)

Noted is that psilocybin is described as being used as a therapeutic adjunct, as a method of facilitating “deep transformation” and “transformations for our guests.” As well, people are told they will experience a “life-changing transformation” in a “serene location” in a “safe, caring, facilitated group experience.” As well, the website declares the tradition upon which the retreat is founded: scientific and Western, as opposed to Indigenous.

“An Age-Old Approach with Modern Application.”

“In our pursuit of a gold-standard retreat model, we have reviewed and adapted the best practices for psychedelic-assisted therapy from prestigious research institutes such as Johns Hopkins University and Imperial College London.”

Here, we find a distinction between “age-old approaches,” (Indigenous traditions) combined with “modern” application, or Western-based scientific protocols, of which “prestigious research institutes” like Johns Hopkins utilize. As well, on their Instagram page we find:

“We have a deep respect for the shamanic approach to psychedelic healing and the wisdom that these cultures have when it comes to working with plant medicine.

However, we don’t consider ourselves a shamanic retreat.”

It is, in other words, an “open-ended approach,” a non-“dogmatic” style which enables anybody “who joins us [to] make sense of their experience in a way that works for them.”

As is less obvious but will become clearer below, this description of the “tradition” founding the retreat is not simply cultural, but *therapeutic*. Before attending retreat, guests are required to undergo a self-rated background check of medical and familial histories, and to provide information—detailed at times—about any past experience with trauma, substance abuse or addiction, pharmaceutical medication, psychiatric diagnoses, history with therapeutic modalities, and so on. As well, many guests who take prescribed medication from doctors are asked by retreat staff to not only prepare oneself mentally for the week, but to consider “tapering off” their psychiatric medications (with doctors’ advice).²¹ Clients are also given suggested literature to

²¹ After guests have paid partial or total fees, one of several documents they receive via email asks guests to consider giving up their medications: “Current research and our own experience indicates that many psychiatric medications have a dampening effect on the psilocybin experience. As such, we strongly urge our guests to consider tapering off their psychiatric medications under the direct supervision of a licensed medical professional prior to their retreat. This would include all types of antidepressants, benzodiazepines, mood stabilizers, and antipsychotics. In our experience, people who are able to successfully taper off of their psychiatric medications prior to the retreat have a deeper, more meaningful experience. The clearer your body and mind is, the more the mushrooms can do their work which will maximize the potential of your... retreat. Again, tapering off your medications before joining a... retreat is only advisable under the direct supervision of a licensed medical professional. Side effects from abruptly ending your medications can be severe. If you or the medical professional assisting you have any questions about tapering off your medications in order to get the most from this experience, please feel free to reach out to us.”

read as well. While not all guests arrive with mental health issues to resolve, all are clearly notified that the retreat bases its entire operation on the resolution of distress and trauma.²²

In Turner's language, individuals thus arrive on retreat having already begun the process of *situation-taking*, or "successfully downloading... salient aspects of culture... [and] institutional norms" appropriate to the retreat (Turner 2011: 332). This practice takes place through reading information posted on the website, as shown, but it can also take place by guests asking to engage in dialogue with retreat staff, organizers, and therapists prior to joining—of which several guests in each retreat typically do.

Referring back to Turner's models, I consider the aforementioned actions and suggestions as "individuals engag[ing] in *anticipatory* interaction before actually becoming co-present... they come to an encounter with understandings about the situation because it is embedded within a corporate unit within a specific institutional domain, where the stock elements of culture can be, in essence, downloaded and then adjusted to the unique aspects of the ecology and demography of the situation" (Turner 2019: 172; italics added). While I will continue to selectively examine interaction dynamics through Turner's framework below—as a means of further explicating retreat dynamics—as can be discerned it can be given that guests show up on retreat already having commenced several processes of culture-taking: Not only have they learned about the traditions and healing modalities upon which the retreat is built, but they also, possibly, have read some of the same recommended literature; and considering the therapeutic nature of the retreat, some people come with biographical conditions—particularly as mental health is

²² The retreat specifies trauma several times throughout its website. For example, on the front page it reads, "Having helped over a thousand guests make significant improvements in their struggles with *depression*, *anxiety*, and *trauma*, we are one of the longest-serving psychedelic retreat centers in the world. Our goal is to provide an experience that delivers long-lasting benefits and positive change" (italics added).

concerned—in some ways similar to their retreat counterparts. Thus, as can be seen in Figure 1, simultaneous with situation-taking, and through future interaction rituals, *category-*, *status-*, *role-*, and *talk-* taking and making come into the picture.

5.3 Where the Action Begins: The Introduction Circle as First Formal Ritual

5.3.1 Culture- and Ritual-Making in Staff Introductions

The first day began with a staff member holding a yoga session at 7:30am. Following that, breakfast was served at 8am, and by 9am we were formally gathered to sit in a large, circular, brightly colored section of the main common area (see Figure 2). Most people sat in plastic chairs, but others grabbed yoga mats and sat cross-legged on them. There were eleven guests (including me) and nine staff, one of which was “Veronica,” the Lead Therapist. With long hair and a lengthy, brightly colored, flower-filled dress, Veronica performed with a graceful aura, and the other staff members seemed defer to her as she walked and talked during breakfast. She was a bit older than most of the staff, a feature which carried with it its own authority and enhanced her leading role. As we sat down in our chairs, she held her hands outward, collected everyone’s attention, and with a warm smile and a sigh, said “Welcome. Thank you for being here.” Her body language appeared relaxed and accepting, yet it simultaneously communicated something else, as if she was saying, gently, “Life is hard, isn’t it? But you’re here now, and everything is going to be fine.” There was a calmness in the warm air. I looked around, and while everyone else’s eyes were darting about, people were smiling and seemed happy. I felt the same.

The therapists and facilitators introduced themselves first. There were nine of them—four male and five female. The group came from eclectic backgrounds, geographies, and professions.

Six were white and from the US; three were black and from Jamaica. The staff ranged widely in age, with several being in their mid-twenties, thirties, and early forties, and Veronica and another female therapist were in their late 50s or early 60s. The latter were mothers, too, and each seemed to display a strong maternal presence (which as the week continued became increasingly noticeable through their warm, caring, and comforting dispositions²³). In much of psychedelic culture, altered states of consciousness are considered maternal, feminist, and as providing a universal loving force (Helene n.d.; Hewitt 2019). All of the staff presented in a very tender way, and my immediate impression was that they were kind, considerate, caring human beings. Watching the staff interact with each other and the guests, it seemed *and* felt as if they had nowhere else they wanted to be—they were, simply put, *present* and *content*.

²³ Cultural lore has it that psychedelically-altered states of consciousness bring maternal, feminist, and/or a universal loving force (Helene n.d.; Hewitt 2019). Myriad foils exist for this theory, however, such as the story of Charles Manson and his followers, or the subversive experiments with psychedelics by members of the US government or the CIA. See Hartogsohn (2020), for example.



Figure 2: The Communal Area, where all meals and meetings—the Introduction Circle, Integration Circles, etc.—were held.

Aside from their kind, calm, present demeanor, another important theme from the details shared by the staff was their education. Most had earned bachelor's degrees, and some had graduate degrees, either in psychology, social work, counselling, or in some form of psychotherapy. One therapist held a Doctorate in Medicine and described herself as a “recovering primary care physician.” She, after years of medical work, became burnt out and needed a change of careers. Related to the medical field, two facilitators were nurses, with one, I

recall, being an emergency nurse for 10 years, and who also described experiencing burnout and leaving the profession. Separately—and particularly notable for the microdynamic processes of culture-making—in attendance (during that ritual and throughout all subsequent Dosing Days) was also a female staff member who was dressed in bright blue scrubs and carried a medical kit; we soon learned she was a soon-to-be licensed nurse practitioner, who was on hand to provide additional medical safety (just in case). The bright blue scrubs were an interesting feature; I quickly came to realize that they were a symbolic gesture, a way of instilling a sense of professionalism, safety, and comfortability into guests' mind. This symbolism also satisfied another necessary item on what I can describe as a checklist denoting a Western-style retreat as opposed to one with a shamanic or Indigenous tradition. I now—post-retreat—conceive of this as another instance of *situation-making*: The nurse's presence carries a larger implication outside of formal or informal IRs, and cannot be perceived as an aspect of "ritual-making"; and moving up Turner's chain of processes, it is not simply a role (though it *is* too, as she *is* a nurse with a particular job/task to fulfil), nor does it have to do specifically with denoting the "categorical membership" (category-making) or statuses of individuals in the cultural context. Rather, I understand her presence as a "prop," in Turner's language, that assists with "asserting the *meaning* of... the ecological space." It was a symbolic performance that exhibited the qualities of a safe, comfortable, *professional* retreat culture, one that adheres to Western-notions of medicine, science, rationality, and care.

I knew from my interviews that many people found the academic credentials to be a significant feature of the retreat—it provided an appearance of legitimacy and authority. My personal observation left me with an even better understanding of why people were comforted by this. After having suffered so long with mental health concerns—literally decades for most of my

research subjects—in combination with the increased anxiety surrounding the use of mushrooms, that staff were able to add academic credentials to their biographies served as Goffmanian (1959) props that enhanced their professional performances. In perceiving them as knowledgeable and experienced, therefore, guests could relax a bit. The creation of this “Westernized”—again, scientific, medically-inspired, culturally similar—retreat allowed guests to “trust the process,” as one research participant said, and as I will discuss below. In addition to the staff’s academic credentials, each described years of psychedelic-assisted therapy experience, whether with the retreat itself, through private work, or through extracurricular means, such as volunteering at festivals like Burning Man, where trained guides and therapists assist people who are having difficult psychedelic experiences.²⁴

Last to introduce themselves, it was the Lead Therapist, Veronica’s turn. Veronica presented herself as having undertaken quite a few (and interesting) career changes, all of which focus to some extent on healthcare. After working in different therapeutic modalities for over 40 years—as a licensed clinical social worker, a clinical hypnotherapist, a hospice social worker, and a trauma-focused psychotherapist—Veronica, similar to her colleagues, felt alienated and uninspired. She also felt that more traditional treatment models were inefficacious. I later found in a blog post on the company’s website, Veronica states that her specialty as a therapist is “working with survivors of emotional, physical, and sexual abuse.” After witnessing “the intense suffering” of her clients over the many years of her tenure, concomitant with the “slow pace of healing trauma using conventional therapy and psychiatric medications,” she was left wondering: “Was this really the only option for my clients?” After coming across scientific studies on the

²⁴ The Zendo Project, which offers its services at festivals like Burning Man, “provides professional comprehensive harm reduction education and support for communities to help inform and transform difficult psychedelic experiences into opportunities for learning and growth” ([Home - Zendo Project](#))

potential of psychedelic therapy, she initially came to the retreat as a guest three years prior, in order to gain an experiential understanding of the impact of psychedelics on the self. She describes herself as having had such a remarkable and enlightening experience that she decided to come back to serve as a therapist. She has now been with the retreat for over three years, having led more than 47 retreat weeks, and in her spare time or when not in Jamaica she works privately as a psychedelic-integration coach and therapist.

Overall, it seemed to be a warm and friendly environment, and I—and others I interviewed prior—felt in good, guiding company. Veronica told the crowd: “We [the therapists and facilitators] are here to midwife your experience. If you need one on one, you’ll have that.”

5.3.2 Credentials, Disposition, Deference, Demeanor: Theorizing Staff Introductions as Ritual-Making

As the first (structured) formal interaction ritual of the retreat, the Introduction Circle is important to understand in terms of what took place, what it represents, and what types of symbolic objects were created, focused upon, and revered. As Collins (2004) has shown, the ingredients of IRs are bodily co-presence, barrier to outsiders, mutual focus of attention/emotion, and shared mood; the outcomes of rituals are solidarity, emotional energy (EE), symbols of the group (sacred objects), and standards of morality. Yet I have described using Turner’s (2019) model of culture-making that some rituals—particularly those in TCs and institutions—are structured to a certain extent prior to the collection of bodies. We must, then, further analyze the intricate dynamics of the Introduction Circle in order to understand what type of culture (and its components) is being presented. As Collins (2004: 25) writes, “Rituals do honor to what is

socially valued, what Durkheim called *sacred objects*.” From a Goffmanian perspective (1959), situations demand particular performances—with props, scripts, facial and emotional expressions, language, clothing—and paying close attention to those performances lends insight into what is ritually revered. In order to fully reveal and analyze the type of cultural structure on retreat, it is necessary to further unpack what types of symbolic objects are being paid *deference* and what type of social selves, or *demeanor*, are being presented. In this analysis, I explore what situational reality is being generated and upheld, and then can predict to a certain extent how subsequent formal and informal rituals will unfold. In other words, it is incumbent upon the theorist to develop and share an understanding of the extent to which symbolic or sacred objects are produced and valorized in interactional settings, and to what outcome.

In *Interaction Ritual* (1967), Goffman describes how *deference* and *demeanor* are paramount for understanding how interaction orders—like the structured rituals on retreat—are preserved (Hallett 2007). As Goffman (1967) shows, deference is an act where “appreciation is regularly conveyed” (p. 56) to those individuals, groups, or objects with whom “affection and belongingness” (p. 59) are owed. In some contexts, displays of deference can uphold implicit power hierarchies,²⁵ while in TCs and other “flattened” or “fluid” hierarchies (Clarke 2015) deference can be earned or presented in a way that facilitates mutual trust and displays “acceptance, affection, and concern (Goffman 1967: 59). This is particularly important in settings like TCs whereby some people—staff, authorities, counsellors—are tasked with overseeing or facilitating change in others (Denzin 1993; Clarke 2015). On the other hand, deference is the “construction of a social self” (Collins 2004: 19); it is a feature and display of

²⁵ “[D]eference behavior on the whole tends to be honorific and politely toned, conveying appreciation of the recipient that is in many ways more complimentary to the recipient than the actor’s true sentiments might warrant” (Goffman 1967: 60).

sociality which is demanded by the situation. Goffman defines demeanor as an “element of the individual’s ceremonial behavior typically conveyed through deportment, dress, and bearing, which serves to express to those in his immediate presence that he [sic] is a person of certain desirable or undesirable qualities” (Goffman 1967: 77). Deference and demeanor, therefore, are two sides of the same coin; they are prominent features of any interaction ritual that keep the ritual successfully unfolding and, implicitly, can reveal how and to what extent certain components of the situational order are important to consider.

With regard to therapists’ and facilitators’ demeanor, the most noticeable qualities were the presentations of calmness, kindness, compassion, and relatability. Sentences were formed with patience, words were chosen strategically, eye contact was provided, warmth and availability were shown, along with relaxed shoulders, breathing, and a meditative temperament. It was a paced, relaxed form of *talk-making* (and, from a more skeptical approach, what Hochschild [1983] might call *emotion labor*). Each one of my interview subjects felt a deep sense of connection to the team members overseeing their retreat experience, and I will highlight a few examples of this below. The second notable characteristic on display was the staff’s academic credentials and psychedelic experience (what Collins [2004] calls “particularized cultural capital”). While my data suggest that credentials (in the various forms described here) were an important part of guests’ comfortability, feelings of safety, and a reason for deferring to staff, it can similarly be suggested that the *presentation* of knowledgeability—confidence, calmness—by staff is also performative. While having already engaged in situation- and role-taking prior to arriving in Jamaica, retreat guests are comforted and made more relaxed by feeling that staff are able to procure a proper (e.g., safe, comfortable, therapeutic) retreat experience—set and setting, psychedelic and integration rituals—while simultaneously having

credentials to back that up. Because of this, guests' sense that they are in knowledgeable, qualified, capable hands. Finally, what I later came to realize is that, to some extent, as in the tradition of TCs, a few of the staffs' stories highlighted their own personal account of *self-transformation*. Such narratives described trials and tribulations, burnout, unhappiness, being “stuck,” and so on, yet ultimately ended up with an exhibition of making it through hard times. What they were exhibiting, in other words, was their own journeys of growth.

My interviews suggest that all retreat attendees felt connected to, comforted by, and safe in the hands of the retreat therapists and facilitators—not just during informal rituals, but formal rituals (Integration and Psychedelic Rituals) as well. Laurie, for example (who was a Zoom interview participant recalling her experiences of a past retreat), told me that, despite her nerves leading up to and throughout the first day, she was calmed by and appreciative of the staff's apparent therapeutic capabilities, and this aided her in relaxing and trusting the unfolding situation.

The people [staff] there are amazing (gestures with eyes wide open). It's just... it's amazing. They very much have created a very safe environment that's very based in science, which appeals to me. In terms of the staff, [a female therapist] is a psychologist, [a male facilitator] is a licensed social worker, [a female facilitator] is a licensed social worker, [a female facilitator] is a registered nurse who's amazing... So, you know, all of those folks are there with you and they're helping prepare you [for the week's experiences].

This experience was also the case for “Super Sarah,” who was on retreat with me and whose nickname came from her finding the courage, after a “failed” first psychedelic ritual, to overcome her fear and continue with the healing journey process. Part of the reason for her

courage, she states, is due to her comfort and trust in the staff. When I interviewed her a month after the retreat, and asked if she felt that the retreat staff's credentials and experience with psychedelics impacted her, Super Sarah responded:

Yes! [Learning about their professional backgrounds] made me feel a lot more secure, I have to say. Even though I had done mushrooms before and so I wasn't very scared—but even so, I knew it could be heavy. [But] I was really glad that there were people there who understood, you know, human anatomy, physiology, psychology—that they had that experience. That made me more comfortable for sure. As a matter of fact, when I tell other people about [the retreat experience overall], I go, 'There were like seven facilitators, and like four were counselors, two were nurses, one was a doctor and...' Weren't all of them one of those things?

For Laurie, Super Sarah, and many others, scientific and academic credentials, as well as the Western-based (empirical) traditions the retreat structure and therapeutic modalities are framed in, are important and denote a type of legitimacy. This enabled Laurie, and particularly Super Sarah—who had an unsettling first Dose Day—to feel relaxed despite the at-times intense and unpredictable nature of the retreat rituals, with the psychedelic experiences being the most anxiety- and fear-inducing. In other words, and taking a larger perspective, this particular series of microdynamics as part of the larger cultural structure, gave guests the courage to continue the process of attempting self-transformation.

Just as comforting, however, was the warm affect and the interactive environment, where people felt safe to express themselves and knew that they would be heard and understood.²⁶ For

²⁶ From Clarke: As Winship (2004:286) writes: 'One of the most curative aspects of therapy may simply be the experience of voice for the disenfranchised patient who has previously felt alienated and socially dislocated'. This

example, Samantha (another Zoom interview participant reflecting on her past retreat experience) was quite nervous prior to the retreat, but as she recalls on her first day:

It was very, very reassuring to me how much the facilitators were like, ‘You’re good. We got you. We’re here for you. Let’s talk about what this [week] could look like, and let’s talk about what you might want it to look like. Let’s talk about some of the things you might be scared about.’

As well, Adrian (interview participant; past retreat guest), who was also uneasy coming into the week, remembered feeling grateful that the staff were so kind and supportive:

The facilitators and the therapists were all helpful. It was a loving environment. [And because of this] I allowed myself to trust the process a little bit more, and thereby [trust] myself. And that was a nice introduction to the first dosing [session], again because I had no idea what to first expect.

As well, Super Sarah could not say enough about how she perceived the retreat staff’s calming behavior made her feel:

I mean, I have to say that the facilitators (the team as a whole) were just phenomenal. Just their ability to be containers for us and be super present and super grounded while we were there. I just always felt that they were *really present*, like always had time to talk to me if I wanted to talk to them. Always rounded and kind and nonjudgmental. You know, just really open (spreading her hands wide).

notion also pertains to the concept of “therapeutic alliance” described in psychotherapeutic work and other healing modalities.

Having been on retreat with Super Sarah, I asked her specifically how she felt about the staff's credentials. She acknowledged that they were indeed important, but they weren't the most important item on the list:

Going into it, I felt like the credentials mattered. But maybe what ended up mattering *the most* was that all those people were so present and openhearted. Although if they [hadn't] had credentials and they were [a bunch of] hippies, as long as they were present and openhearted in the long run, I think that's what would have mattered. But when I heard them [talk about their] credentials, that gave me a little security blanket—that I had these professionals around me. But had they not had any of those, and they were still who they were, *that* is the most important part.

For Samantha, Adrian, and Super Sarah, during the first formal ritual in the Introduction Circle staff exhibited both credentials and comforting comportment—both earning and responding with deference and demeanor—which quieted their fears and stress. By being situated in a “loving environment,” as Adrian felt, and by being reassured that the staff are “here for you,” as in Samantha's experience, anxiety, discomfort, and worry were displaced by *situation's* presentations of warmth, reassurance, and trust. Veronica, in a YouTube video, explains the importance of providing an affirming space for guests:

So much of our wounding is because of unhealthy relationships, especially in our formative years. So to have that group dynamic where people can be very vulnerable and not feel judged—you know, receive unconditional, positive regard. That is a whole other layer of healing. So that's important to know about the group dynamic.

Effective impression management is—as Goffman insisted—a skill that has to be honed and exercised, and the management of a moral exterior is one that requires particular expertise, which the staff clearly exhibited. As Goffman also pointed out, the “distance” between Veronica’s “merchant” role and the “morality” she professes tends to collapse as she comes to properly “inhabit” the role. Whether staff were simply putting on a form of *impression management* via their behavior—a “frontstage” vs. “backstage” strategic display (Goffman 1959); a performance as a means to manage “awareness contexts” (Glaser & Strauss 1964); or engaging in emotion labor (Hochschild 1979, 1983)—their dispositions felt and rang true as far as my, and others’ personal observations were concerned.²⁷ By offering their own condensed autobiographies, academic and psychedelic credentials, and by displays of kindness, generosity, and understanding, the staff created an important, efficacious first-half of the first formal ritual on retreat.

The staff portion of the Introduction Circle, thus, was what Collins (2004) describes as a *successful* ritual, and its impact was tangible. Many of my research subjects—as well as myself—concluded that the staff generally, and the introduction circle specifically, set them at ease from what is a commonly experienced first (dose) day anxiety.

5.3.3 Structuring Guest Introductions: Talk- and Ritual-Taking

After staff introductions it was the guests’ turn to share their stories. Having interviewed people long before my arrival, I was a bit more prepared for what to expect; I imagined the rest of the group was not. In a manner begun previously by the staff, we were (or, *continued to be*)

²⁷ It is important to note that, particularly in *The Presentation of Self*, Goffman’s “dramaturgical” perspective of interaction and ritual suggests *two selves*—one that is manipulative, and one that is a performer. However, Manning (1989) suggests that in the two published versions of this work—the 1956 version and the 1959 version—the former provides a much more “cynical” view of Goffman’s subjects’ “manipulative” side.

instructed to describe our reasons for attending the *therapeutic* retreat. In doing this, we were asked to “not hold back,” to focus on our biographical details with an emphasis on *feeling* our emotions deeply and being vulnerable without being afraid or embarrassed. We were in no hurry, it was suggested, and we could get through a detailed accounts of everyone’s “journeys.” There was no need to refrain from sharing our stories, emotions, or pertinent details from our biographies. We were to feel safe.

One of Goffman’s most important contributions is showing that people reciprocate each other’s support of a situational reality. “There is pressure to keep up *social solidarity*,” Collins argues. “Rituals are entraining; they exert pressures toward conformity and thus show one is a member of society” (Collins 2004: 25). As well, Turner (2019) has shown how rituals and encounters can be structured to a certain extent, and how culture-making and taking proceeds. Thus, on the back of staff introductions, guests might feel inclined to some extent to mimic, or assist in recreating, the talk-making and ritual-making they just witnessed. In addition, as I have shown above, situation-taking has already been engaged prior to the retreat, hence attendees understand what type of retreat—a *therapeutic* retreat—they are involving themselves in. As well, Collins (2004) shows how once started, rituals move towards enhanced solidarity with ritual formalities and common actions leading to mutual attention of focus, shared common mood, and transient emotional arousal (see Turner 2019: 156).

I didn’t recognize it at the time, but after returning home from the retreat I stumbled upon notes I had written during a conversation with one of the retreat organizers. While seemingly insignificant at first glance, and unnoticeable to me while on retreat, as it turns out, there is often a strategy used during introduction circles that facilitates a more emotional and detailed “sharing round” for the introductions. As described above, prior to joining the retreat, guests are

instructed to submit a self-rated medical and familial background check, enabling retreat staff to have a fairly thorough understanding of what types of mental health problems guests are struggling with and are better able to develop ideas about possible solutions. It is of particular significance for staff to better understand guests suffering traumatic experiences of physical, sexual, or emotional violence. In order to better create an Introduction Circle—which then begins to produce further rituals, leading to an overarching *retreat cultural structure*—the Lead Therapist specifically chooses which guest will share their story first. The plan is that the first to share should be someone who has a relatively difficult (i.e., traumatic) past *and* is willing to effectively share the details about it. The Lead Therapist will then *guide* the chosen guest—probing further with deeper or follow-up questions, for example—to speak about their experience/s, the impact it had on their life course, their history with professional mental healthcare (e.g., diagnoses, treatments, outcomes), and any other relevant aspects. As I’ve been told, this information is then considered not only for guest safety and for personalized treatment protocol, but it also helps to generate and then *channel* the flow of the Introduction Circle (and subsequent Integration Circles) by facilitating a more consistent, emotionally expressive ritual. Thus, the Lead Therapist—not to mention the ritual-making the guests witnessed just before—essentially facilitates a specific type of *talk- and ritual-making* while simultaneously generating a type of *role-taking* for the guests. As Jill suggests,

“Most of the people there are there to work on something, and they present it the first day. At the group (referring to the Introduction Circle) everybody sits around and talks about, ‘What brought you here? What are you here to work on?’ And people will share to different degrees. And as the week goes on, ultimately everybody shares more and more of their shit, right?”

The sharing round of the Introduction Circle provides the retreat team (as well as the rest of the group) further details of what types of personal experiences, symptoms, diagnoses, and prior treatment protocols guests have dealt with. Notably as well, at this point guests also share with the entire group what it is they want out of the retreat: their *intentions*.

As the biographical sharing unfolded, staff continued to demonstrate empathy and openness both verbally and with positive body language (confirmation nods, comforting smiles). I wrote in my fieldnotes that their gestures were noticeably sincere, warm, inviting, and affirming. To use an example, at one moment a guest was struggling to explain the details of hardship they encountered, seemingly due to its associated distress. A retreat team member responded by saying, “I just want to thank you so much for sharing that with the group here today. I know it’s not always easy to talk about these matters, but a large part of our healing rests on confronting and understanding where our fears arise.” This instance provides an illustration of the broader culture of encouragement and support on offer by the staff.

Attendees’ sharing pertinent details about their lives—no matter how dramatic, or traumatic—is important for staff as it allows them to better empathize with *and* develop personalized strategies for treating guests throughout the week, and in particular during the psychedelic rituals (as will be discussed next chapter). Yet, it is possible to propose that there is a latent accomplishment (though, as we will find later, is not latent at all) to sharing rounds: that it enables guests to come together through learning about, understanding, and relating to one another via biographical experiences and intentions for self-transformation.²⁸ Through mutual focus and sharing with (and caring for) one another, the IR engages people both biographically

²⁸ It may be, in other words, latent if the *manifest* reason is to prepare guests to speak about biographical experiences *as a means of* preparing them to investigate topics of that nature while in psychedelic consciousness.

and emotionally, and contributes to synchronicity and the creation of culture—that is, in Collins’ theory, symbolic objects, or particularized cultural capital, as discussed in Chapter 2. It is thus here—as I will discuss further in later chapters—we can discern the very beginning of the underlying feature of psychedelic-assisted *group* therapy: *self-transformation collectively*.

I have interviewed guests about their past experiences at the retreat to better understand their experiences of the Introduction Circle. In a Zoom interview, for example Beth was the person chosen to share first in the Introduction Circle. She described to me how her doing so—due to a particularly difficult series of biographical events—facilitated a chain reaction.

“I tend to be an introverted person, but when it comes to conversation, I love conversation. So I was pretty open at the beginning. [But] it helps to know that I had a lot of... my issues are pretty visible with my scars (pointing to self-afflicted scars on her wrist from cutting), so I pretty much had the head start on, like, initiating the conversation of abuse and sexual abuse... This allowed men, [who] are mostly [reluctant] in that situation, to talk about if they’ve experienced something similar or whether they felt like... something was taken away from them, whether they were molested by family or other serious situations.”

In a subsequent chapter I will discuss in greater detail some of the components of Beth’s statement—such as sex/gender differences, trauma, etc.—but with this quote we can begin to see that Beth acknowledges the impact that sharing in detail has on others—that is, it facilitates, as Collins has hypothesized, commonalities in actions, ritual formalities, emotional arousal, and (importantly for this moment) shared mood and focus of attention. As well, it is worthwhile briefly mentioning Beth’s reference to “men,” and how men are reluctant to share feelings or be vulnerable—this is something that will be discussed further in Chapter 7. Similar to Beth’s

analysis of “initiating the [type of] conversation” (talk- and ritual- making/taking), Adrian (Zoom interview; prior guest) speaks to the broader series of rituals that the Introduction Circle perpetuated.

“The ‘stage setting’ (of the Introduction Circle) is important. In all these interactions, someone needs to initiate them—that’s the hard part. Once they get initiated, humans know how to talk to one another in an intimate way—we’re just wired for it. But in our society, in our culture the way we’ve been socialized, vulnerability is stigmatized. And showing weakness or, you know, intimacy, is stigmatized—*even in a family*. For men especially... I think it’s less so for women in general. And before you know it, you get to midlife, and you’ve never had a deep conversation with someone because you’ve never given yourself permission.”

For Adrian, retreat staff “set the stage,” providing guidance on how to “initiate” intimacy—a form of talk- and emotion-making in interaction that is distinct from “our society... our culture,” which generally “stigmatizes vulnerability.” On retreat, in his words, you’re “given... permission” to share your thoughts and feelings. As can be inferred from his later statements regarding “initiation” into “these interactions” as quite separate from typical life, one may suggest it is “set apart,” in Durkheim’s terms, and is thus a “sacred” experience.

Overall, Lead Therapist Veronica—following the staff’s ritual- and talk-making—began the Introduction Circle by imposing a particular trajectory upon the sharing round, which (purposefully) evoked guests to explain in sufficient detail their reasons for seeking psychedelic therapy. The *structured* introductions, therefore, progress through the sharing of difficult experiences and emotions guests might otherwise neglect to share in their routine everyday lives. This practice of being publicly vulnerable, I will continue to show, is the first significant instance

of facilitating a program of personalized healing *collectively*—a process that, markedly, begins *prior to any ritualistic (therapeutic) use of mushrooms*. As two interview subjects comment:

“Right off the bat, we [were] there literally telling our life stories and being very open with one another, and I think that aspect was helpful in the healing because you are really *rooting for one another*, and you are really *developing close bonds with these people*. I don’t know that I would have had the same result if I hadn’t been in a group setting.”

“Everyone wants the same thing, everyone wants connectedness. And it happened in that setting in the most organic way. And the only way it can happen is because of the way [the Lead Therapist] facilitated it—it goes back to the facilitator. I really believe that *the facilitator creates the environment* where that can happen organically.”

As people thus made their way around the circle and introduced themselves, we heard summarized accounts of regret, shame, stigma, fear, pain, and trauma. It was a remarkable experience, unlike any other I had witnessed before. The revealing of intimate details with the staff and the other guests—practically strangers at that point, though that was quickly changing—would, immediately after, become the narratives attached to the “core selves” of the retreat goers, and would serve as the anchor point for transformation. The simple act of being heard by others was itself transformative—I not only witnessed it, but I *felt* it.

Overall, I and others felt we were in good, guiding hands. While as I have shown guests arrived on retreat having already partaken in Turner’s (2019) notion of *situation-taking*, the Introduction Circle could be seen as a form of *ritual-making*, a foundation upon which all subsequent rituals would rest. As I will discuss in detail in the next section, with continued displays of pleasantness, affirmation, and empathy provided by the therapists and facilitators, the

retreat team paid special deference to the notion of individual self-transformation, the group, and the use of psychedelics therapeutically through their stories.²⁹

5.4 Sacred Objects and Emotion Culture: The Creation of Social and Cultural Boundaries

By *channeling* the Introduction Circle—which builds the foundation for subsequent interaction, and an overarching *retreat culture*—Veronica and staff guided guests towards a series of IRs set aside from daily life and focused on self-transformation. As Collins has shown, people become entrained because their actions flow into each other, which heightens the shared mood and sense of effervescence and excitement. As I have witnessed and as my subjects have described (I touch most specifically on this in Chapter 7), the Introduction Circle and subsequent formal IRs on retreat can be exciting, emotional, sometimes intense, and are typically distinct from guests' everyday lives—all features of interaction that amplifies the entrainment and heightened mood even further, enabling guests to feed off one another.

At this juncture, it may be important to wonder: What might Collins, Goffman, and Durkheim consider to be the primary components of the IR chain unfolding? What do therapists' and facilitators' behavior—deference and demeanor—portray about the culture thus far on retreat? What are, in other words, the *sacred objects* of the retreat? First, as described above, the most obvious feature of a psychedelic therapy retreat—and in any therapeutic community—is that of the individual *self*, and in particular individual *self-transformation*. I have described

²⁹ A critical perspective may lead one to believe that retreat staff engage in *emotion labor* and *emotion stamina* because, as Hochschild (1983) is concerned, they are somewhat emotionally alienated from their labor. Hochschild (1983) also speaks of *emotional stamina*. Yet, I would disagree with this perspective, however, and my personal, autoethnographically experience enabled me to learn that, while there may times during encounters or particular retreat rituals where retreat staff may be tired, annoyed, or experiencing any other “negative” human emotion, I am convinced that they truly do enjoy and find fulfilment in their jobs. In this sense, I would argue that most staff, most of the time, are *not* alienated from their emotions.

above the essence of TCs as institutions tasked—through power, culture, etc.—with helping the individual heal and evolve into a self capable of living a different, better life. As well, Clarke’s (2015) work on interaction rituals in TCs shows how the individual becomes a sacred object through the demands of the TC itself: “A conception of the self, particularly a self that is changing, then becomes reified above other social processes” (p. 247). A second sacred object is the *collective*. Again, earlier in the chapter I have shown the importance of *relational healing* in TCs—all aspects of change, and the production of symbolic objects and community, takes place through the therapeutic philosophy structured and facilitated by both the staff and the clientele. Clarke’s (2015) research also concurs with this theory. Indeed, the work of Summers-Effler (2004) suggests that even through negative emotional energy (-EE), people can come together, engage in mutual focus, and find collective solidarity. As I will continue to show throughout this chapter and in Chapter 7 especially, a major, though initially obscure part of self-transformation comes through social and emotional solidarity, leaving the collective an absolutely crucial therapeutic component of the retreat.³⁰³¹ Lastly, the most sacred of objects on the psychedelic healing retreat is that of the *psychedelics*—*psilocybin mushrooms*—and the *psychedelic healing ritual* itself (discussed in detail in the next chapter).

The overarching purpose of the Introduction Circle is thus to pay deference to *the self* and *self-transformation* and the *group* as a whole. By paying deference to the sacred objects of self-transformation and social solidarity—and as I will examine later, the ritual use of mushrooms—through displaying affectionate, warm, accepting demeanor—the training of *feeling* and

³⁰ One could offer a more rational or pragmatic argument here: that the retreat has a financial obligation to tend to the clientele as a whole, as a collective; as well, if something upsets the whole, the individual—as sacred object—is at risk

³¹ The finding of others with shared identity characteristics and the building of community and solidarity with others on retreat is similar to what Hochschild (1973) calls an “unexpected community.”

expressing emotions (e.g., ritual-, talk-, and *emotion-making*)—the retreat team was effectively engaging in a soft form of *emotion management*, or the creation of and pressure toward adhering to, an *emotion culture* (Hochschild 1979). While the concepts of *emotion-taking/making* are a component of Turner’s overarching *culture-taking/making* framework, the dramaturgical tradition enables a more detailed focus on how the structuring features of a society, a culture, or in the case of this research a TC like a psychedelic retreat, operate at the microlevel. Understanding the creation of an emotion culture will refine the theoretical framework to better understand how deference and demeanor contribute on a nuanced level to the *chains* of IRs while simultaneously upholding the social order—the cultural structure—of the retreat.

Hochschild (1979) argues that emotion rules “govern how people try or try not to feel in ways ‘appropriate to the situation,’” an instance, she argues, of being “‘socialized’ to try to pay tribute to official definitions of situations, with no less than their feelings” (p. 552). In dialogue with Goffman, Hochschild shows that while the expression and contemplation of emotions are part and parcel to a larger emotion culture which filters through into various *emotion ideologies* of everyday life, people also learn to control their emotions in ways that are appropriate for the *demands of the situation* (Hochschild 2012 [1983]). Feelings, Hochschild argues, are not only a product of the social environment and thus come with morals and values, but they “‘signal’ to us... how culture influences what we feel and how we name it” (Hochschild 1983: 224). Two norms exist with regard to emotions in social contexts. First, *feeling rules* make demands upon the types of socially-appropriate emotions one may have under certain conditions. Such rules regulate the *intensity, direction, and duration* of emotions. Feeling rules “guide emotion work” (1983: 56), or “the act of trying to change in degree or quality an emotion or feeling” (Hochschild 1979: 561). The second norm is *display rules*, which proffer how and when the

presentation of emotions occurs. For example, Hochschild has shown how airline stewards must work on *emotion management*, or *emotional labor*, as a means of displaying the proper demeanor and by hiding negative emotions in front of impolite passengers (1979, 1983). There are “techniques” of emotion work, such as *cognitive* (the attempt to shift feelings associated with images, thoughts, or ideas), *bodily* (the attempt to alter physical symptoms of emotion, such as breathing or shaking), and *expressive* emotion work (attempting to adjust gestures associated with feelings, such as smiling or crying). Thus, Hochschild shows that emotions are *ritualized expressions* part and parcel to any social encounter, but Hochschild also attributes a form of *emotional agency* to actors that is lacking in Goffman’s account. If Collins is a “micro-chauvinist,” as Turner argues, could Goffman, in the vein of Hochschild’s analysis of emotions, be considered a *situation-chauvinist*?

Speaking broadly of emotion culture, Turner and Stets (2005: 64) argue:

“Societies and their constituent subcultures all reveal an emotion culture consisting of ideologies about the emotions that different categories of people should feel, feeling rules about what emotions should be felt in particular situations, display rules about how to express emotions to others, emotional vocabularies for denoting emotions, and cultural logics for making connections among elements of emotions, ranging from physiological arousal through situational cues and emotion labels to thoughts and actions.”

By culture-making and channeling the Introduction Circle, we can understand how staff—and concomitantly retreat guests, in the form of social solidarity—cooperate to impose an (emotional) structure upon interaction (and as we will see, leaving guests with the question of whether or not to adhere). As Turner (2019) has shown, when encounters are “embedded”—whether in meso- or macro-level structures and their cultures, or as we can see here in context of

a structured TC like a psychedelic retreat—they transfer properties (e.g., roles, statuses, forms of deference and demeanor, power, symbolic objects) to the interactions. Notably, the structural outline of rituals ensconces the *first* formal interaction ritual, which will then serve to guide subsequent rituals (which I will discuss shortly), with each IR building upon the last and guiding the future's, as a series of IR *chains* (Collins 2004). The overall point is to understand how the sociocultural context provides normative guidelines for which not only are forms of talk-, role-, and ritual-making and -taking considered appropriate, but how emotion-making and -taking are part and parcel to the chain of IRs as well.

5.4.1 Understanding the Therapeutic Philosophy and the Theory of Trauma on Retreat:

Language of Emotionality and Treatment

Part of the cultural structure of a therapeutic community consists of the way in which language—of emotionality, of treatment, of self-transformation—describes, defines, and enacts behavioral norms, values, and change. Denzin argues that in TCs (he was specifically studying A.A.), there are typically *two languages of emotionality*. First is what can be described as “meta language,” or “language *about* the language of emotions and treatment” (emphasis mine). Here, language takes the form of concepts that can be opaque or complicated, and thus require some explanation or definition. The second language of emotionality involves “language of direct and indirect emotionality,” which he expresses as “learn[ing] to communicate on a feeling level” (p. 195); here, the language is more straightforward, and definitions are less necessary. However, in Denzin's case there is also an A.A. (or TC) specific form of expression—a “language of treatment [that] permeates... every interaction that occurs between patients and their counselors” (Denzin 1993: 197-98).

Understanding the use and practice of emotional language, therefore, is of interest as a component of the larger emotion culture and concomitant feeling rules that Hochschild has described in detail. They also provide further insight as to the *therapeutic philosophy*, and the *theory of trauma* (discussed in detail in Chapter 6) held by the retreat and in psychedelic healing culture broadly. And as we have seen from the work of Hochschild, the emotion talk and feeling displays curated for and during IRs on retreat—i.e., language of treatment—deliver insight into the type of cultural structure undergirding formal and informal rituals. This is the case for two reasons. First, such language provides insight into how mental health/illness—and the type of therapy offered—are described, theorized, and believed to be resolved. This is no small issue, of course, because in TCs, when staff are trusted and presumed to have access (credentials) to therapeutic resources, TC guests may wholeheartedly absorb theories, concepts, explanatory devices proffered by those overseeing their healing and self-transformation. Secondly, in the creation of an emotion culture, explanatory devices—the use of meta language, language of emotionality, or language of treatment (or therapy)—can themselves, through successful IRs, become symbolic objects imbued with emotional energy (EE). Thus, notably, each of these items is important to understand for several reasons as will become clearer below, but first and foremost they are significant because they showcase how the retreat—again, without any use of psychedelics at this juncture—assists guests in managing their emotionality (self-transformation) in everyday life (Hochschild 1983).

In my fieldnotes on the Introduction Circle and the mood, I gathered data showcasing the meta-language, the language of direct/indirect emotionality, the feeling rules, and the language of treatment used by staff and prescribed to guests during formal and informal rituals throughout the week. The following are instances of such.

- “Trauma exists in the body, not in the head”³²
- “The stories we tell [about ourselves] impact us”
- “Get out of the story and into the body”
- “Invite your emotions/demons for tea” (a therapist said, referring to the Buddhist story)
- “Get out of your Monkey Mind”
- “Right vs. left side of the brain,” or “intellectualizing” (referring to the psychological problems stemming from prefacing rationality over emotionality”)
- The “inner child,” “inner voice,” or “inner critic” (which often directs or cloaks mood, awareness, disposition)
- Being “triggered” (as in a phenomenon or encounter that stokes your trauma/fear)
- “Shadow work” (referring to Carl Jung)
- “Fear-based thinking” (referring to making decisions that are both hasty and past/future based, and which are not made in reference to the present)
- “Connecting the dots” (referring to the recognition of where pain, emotion, memories stem from)
- “The mushrooms won’t cure you, but they will show you what’s possible”³³
- “The brain has a negativity bias”
- “You can’t change other people; you can only change yourself”

³² This statement is based on the psychotherapeutic theory that memory of traumatic events often cannot be recalled cognitively, but corporeally. In his seminal article (later built into a book), Bessel van der Kolk (1994: 253) writes: “Although memory is ordinarily an active and constructive process, in PTSD failure of declarative memory may lead to organization of the trauma on a somatosensory level (as visual images or physical sensations) that is relatively impervious to change. The inability of people with PTSD to integrate traumatic experiences and their tendency, instead, to continuously relive the past are mirrored physiologically and hormonally in the misinterpretation of innocuous stimuli as potential threats.”

³³ There are two important implications to this. The first suggests that psychedelics offer a novel vantage point, a “Truth” normal waking consciousness fails to exhibit. The second is that a large part of “psychedelic healing” consists not only of the psychedelic experience, but of *integrating* the lessons learned, the “truth” shown.

- “Encompass the dark night of the soul”
- “Hyper-intellectualization is a defense mechanism”
- “The intellect can never resolve harm done to the body/emotions”
- “Go deeper”
- “Forgiveness is a journey”
- “The greatest wisdom anyone can give to the world is their own self-transformation”
- “What we run from is oftentimes the thing we most need to learn from”
- “The cave you fear to enter holds the treasure you seek” (Joseph Campbell)
- “The therapists are not the ultimate healing source; it is the plant medicine”
- “Emotional catharsis”

As well, I have taken fieldnotes commenting on the mood, as examples of direct/indirect emotionality:

- “Caring, warm, empathetic, inspirational, sharing, safety”
- “People seem to feel connected and safe, like it’s ok to be vulnerable and emotional”
- “Note the importance of ‘self-compassion’”

The examples of meta-language of emotionality, which are communicated, learned, and circulated by the guests and staff throughout the week, also serve both as feeling rules and as symbolic objects to some extent, being fueled with EE and memories. On retreat, guests learn—both from other guests as well as from staff—to recognize and communicate underlying emotions related to their mental health concerns; descriptive terms such as those aforementioned and others serve as codified group-based explanatory devices that make up the self and self-transformation. As well, these descriptive and explanatory concepts can also be seen as the

creation of a “narrative environment,” where feeling rules, cognitive schema, and storytelling norms contribute to autobiographical scripts for participants (DeGloma 2014).

As I have shown, the sacred objects—the self/self-transformation, the collective, and psychedelic mushrooms—are paid deference. But simultaneously, as Collins and Turner (2019) have argued, once sacred or symbolic objects are produced and circulated they become the *particularized cultural capital* of the group, or “the words, special knowledge, speech patterns, objects, memories, experiences, and other things that only members of the group have shared” (Turner & Stets 2005: 80). Hence, the sacred objects and the creation of an emotion culture all direct the particularized cultural capital that guests internalize and circulate, both amongst each other and in their cognition. As I will highlight below and in further chapters, particularized cultural capital, in addition to Emotional Energy (EE), is what guests will take away from the retreat. As Collins (2004) argues, the intersubjective creation of symbolic objects via successful interaction rituals—the *first-order* creation of cultural objects—thus translates into the internalization and transference of culture socially and psychologically, in *second-* and *third-order circulation* of symbolic objects. In other words, meta-languages of emotionality, for example, serve as symbolic objects by which self, emotions, mental health, and transformation are understood—they are the pieces of culture—cultural capital—cocreated by both guests and staff (culture-making and -taking) that become internalized, integrated, and circulated in everyday life. Here we can begin to understand how self-transformation, via *enculturation* in the therapeutic community of the retreat—with its emotion culture, deference and demeanor, and sacred objects—takes place *collectively*. In the next section, I use empirical autoethnographic data to demonstrate the existence and boundaries of such a collectivity, concurrent with its cultural norms and values.

5.4.2 Social Control, Unsuccessful Rituals, Cultural Boundaries: Failing to Pay Deference to Sacred Objects and Emotion Culture

“In addition to men [sic], society also consecrates things, especially ideas. If a belief is unanimously shared by a people... it is forbidden to touch it, to deny it or to contest it. Now the prohibition of criticism is an interdiction like the others and proves the presence of something sacred. Even today, however great may be the liberty which we accord to others, a man who should totally deny progress or ridicule the human ideal to which modern societies are attached, would produce the effect of sacrilege” (Durkheim 1912/1965: 243-44; in Collins 2004: 38).

With an emotion culture combined with deference to sacred objects—the self/self-transformation, the group, and mushrooms—a particular social order has been created. As I have discussed in Chapter 2, Collins describes in great detail how IRs begin and to what extent their trajectory unfolds. With four ingredients or “initiating conditions”—copresence, barriers to outsiders, mutual focus, and shared mood—IRs produce four outcomes—solidarity, EE, sacred objects, and morals. The outcomes of IRs are thus *chains* that becomes further solidified and engrained and internalized among members as the interactions continue to progress. As we can see through dramaturgical analyses, Goffman specifically has shown how deference and demeanor uphold the standards, norms, and values of situation realities. But what happens when an individual does not express the proper demeanor and neglects to pay deference to the sacred objects and rituals of a community? As described above, Durkheim suggests that when a “belief is unanimously shared by a people... it is forbidden to touch it, to deny it or to contest it.” If Durkheim’s, Goffman’s, and Collins’s theses hold true—if the ritual order, instantiated by staff,

internalized and upheld by guests, and intertwined with an emotion culture, is in place—then it must be possible to bear witness to the boundaries of ritual propriety. One guest’s experience and disposition on retreat illustrates the types of social boundaries—and here, social control—on offer when “normatization” (Turner 2010) of culture-making/taking fails.

Arriving on retreat with a self-declaration of mental distress (I will not go into detail here for ethical reasons), before the retreat began “Paul” began communicating through the guests’ WhatsApp group about his prior mushroom experience, distinguishing himself from others. Upon arrival, Paul repeatedly denied staff’s request to partake in the deferential acts surrounding the retreat’s sacred objects and the emotion culture. For example, when it was time to describe biographies and histories with mental distress, Paul claimed to have undergone significant trauma during childhood but explained that he was now disinterested in, or no longer needing, therapy (of any sort, not just psychedelic). Feeling and display rules, therefore, were affronted. Over the course of the retreat, the denials gradually but overtly began to pick up speed, but early on the boundaries of ritual propriety, as well as the solidarity of the group and the depth of its symbols, were still in its nascent stage. As the week’s rituals continued to unfold, the subtle denial of cultural instantiation was felt progressively.

The first outstanding act of defiance can be discussed using the psychedelic concept *intention*. As described previously, it is suggested by retreat staff that having an intention with which to ground and direct one’s psychedelic experience—and the retreat and therapeutic experience overall—is an important act and attitude to partake in (the therapists and facilitators suggest that having intention in any act is important for a variety of reasons). Due to the nature of the retreat being comprised of *therapeutic* as opposed to recreational practices, intentions typically revolve around the treatment of distress and of engaging in self-transformation. As we

have seen, therapeutic intentions not only surround the retreat website (on almost every page), but the meta-language, the language of emotionality, and the language of treatment expresses how to accomplish this—by using the mushrooms to go “inward,” “deeper,” to explore the “dark night of the soul,” where the “cave” holds the “treasure” one may seek; or by practicing various forms of emotionality, such as being compassionate for oneself and others as a means of emotional self-transformation and of treating the self kindly. Intention is thus one attempt to confront one’s traumatic past, relive it, reassociate it, and ultimately *let it go* so that it no longer negatively impacts one’s life (this will be discussed further in later chapters). One could even say that going through all the steps to arrive at the retreat is a *first* act of intention. For Paul, however, no such intention was needed; and when pushed further throughout the week, Paul gave up the “face work” and simply responded in defiance: “My intention is to have fun,” showcasing a disbelief in the therapeutic tradition of ritual ingestion of mushrooms (of going “internal” and working on the self), and instead a preference for “recreational” usage.

Another instance of ritual misconduct, related to the first, can be understood in the failure to pay deference to mushrooms as providing insight into the self and of *revealing* psychological and behavioral repertoires. Paul repeatedly denied the opportunity to explore his psyche, refusing the retreat team’s suggestion to facilitate an “inward journey” by wearing eyeshades, putting headphones on, and listening to music—that is, defending oneself from external distractions (a prominent difference between therapeutic and recreational usage of mushrooms). This type of behavior was considered by the retreat staff—and, increasingly throughout the week, the retreat guests (following the ritual order outlined by staff)—as a violation to the notion that mushrooms are a sacred plant medicine that should be taken seriously and used as a tool for autognosis and self-exploration/transformation. When Veronica asked Paul if he was interested in using

mushrooms as a means of learning about the self, he responded with “The mushrooms don’t have anything to teach me,” disavowing the psychedelic cultural creed and the language of therapy on offer at the retreat: that “mushrooms won’t cure you, but they will show you what’s possible.” In this sense, Paul can be seen as suggesting that he had already achieved a state of enlightenment or wellness, and thus did not need to engage in the sacred therapeutic mushroom ritual of “going inward.” Notably, this is after revealing *repeatedly* to the group as a whole, throughout both the Introduction Circle and subsequent Integration Circles, that there were in fact important biographical matters needing to be worked on. Thus, the therapists and facilitators were not convinced, yet they did not want to push the issue further. “The manner in which symbols are treated,” Clarke (2015) argues, “distinguishes people from not only insiders and outsiders, but also more importantly, between compliant and devoted insiders and those insiders who are rebellious or not fully integrated.”

As the week progressed, Paul became an outcast of sorts. While the staff continued to uphold and strengthen formal and informal rituals, and hence provide space for the flourishing of emotion culture, meta-language, and language of treatment, Paul was impervious to these instances of social control, preferring discussion topics diametrically opposed to the language of vulnerability, compassion, and connection: power, control, money, domination, rationality, intellectuality, offensiveness, indifference. During an Integration Circle, a therapist—upholding the ritual norms of kindness, patience, discretion—gently offered a possible diagnosis of this behavior: “Money for you is your autonomy, your freedom, which disables the possibility, in your mind, of people being able to take advantage of and manipulate you.” A number of important points can be made with regard to this therapist’s behavior. First, the therapist is calling attention to the language of treatment on retreat: that what one imagines in their head is

what the world becomes; that if you preface “fear-based thinking,” or the “negativity bias” that trauma brings, if you fail to open yourself to love and connection, you will continue to imagine that others are out to do you harm. Power, money, control, domination—these are defense mechanisms, they suggest. However, rather than simply an attempt to convince Paul of the benefit or importance of accepting the ritual norms and emotion culture at play, the therapist is simultaneously reaffirming the values of the group and strengthening the internal solidarity. attempting to convince not just Paul, but with regard to ritual norms, the therapist is reaffirming the values of the group and strengthening internal group solidarity.

The moment filtered into another guest’s sharing ritual several minutes later, when Paul offered his own take on their psychedelic journey. While this act—that of impinging upon another guest’s sharing moment—would normally be considered unoffensive, or even welcomed, Paul’s reputation took over and the outcome was a therapist framing Paul’s commentary not as group sharing or solidarity-building, but as *disruption*. The ritual then devolved and broke momentarily, with talk-making and -taking normalcies falling apart. For a minute or so, rather than the typical sharing round—where guests discuss for a few minutes their psychedelic experiences with the staff responding in turn afterword—the focus of the staff became more concerned with convincing Paul of the importance of adhering to the structured rituals and emotion culture of the retreat. At one point, another therapist offered their understanding of the situation, remarking about how hyper-intellectualization can be used as a defense mechanism: “The intellect can never resolve harm done to the body or our emotions.” Another therapist chimed in: “What we run from is oftentimes the thing we most need to learn from” (this is a rendition of the Joseph Campbell quote about how “The cave you fear to enter holds the treasure you seek”). Paul was defensive, and proffered his own analysis of the moment and the sacred

objects, responding with: “If you’ve seen the dark (referring to a series of psychologically distressing features of his biography), why not *stay lit*?” (Tapping his seemingly expensive watch, again switching the conversation to power and money.) It was at this point that retreat staff took a deep breath and realized that Paul was not to be convinced.³⁴

This series of events—the disruption of the flow of IRs, the failure to pay deference to sacred objects and act with a situation-appropriate demeanor—is useful to consider for analytical purposes. While as I have shown in Chapter 3 it would be possible to conceptualize this instance as one of “prescribed behavior patterns,” “social rituals,” and “social sanctions” surrounding proper drug-use conduct (Zinberg 1986: 2-3), the development of a theory of structured rituals on retreat provides a more thorough and nuanced analysis not simply of Paul’s drug-using behavior, but of the larger, yet more intricate form of normative social expression. By asking Paul to refrain from emotional displays and talk-making outside the boundaries of the emotion culture, feelings and their presentation operate as a form of social control (Wiley 1990). As I have shown, people learn “feeling rules” and engage in “emotion work” through social sanctions (Hochschild 1983). Thoits (1985, 1986) has researched the possible negative repercussions attendant to displaying emotions in ways incongruent with social expectations. By failing to engage in the proper “emotion work,” individuals may undergo the “self-labeling process,” whereby they impose social standards upon their actions and negatively sanction themselves

³⁴ It is not my intention to make a normative judgement on Paul’s experience or behavior. I cannot claim to understand Paul, his biography, or his feelings about the mushrooms or the retreat in general. My brief and broad description of his story here is descriptive of the way in which social control operates in a collective with sacred objects. On a personal level, I was left feeling bad for Paul, and this is because he simply wanted to be in control of his own experience without others impinging on his trajectory. Whether or not he could benefit from adherence to the boundaries of the emotion culture and general norms and values of the collective is ultimately up to him to decide. I cannot, and do not, blame him for choosing to not adhere, and nor do I blame the retreat team for offering their analysis and experiential therapeutic guidance—indeed, that is their job and social role on retreat.

(e.g., shame, stigma) (Ibid.), or receive sanctions from others. Embarrassment and shame, by protecting social norms and drawing fault to the individual as opposed to the group norms, also operate as a form of social control (Goffman 1959; 1967: 97-112). However, individuals self-label through cultural enforcement, or if they believe the sanctions are normatively appropriate or moral. In contrast to Hochschild and Thoits, Collins (2004), in a discussion of the “social production of individuality,” defines “alienated” or “rebellious introverts” as a character type “who scorns the crowd and is proud of nonconformity.” As Collins (2004) has shown, it is possible to act in a self-interested fashion during formal and informal IRs, but “[s]elf-interested action is successful only as it respects ritual constraints” (p. 21). In the end, Collins writes in a different passage, “Persons pumped up with feelings of group solidarity treat symbols with great respect and defend them against the disrespect of outsiders, and even more, of *renegade insiders*” (2004: 49; italics added). In this instance, Paul was asked gently, yet relatively sternly, by staff to forego any style of talk-, role-, emotion-, and ritual-making that might operate against the therapeutic philosophy and emotion culture being upheld by others. It was essentially at this point that Paul became an outsider, or as Denzin (1993) would argue, failed to adhere to the three stages of socialization for accomplishing self-transformation.³⁵

The several instances where deference was disregarded, leading to an *unsuccessful* IR, displayed the type of social order attendant to the ritual/s and overarching culture. Gordon (1990) describes this situation:

³⁵ As discussed in Chapter 3, Denzin argues that the process of refurbishing a new—recovered—self happens through the three stages of socialization into A.A.: the *preparatory stage*, where the individual “imitates and mimics the words, actions, and feelings of other A.A. members;” the *interactional stage*, where the individual “learns how to take the attitudes of specific A.A. members;” and the *participatory stage*, where “the individual learns to take the attitudes of the A.A. group as a collectivity”—that is, where a “generalized A.A. attitude is learned” (Denzin 1993: 314).

“Management of feeling and expression enhances the functioning of groups by allowing continuity of action, building solidarity among members, and indicating status differences. Expressive control allows collective action to continue without the situation becoming redefined as the interrupted action or novelty that emotional arousal implies” (Gordon 1990: 590).

One of the reasons rituals “fail” or are “unsuccessful” is due to a lack of respect for the group’s symbols. Rituals that fail are most observable when they are formal rituals and are more likely to come about when they are “forced, where “individuals are forced to put on a show of participating wholeheartedly in interaction rituals” (Collins 2004: 53). When rituals fail, the outcomes vary. Such rituals drain energy, do not create EE by which future interactions are driven towards, and if many forced rituals fail, it may “tend to make individuals averse to those kinds of ritual situations, even creating what appear to be anti-sociable personalities” (Collins 2004: 53). When rituals fail, the group itself experiences “moral uneasiness”; it is a situation similar to Durkheim’s understanding of the punishment of crime—a means of reestablishing social order (Collins 2004: 25). The retreat community, therefore, became galvanized at the act of impropriety and disrespect. In summary, the purpose of this analysis is to show the extent to which Durkheim, Goffman, and Collins’s theses are correct: the establishment of a moral order takes place through intersubjectivity, and when people fail to pay deference to the sacred objects of the group and their IRs, the group becomes emboldened. Collins, and more specifically Summers Effler (2002), describe how if individuals experience negative interactions, they leave with, and expect future IRs of similar types to be filled with, negative energy. This happened in the case of Paul, who at one point after the aforementioned failed rituals, referred to the retreat as “a cult,” describing, in a sense, the operations of a form of social control the staff and guests had

built. “The subordinately positioned or dominated individual will lose EE,” Summers-Effler (2004b: 310) writes.

In Paul’s experience, it can be proffered that the ridicule and sanctioning of behavior came about because not only did he not adhere strictly to the cultural structure of the retreat and its IRs, though this is also true; rather, it is because he denigrated the sacred objects *and* failed to observe the feeling and display rules, or the emotion culture, of the retreat. Failed rituals can contribute to anxiety, as predictable ritual formalities are denied or denigrated, and chaos persists until order is restored. Yet, they can also draw and strengthen group cultural boundaries.

5.4.3 The Importance of Informal Rituals: Building the “Chains” of IRs

We have seen how Collins (2004), with the help of Turner (2010, 2019) and dramaturgical scholars like Goffman and Hochschild, elucidate the manner of structured rituals on retreat via a foundational ritual upon which the rest of the week’s rituals would rest. Following from Chapter 2, in the tradition of Durkheim, Collins’s model proposes that copresence, mutual awareness and focus, rhythmic synchronization, common mood, and the production of sacred objects produces Emotional Energy (EE) in successful rituals. Through the creation of and deference to sacred objects, the boundaries of a microlevel culture—values, morals, normative practices—are produced and enforced. As such rituals develop into *chains* of interactions, thereby taking on greater value, solidarity, emotions, and long-lasting EE become amplified further. The components, and the *outcomes* as we will continue to see in further chapters, are the products of “successful” interaction rituals, originally “designed” (to some extent) by the retreat staff and furthered along by the guests. Even “unsuccessful” rituals, as illustrated with the examples of

Paul on retreat, help to further outline the boundaries of the retreat rituals and the sacred objects in question.

It is important to mention that while the Introduction Circle happened on the first day, this set the cultural structure for the week's remaining IRs. In this sense, and as briefly mentioned above, myriad other rituals—both formal and informal, psychedelic and otherwise—are thus informed by that first ritual's foundation. As I have described at the outset of this chapter, scholars of therapeutic communities—and specifically Clarke (2015) and Clarke and Waring (2018) who use Collins' (2004) IRC theory—have noted the therapeutic efficacy of intersubjectivity. Important here is distinguishing between *formal* and *informal rituals* in TCs. In the context of therapeutic communities, formal rituals are those which, through mutually focused entrainment and collective effervescence, produce and sustain symbolic objects and group membership, whereas informal rituals provide additional opportunities for the *circulation* of group symbols outside primary therapeutic rituals. As Clarke and Waring show, informal rituals are those that extend the EE beyond the moments of formal rituals, and thus contribute to time/space connection of symbolic group membership—the *chains* of interaction rituals, and what I have shown to be the particularized cultural capital that will remain “internalized” and “integrated” post-retreat. Therefore, it is not only the primary or formal interaction rituals (e.g., Introduction and Integration Circles, Psychedelic Rituals) that create and sustain investment in group membership (and as I will show, therapeutic efficacy), but also through *informal* rituals, where individuals both internalize and extend symbolic objects (Collins's notion of “second” and “third order” circulation of objects), which enhances both the “emotional residue” and the “sense of belonging” felt by group members through informal rituals (Clarke & Waring 2018). Informal rituals thus consist of all smaller, less significant, and less emotionally charged intersubjective

engagements, such as those that fill the gaps between formal rituals. For example, on retreat, informal rituals take place around mealtimes, spontaneous dyadic and triadic conversations in passing, during walks on the beach or group outings to town, yoga sessions, and all post-retreat communications.³⁶ Consequently, a distinction can be made between what separates formal rituals from informal rituals, the main difference being that *formal* rituals consist of all the symbolic ceremonies that surround the sacred objects and thus involve only the most emotionally charged group events.

Conclusion

In this chapter, I have utilized sociological literature on therapeutic retreats, combined with Interaction Ritual Chain theory (Collins 2004; Turner 2010, 2019) and dramaturgical analyses (Goffman 1979, Hochschild 1979) to elucidate and theorize the structured cultural setting of a psychedelic therapy retreat. I have used interview and autoethnographic data focused specifically on the first day of the retreat, and especially on the Introduction Circle, as a means of underscoring the most important interaction ritual of the weeklong retreat. I have done so instrumentally, so as to communicate in detail the way in which the retreat is organized culturally—via sacred objects and an emotion culture. In doing so, I have paid attention to important concepts regarding culture-taking and -making, such as deference and demeanor, feeling and display rules, credentials, and therapeutic philosophies. I have done this not only to

³⁶ These informal rituals are fascinating, substantive interactions in their own right, and could very well be the subject of an entire dissertation. Such rituals are, I argue, the spaces and places whereby the “internalization” of retreat symbolic objects and particularized cultural capital is first commenced. Simultaneously, these moments are also where group and individual-level solidarities are built, too, thus making them significant moments for the building of EE. Due to both spatial constraints and my inability to collect the amount of data necessary to delve deep into these informal rituals, I regret that I cannot comment in detail on them at this juncture.

showcase how and to what extent interaction rituals are structured, internalized, and circulated, but how rituals also depict a form of social control extant in such settings.

The overall analysis presented in this chapter reveals the extent to which mental health healing and self-transformation are intimately wrapped into the cultural environment of the retreat, and that these facts of retreat life are revealed, seen, and felt *prior to* the use of psychedelics. In other words, the therapeutic atmosphere can be seen here as playing a significant role in enabling guests to think about and engage in the resolution of mental distress *collectively*. This will become clearer in the coming chapters.

CHAPTER 6: THE CULTURAL STRUCTURE OF PSYCHEDELIC RITUALS: CULTURAL SET AND SETTING ON RETREAT

In Chapter 3 I provided a literature review of the sociology and social psychology of drug use, describing how “extra-pharmacological” factors impart upon drug effects and experiences. As we have seen, “set and setting”—users’ personal *mindset* and their social and physical *context*—is a significant aspect of that analysis, particularly for psychedelics, whereby rituals, learning, and social controls impact upon altered states of consciousness. In short, the argument is prototypically social-psychological, that psychedelics—like other drugs or even states of consciousness generally—are heavily influenced by the personal and social contexts—the set and setting—in which they are taken, or similar to a certain extent in Becker’s argument, that one *learns* how to experience “getting high” (Becker, 1953; see also, 1967, 1974).

More recently, Hartogsohn (2020) has extended the analytical device of set and setting by adding a degree of nuance. Whereas many scholars have generalized about the state of consciousness engendered by psychedelics as a mode of *amplification* or *magnification*, the theory of *collective set and setting* places more emphasis on meso- and macro-level social, cultural, and political phenomena, thus bringing a larger array of variables—e.g., norms, values, morals, knowledge, symbolic objects—into the theory of extrapharmacological factors of drug use (Hartogsohn 2017, 2020). Thus in the previous chapter on the cultural structure of rituals on retreat, I have already made some headway in describing the extrapharmacological factors that impact one’s psychedelic consciousness on the retreat. In this chapter, I analyze in greater detail the type of *therapeutic set and setting* on the psychedelic-assisted therapy retreat, which, due to this research’s situatedness in what I have described as a therapeutic community, I refer to as *cultural set and setting*.³⁷

I begin with a brief review of the literature on psychedelic phenomenology, psychedelic-assisted therapy, introspection, autognosis, and what is likely the most important aspect of psychedelic “healing,” the *process* of “integration.” Following the literature review, I use empirical data—both from my participant observation and from in-depth interviews—to explain and analyze the type of cultural set and setting established by retreat staff. In doing so, I highlight the most important features of the total drug-taking environment: dosage, the therapeutic route (going “internal”), what to expect during psychedelic consciousness, the role of “therapeutic alliance,” pre-dose meditation, the psychedelic ritual itself, and Integration Circles. I

³⁷ I will be using the concept *cultural set and setting* throughout. Hartogsohn’s (2020) concept “collective set and setting” is used to denote larger, societal-level and historical features that impact upon the individual set and setting. In this dissertation, as I have shown and will continue to show, the weeklong therapeutic retreat consists of and is analyzed at the level of microsociological phenomena, of which interaction rituals are said to be “structured” by the culture of the ritual. In this instance, Hartogsohn’s notion of “collective set and setting” is too broad and unapplicable, hence the use of cultural set and setting throughout this dissertation.

end this chapter by analyzing empirical data on the theory of mental distress and psychedelic healing in the retreat cultural set and setting—in other words, I explain and analyze the specifics of theories of trauma, mental distress, and emotional repression as they pertain to the theorized efficacy of psychedelic healing.

Overall, this chapter, when combined with Chapter 5, fuses into a broader picture of the type of drug-taking, therapeutic environment—the cultural set and setting—of the retreat. Providing this context, data, and analysis will support the later chapters on healing sexual trauma and on group-based healing experiences.

6.1 Conceptions of Psychedelic Therapy: Introspection, Autognosis, Phenomenology, Integration

6.1.1 Introspection and Autognosis: Investigating the Self

For centuries Indigenous cultures have used psychoactive plants “to learn healing knowledge” (Pittaway 2018: 438-39). In Western societies since the mid-20th century, many scholars have attempted to understand, analyze, and explain psychedelic consciousness, despite its conventional portrayal as *ineffable*. While it is common in psychedelic culture to generalize about psychedelic consciousness as a form of amplification or magnification of the attendant set and setting (Hartogsohn 2020), in therapeutic contexts—that is, in a set and setting oriented toward the healing of distress or trauma—psychedelics can be seen as a tool for gaining a more vivid understanding of idiosyncratic psychological, behavioral, and autobiographical repertoires. Several researchers and theorists have explained what this type of context entails and produces. For example, Bache (2019) explains that the “core of the therapeutic protocol [of psychedelics]

is to powerfully amplify your unconscious [and] allow its patterns to emerge in your awareness...” (p. 8). Similarly, Hewitt argues that when people “immerse themselves in non-ordinary states of consciousness within a set and setting that encourages psychospiritual work, they choose to participate in a process that accepts non-ordinary states of consciousness as tools for developing their sense of self, subjectivity, and imagination, which in turn they use to reconstruct their identities and worldviews” (Hewitt 2019: 110).

One of the most significant aspects of the therapeutic or “healing” protocol is said to be the process of self-knowledge that comes from having “patterns” emerge and/or becoming “amplified.” William James, in *The Varieties of Religious Experience* wrote that of the four types of mystical experiences, *noetic* experiences are those “states of insight into depths of truth unplumbed by the discursive intellect” (see Davis 2020: 101). Conceptually, self-knowledge, or “autognosis” (literally “self-knowledge”), has been associated with psychological healing and, with regard to psychedelic therapy, as assisting in the therapeutic process. Self-knowledge,” writes Móró et al. (2011), “becomes a part of the mental health process when its techniques are consciously utilized for charting inner resources more deeply.” Under proper circumstances and with intentional use, “autognostic drug use can be seen as a ‘training situation’, as it deliberately provokes exceptional experiences in order to gain self-knowledge and to rehearse coping strategies” (p. 195). Bourzat and Hunter (2019) have put this quite clearly, arguing that psychedelics, when used in contexts that promote psychological exploration, act as a “magnifying glass to one’s inner world,” and can therefore facilitate a journey where “[r]epressed emotions or long-forgotten memories can surface” (p. 42). Through this “inner unfolding”:

We can perceive how our protective strategies have resulted from our belief systems and our buried wounds. We can make contact with our shame. We can experience wounds in their purity, understanding their causes and seeing them for what they truly are. They may derive from feeling unseen, unloved, or disconnected from others. Looking at our original wounding from an adult perspective allows us to empathize with what our younger self endured and the complex strategies that we constructed to survive. The direct experiences of previously unconscious memories, thoughts, tensions, and emotions enter into our conscious mind allowing us the opportunity to process and integrate them into the wholeness of our psyche and life. (Bourzat & Hunter 2019: 42)

Below, in the empirical section of this chapter, I will explain how staff curate the therapeutic cultural set and setting during the psychedelic retreat and discuss what that means for guests and their personal mushroom healing journeys. And in the next chapters I will describe how that context—combined with the structured rituals and emotion culture outlined in Chapter 5—impacts psychedelic consciousness and individual guests’ self-transformation.

6.1.2 Phenomenological Categories

A number of researchers have proffered phenomenological typologies for the psychedelic experience. In this brief overview, I will use Garcia-Romeu and Richards’ (2018) classification system as it is thorough, simply explained, and pertains to psychedelic therapy specifically. Describing these categories will not only offer a concise description but will be instructive in elucidating Chapter 7’s narratives of retreat guests’ psychedelic healing experiences.

6.1.2.1 Psychodynamic-Autobiographical Experiences

These experiences are prevailed “by emotional recollections and reflections on significant previous or current life events and relationships.” Such psychedelic events often evoke the “re-emergence of past transgressions for which the patient may harbour ongoing guilt or sorrow, grief for deceased loved ones or lost relationships, anger or forgiveness regarding unresolved traumas, and insights into one’s ways of being and relating throughout one’s life” (Garcia-Romeu & Richards 2018: 302).

6.1.2.2 Cognitive-Intellectual Experiences

Such trips consist of alterations to typical psychological and behavioral structures and have been “linked to creativity enhancement, novel perspective-taking, and generation of conceptual insights useful for problem-solving or solution-oriented reasoning” (Garcia-Romeu & Richards 2018: 302). While not always specifically related to therapeutic efficacy, novel perspectives, cognitive reframing of important concerns, or confronting and adjusting maladaptive behaviors can be situated in a therapeutic framework.

6.1.2.3 Symbolic-Archetypal Experiences

This type of psychedelic journey is unique due to its “visionary” quality. The number of possible experiences may be unquantifiable, but they generally consist of the “emergence of mythical or symbolic content such as deities (e.g. gods, goddesses, angels, demons), gemstones, imagery associated with other civilizations or historical periods, as well as encounters with universal qualities such as truth, beauty, or love.” While *psychodynamic-autobiographical* trips often take on an idiosyncratic character as per the user’s biography, *symbolic-archetypal* qualities typically relate “to a larger sphere, or collective unconscious, that transcends time and cultures” (Garcia-Romeu & Richards 2018: 302).

6.1.2.4 Mystical Experiences

Also referred to as “transcendent” or “peak experiences,” mystical experiences are “characterized by a sense of unity, transcendence of time and space, deeply felt positive mood, sacredness, ineffability, and a sense of ultimate truth or reality, also known as a noetic quality” (Garcia-Romeu & Richards 2018: 303). Countless descriptions of this type of psychedelic experience have been proffered, and such experiences have, possibly more than the others in this typology, been associated with long-lasting benefits and positive personality adjustments.

6.1.2.5 Sensory-Aesthetic Experiences

Such experiences can be described as “perceptual changes such as increased vividness of colours, appearance of movement of static objects, fractal and kaleidoscopic imagery, enhanced sensitivity to music, altered sense of touch and texture, altered body awareness, and synesthesia.” (Garcia-Romeu & Richards 2018: 301). Occurring at medium or high doses, such sensory phenomena, when visual, are typically associated with recreational (as opposed to therapeutic) use due to their distracting nature. The use of music and eyeshades are attempts to prevent their happening from disrupting the “inner work.”³⁸

³⁸ With regard to specifically visual phenomena, Belser et al. (2017), who suggest they have produced “the first qualitative study of participant experiences in psilocybin-assisted psychotherapy,” describe research subjects reporting “visions,” which they consider “contingent, unique, and subjective phenomena, each of which requires idiographic contextualization to understand the vision’s significance” (p. 372). These researchers also describe “synesthesia,” which is a “perceptual condition in which a stimulus in one sensory modality, such as hearing, elicits a sensation in another sensory modality, such as sight” (p. 327). In the research subjects, they gathered details on four types: *visual-auditory synesthesia*, *somatic-auditory synesthesia*, *gustatory-auditory synesthesia*, and *visual-somatic synesthesia*” (Besler et al. 2017: 373). Embodiment is a significant factor in sensory-aesthetic experiences. Belser et al.’s (2017) study of psilocybin-assisted therapy in cancer patients showed that several participants “described complex visions in which their cancer was physically ejected from their bodies or accepted as part of their physical form” (p. 370).

6.1.2.6 Challenging Experiences

Often referred to informally as “bad trips,” challenging experiences “involve intense feelings of anxiety, panic, grief, fear, paranoia, disorientation, confusion, isolation, or physical discomfort.” This type of psychedelic trip is important to discuss in detail, as contrary to its characterization as “challenging,” “difficult,” or “bad,” there is a highly paradoxical aspect to these experiences. Barrett et al. (2016) developed a broad profile of bad trips: fear, grief, death, insanity, isolation, physical distress, and paranoia. The paradox rests in the fact that bad trips, though difficult, are often considered to be highly beneficial for long-term positive mental health outcomes.

For example, providing or utilizing supportive, friendly environments, and/or positive psychological states prior to the drug trip—the set and setting—have shown to turn challenging experiences into positive, insightful, and/or therapeutic outcomes. Thus, similar to the social learning tradition and Becker’s work (outlined in Chapter 3), “bad trips,” when resituated within proper cultural membership, or an appropriate and therapeutic set and setting like a retreat, can enable the sufferer to continue “going deeper” until the problematic situation is resolved, enabling a sense of cathartic release leading to emotional wellbeing and trauma resolution after. This concept will be discussed in detail in the next section, and will be illustrated empirically in the coming chapters.

6.1.3 Integration: Implementing the Lessons, Changing the Self

We now understand that the benefits of a well-planned psychedelic experience come not from the substance itself, but rather from the integration of the enduring memories of the particular states of consciousness that were experienced during the period of drug action (Richards 2015: 19).

Integration, or the practice of incorporating psychedelic insights into daily life post-trip, is often referred to as the single most important factor in psychedelic therapy (Richards 2015, 2017). If mushrooms “show you the truth” by revealing personal psychological or behavioral repertoires that cause harm or distress, then integration work—and possibly additional therapeutic practices—is the necessary next step to implementing the lessons of introspection and autognosis into daily life. With specific regard for mental health purposes, this process includes “exploring the meaning and implications of the experience in relation to the area of desired change, possibly including (a) new understanding of the symptoms, (b) change in the symptoms or how they are experienced, (c) new intentions around management of the symptoms, (d) new insights about how the symptoms can be managed, and (e) behavioral changes made in order to better manage the symptoms” (Bogenschutz & Forcehimes (2017: 398). Similar to and reliant upon the individual’s idiosyncratic psychedelic journeys, integration practices are individualized, but like any cultural ritual, structuring patterns can be discerned amongst groups, and are directly associated with the cultural set and setting in which drug use takes place.

6.1.4 Therapeutic Alliance

It is well known in psychotherapy that the connection and working relationship between the therapist and client is one of the most influential features of efficacious therapy outcomes. Recent studies suggest that not only is this the case in traditional therapy (Rogers 1951; Horvath & Greenberg 1989; Horvath & Luborsky 1993), but psychedelic-assisted therapy as well (Garcia-Romeu & Richards; Phelps 2017). Garcia-Romeu and Richards (2018), for example, argue that the strong, intimate, and vulnerable nature of the psychedelic therapy experience makes rapport, trust, and a strong bond imperative. “The vulnerability inherent in participating in

a high-dose psychedelic session, with the often unpredictable emotions and lack of control this can entail, requires a high degree of trust, security, and confidence in the therapists who will be monitoring the session” (Garcia-Romeu & Richards 2018: 300). The development of a strong rapport, empathy, authenticity, and unconditional acceptance by the therapist are important aspects of building a therapeutic alliance and assisting clients in difficult, uncomfortable moments, such as those found during “bad trips.”

6.2 Cultural Set and Setting on Retreat: Fieldnotes and Data

In this section, I use fieldnotes and interview data to provide an overview of retreat rituals surrounding learning about and using psychedelic mushrooms. Because these rituals are intended to teach guests about and prepare them for ingesting psychedelics for self-transformation and healing, I represent them as the retreat *cultural set and setting*. The cultural set and setting are a series of rituals that, like the curation of an emotion culture and paying deference to sacred objects (as seen in Chapter 5), *structures* to a certain extent the psychedelic ritual itself, and thus is an imperative aspect of psychedelic consciousness and psychedelic-assisted therapy. The cultural set and setting, in other words, impacts and directs psychedelic healing phenomenology, and thus extends Becker’s (1953) original thesis: on becoming a *psychedelic therapy* user.

6.2.1 Dosage

The amount of mushrooms a guest takes while on retreat is ultimately decided upon by the guest in conversation with the staff. Though, the Lead Therapist does make a “recommendation” based on a number of factors, such as a guest’s history of using psychedelics or other drugs, whether

illicit, recreational, or pharmaceutical, or a guest's emotional or mental health background.

While I wondered if body weight played a role, I was told that studies suggest it is less of a factor than is commonly believed and imagined.

For Dose Day One, it was recommended that guests take between 3-5 grams—an amount that would prompt a “deep” experience but one that is not overwhelming. This amount would basically allow participants to warmup to the mushrooms. For both the Second and Third Dose Days, we are told that the amount will increase—and for some people it will double or triple the amount they took on the first day, depending, of course, on how they react to and feel about their prior doses. Nevertheless, the dose will always be decided upon via dialogue between the staff and the guest. I, for example, was given the recommendation between three and five grams for my first dose; I chose four. Two attendees who had joined retreat once or twice in the past were told they could increase their amount if they wanted. One of them, a guest in his 60s, took eight on the first day and later, on Dose Day Three, took 16.

6.2.2 Going “Internal”: The Therapeutic Route

As described in Chapters 3 and 5, the purpose of using psychedelics therapeutically (as opposed to recreationally) is to explore the depths of one's psyche—that is, to go “internal.” To increase the chances of accomplishing this form of introspection, it is imperative that users eliminate as many *external* distractions as possible so as to enhance, or as we have seen amplify, guests' ability to direct their trip to the contents of their minds. Two recommendations are therefore made by the retreat team: the use of eyeshades, and music (or at least noise cancelling headphones). Considering the former, we are told that we can remove the eyeshades at any time,

but we should do our best to employ them as much as possible. With less phenomena distracting us, we are better able to—using the language of treatment—“go deeper” to do the “inner work.”³⁹ To assist this, each guest is given a new pair of eyeshades upon arrival.

Due to the amplificatory aspects of psychedelic states, music is also a highly important component of both recreational and therapeutic psychedelic use.⁴⁰ We are told to choose our music wisely, and weeks prior to the retreat guests are given several playlist options to choose from, though guests could also build their own. For example, Johns Hopkins University’s Center for Psychedelics & Consciousness Research—the first official psychedelic research center in the US and currently the largest in the world—has designed what has become a popular playlist intended for introspective psychedelic exploration. The list features music by prominent classical composers such as Vivaldi, Brahms, Bach, Mozart, Beethoven, Wagner, Strauss and is intentionally organized to match the ebbs and flows of a psychedelic journey. The six-hour playlist ends with more upbeat and inspirational tunes, such as “Here Comes the Sun” by the Beatles, and “What a Wonderful World” by Louis Armstrong. For guests utilizing their own music, staff had suggestions. For example, whether the music was calming or energetic, it should ordinarily not have lyrics—the reason being that lyrics are suggestive or directive. Overall, the music “should not try to evoke particular emotions or memories but support the autonomous process of experience,” Wolff (2020: 53) writes.

³⁹ In his book *LSD and the Mind of the Universe: Diamonds from Heaven* (2019), philosopher and religious studies scholar Christopher M. Bache describes pre-dose routines based on his 73 sessions with LSD. It is important, he writes, to “carefully [construct a] space dedicated to self-transformation,” which includes protection “from all interruptions,” possibly a “centering practice such as yoga or meditation,” and the “[elimination of] outside distractions so that you know that whatever you are confronting is coming entirely from within...” (Bache 2019: 8). This is a significant distinction from recreational use, which, due to an increase in stimuli, “tend to be shallower, less cathartic, and less revelatory” (Bache 2019: 9).

⁴⁰ The science of music in psychedelic therapy has been an interesting avenue of exploration in its own right. See Kaelen et al. (2018).

6.2.3 *What to Expect*

The first lesson we are taught is that there is no universal experience while on mushrooms. The somatic or psychological effects will typically be felt around 45 minutes after ingestion (though for some people it can take much longer). Onset experiences can be demarcated by heaviness or lightness, feeling tired and the need to yawn, urinate, or cry. It is also during this period where anxiety, catastrophic thinking, or nausea can arise. In the psychedelic therapy community, vomiting is often conceptualized as “purging”—the act of the dispelling of difficult, stressful, and negative experiences, or as purifying trauma stored in the body (Wolff 2020). Purging can be both therapeutic and relieving, we are told. “We encourage leaning into the nausea,” one of the staff members uttered. The most important aspect throughout the initial period—and as a general guideline—is to remain calm and remember that everything will be fine, and to do our best to relax.

While the onset phase usually lasts around an hour, the Peak Experience—the most intense phase—can last 2-3 hours, or longer for some people. A consistent instruction we were given throughout the week—and that can be seen as an extension of the emotion culture on retreat in general—is to try to resist feeling tense, worried, or anxious about the trip. “Turn off your mind, relax, and float downstream,” I thought, recalling the lyrics of John Lennon and the Beatles. There’s no need to hurry, no need to worry, the staff convinces us—often through displays of warmth and reassurance.

If the experience becomes overwhelming, we were offered a variety of tools to withstand those moments—tools, again, that can be associated with the retreat’s discourse of the language of therapy on offer, as described in Chapter 5.

- “Ground yourself in the grass if you’d like”
- “Embrace the madness”

Or, creating and reciting mantras to oneself can help settle the mind and retain the trajectory of the “intentions” one brings to the journey.

- “I am open to the medicine”
- “I am open to the process”

We are told that these, amongst other tools, are what we should utilize to navigate our journeys to the “deepest” and “darkest” corners of our conscious and unconscious minds. It is this notion that, as shown in the last chapter, connects directly with the language of treatment on retreat—for example, “What we run from is oftentimes the thing we most need to learn from,” or its analogous point, “The cave you fear to enter holds the treasure you seek.” In order to do this—to use the mushrooms as a “magnifying glass” of the soul, it is best to stay calm and be courageous throughout.

- “Invite your emotions/demons for tea”
- “Weird is where the work gets done”

Whether we confront “visions”—unique colors, fractals, hallucinations, etc.—or experience catharsis (discussed further below), we are to breathe mindfully and observe ourselves and our lives nonjudgmentally.

- “Open yourself up and receive the experience”

We are also informed that during this intense part of the trip, we need not worry ourselves about “figuring it all out,” or trying to rationalize or make sense of the trip through deciphering or denoting (in journals) particular experiences. If we feel we want to write, then that’s fine, but the real time for understanding—and integrating—comes afterward, not only the next day, but oftentimes days and even weeks after the experience.

After the Peak Experience, the comedown period lasts about an hour (for some it can be much longer). It is explained that this phase is unique for a few reasons, namely because we will begin to regain access to our intellectual faculties (compared to during the Peak Experience). Because of this, it is a good time—if we feel comfortable—to begin to make sense of, analyze, and record our experiences (by journaling, for example). Still, though, we should not stress ourselves out by trying to consolidate or analyze what has happened; the experience is too immense, both quantitatively and qualitatively, for that to happen quickly. And much of the analysis, and the integration, will take place the day after each psychedelic trip, during the Integration Circles. Again, the overarching point remains: relax, stay calm, be positive (even if the journey gets dark or dramatic), and do your best to delve into the mind without fear.

Throughout these extraordinary discussions and teachings, the therapists and facilitators provided relief through their demeanor and expressions—particularly prior to Dose Day One, when anxiety is at its highest. I once walked up to one of the younger therapists and laughingly told him that I was a bit nervous. He warmly placed his hand on my shoulders and with a big smile he looked right into my eyes and told me, “You’re gonna be fine, man. Don’t even worry about it.” It sometimes seemed as if they—the staff—were members of an exalted club of “knowers,” and the guests were outsiders. But they presented that fact not as a mark of prideful

distinction or egoism, but instead as if it were only a matter of time before we—the guests—would become part of the club. I was left feeling invited, not different.

6.2.4 The Role of the Therapists and Facilitators: The Therapeutic Alliance

While some psychedelic trips can be incredibly blissful, intellectually stimulating, and generally enjoyable, others can be highly distressing—particularly for individuals with traumatic pasts. For the latter, people may *relive* or *remember* difficult or harrowing biographical moments. It is for this reason that it is important to have sober, grounded, comforting, and trained experts available for those who may want or need them. “Ask for help if you need it,” they tell us. The therapists and facilitators are always nearby during the psychedelic journeys, and are willing to talk, direct, or provide guests clarity or guidance.

In an online interview, Veronica, the Lead Therapist, makes several important points about the role of the therapist in psychedelic-assisted therapy—these points will help clarify what it means and looks like to practice psychedelic healing. First, it is critical to have knowledge of guests’ histories of mental health/distress, treatment, fears, and anxieties. “This speaks to the importance of the [Introduction Circle] prior to the dosing sessions,” Veronica says.

You have to know what this person is about. You have to know if this person has experienced physical abuse, sexual abuse, emotional abuse. Unless you really know them and understand their defense mechanisms, and how they interact with the world, it’s going to be more challenging to navigate the space during the [psychedelic] session itself.

Second, therapists and facilitators must have familiarity with directed, intentioned, and healing forms of psychedelic journeys.

It's so important to have done your own psychedelic work, so you know the variety of things that can come up [and] how freaky it can get. [You need] that abiding, empathetic presence, which requires the facilitator to be grounded, to be tapped into what the guest may be feeling or may be needing at the moment. It's [a] very nuanced [practice]... it's very subtle. So, you have to intuit that, which means you have to have done a lot of your own inner work with the medicine. And I think you just have to be skilled at creating that sense of space.

Theoretically, this suggests a significant form of *impression management* (Goffman 1959), or *emotion labor* (Hochschild 1979, 1983), that retreat staff must present.

Third, Veronica says that it is the mushroom, not the therapist, that provides the most significant therapeutic benefits.

The important thing to recognize is that the therapists are not the ultimate healing source; it is the plant medicine. So any sense of ego, you (the therapist) leave that behind. You're just creating the space whereby the guest experience is optimized. You're approaching the guest with the solid belief that whatever they are going through... is what they're supposed to be going through.

This claim highlights the depth of the therapeutic notion of "trusting the medicine"—a point honed during many of the IRs and used in the language of therapy. The claim also describes that the guide is available to comfort, or direct, or calm the guest, but that ultimately the mushrooms as medicine will—to use the language of therapy—"heal," "reveal," "show you the truth," or expose "what's possible." A latent component of this method is that even "bad trips" are to be trusted as *that which the guest may need*. This will be explored in the coming chapters.

Last, Veronica suggests that it is important to deactivate guests' wonder about whether they themselves, during the unordinary nature of the psychedelic experience, are impacting or bothering the facilitator. It is therefore important for clients to know for sure that they are

not causing [the facilitator] any fear or consternation, because in the psychedelic state, that guest is so in tune with the energy the guide is putting out. So if [a guide] is going towards [a guest] with judgement, or fear, or anxiety, [the guest is] going to pick up on that and go down that road. So, you (the guides) have to do your own tripping... You have to do hours and hours and hours of your own exploration

Much of what Veronica offers can be situated within a “therapeutic alliance” framework, as discussed above.

During psychedelic ceremonies at the retreat, staff are always positioned in a chair or on the ground a short distance away (anywhere from 10-40ft). If a guest wants their attention, they simply need to either sit up, remove their eyeshades, waive their hand, or verbally call for assistance. At that point, staff will come and join the guest's area and offer assistance—whether a comforting hand to hold, to act as a sounding board, suggest advice, listening intently, and reassuring the guest that everything will be fine. They can also assist you, if need be, to walk somewhere—e.g., to the bathroom, to use the outdoor shower (if cooling down sounds attractive or helpful), to put on additional clothes (if warming up is necessary). Most importantly, however, is that they are there to help guide and direct the psychedelic experience if a guest feels that such would suit them.

For guests experiencing a dramatic, revelatory, frightful, or traumatic state of consciousness, staff may “guide” guests to continue undergoing the experience until it reaches a summit—

hoping to enable the guest to reach emotional catharsis. Overall, throughout whatever happens, we are told to always remember that everything will be fine—that we will not only be physically safe, but that we will be emotionally and psychologically secure, as our trained and experienced guides will always be nearby, ready to assist us in any way we need, or talk with us about anything on our mind. We are reassured of this time and time again. This will be particularly important, as I will show, in the next chapter, where women dealing with sexual trauma attempt psychedelic-assisted therapy.

6.2.5 The Pre-dose Meditation Circle: Establishing the (Mind)Set

While much of the pre-dosing routine and the “preparation session” is to educate guests on all aspects of psychedelic use for therapeutic purposes, another significant psychedelic ritual component is orchestrating a comfortable environment for the “trip space.” In order to “ground” attendees, get into a relaxed state, and place more focus upon the body and emotions (as opposed to rationality/cognition), the retreat team holds a pre-dose meditation ritual, led by the Lead Therapist, immediately prior to the Mushroom Ceremony. As Veronica states,

We will begin each dosing session with a guided visualization or meditation to get people out of their “monkey mind” and into their body, and help them to open to their experience, to say yes to whatever comes their way

The meditation began with Veronica asking us to settle ourselves down, feel the body, and breathe deeply. We sat for about 20 minutes, being guided to relax, be positive, and prepare for what is to come.

Notably, during Dose Day Two's meditation circle, after a few moments passed Veronica asked us to picture ourselves as a child, to imagine what it was like as that child, and to offer compassion to them. I had heard of this ritual from my research subjects and many reported that it was the most transformative and revealing of the three meditations. This "meditation on childhood" is used as a method of putting guests into a frame of mind focused on their early lives. "So much of our wounding is because of unhealthy relationships, especially in our formative years," Veronica states. One of my interview subjects, "John," provides a detailed explanation of his (prior) experience with the childhood meditation.

[An important piece of the retreat] is that they do what they call a meditation before you actually take your dose. To me it's not meditation but hypnosis, because meditation in my mind is something you do yourself, on your own, whereas hypnosis is where there is somebody talking you into a state of relaxation... But [a female Lead Therapist] led the group, and we were all asked to relax and to go deeper and deeper. And it was done before the doses, and I think it was very successful because it was already pre-charging your mind to get into the right frame of mind to become receptive to the positive influences the dose could have on you. I remember [the therapist] saying, 'Think of yourself as a child.' Or, 'Think back to your childhood,' during the meditation sessions. Which is very, very common, you know, as a technique in therapy generally, because it is generally accepted that your first few years—first six or seven years of your life—are critical in terms of creating the... buttons that get pushed later on in life, you know what I mean?

The meditation, as John states, is an important ritual, and is illustrative of how the culture of the retreat influences the psychological *mindset* on retreat. By being "asked to relax and go *deeper*

and *deeper*,” the ritual establishes “the right frame of mind to become receptive to... the dose.” What is the “right” frame of mind, exactly? By focusing on childhood, and by learning of Veronica’s mention of “our wounding” being the product of “unhealthy relationships, especially in our formative years,” it is recognizable how the cultural set and setting, and an emotion culture, are attempts at preparing retreat guests for the “inner work” of psychedelic introspection. The childhood meditation is therefore consistent with the therapeutic philosophy on retreat, the emotion culture, and an attempt at resolving trauma by means of “going deeper.” This will be discussed further in the coming chapters.

6.2.6 The Psychedelic Ritual

The psychedelic ritual, or “ceremony,” commences immediately after the meditation circle. During the meditation led by Veronica, the rest of the staff are busy arranging the “setting,” or the dosing environment, outside in the courtyard of the property: reclining lawn chairs, yoga mats, hammocks, canopies, water, and sunscreen, amongst other things. The area consists of grass and a sprawling garden with lizards, birds overhead, and casual groups of goats walking by. The property is a two-minute walk from the ocean.



Figure 4: The cottage I stayed in.

People gather around and wait for Veronica to arrive with a bowl of mushroom-filled capsules. Staff standby as well, smiling, with their notebooks (to mark down who takes what dose). Veronica then begins to walk around, clarifying the dosage, handing out capsules that contain half a gram of psilocybin each. After everyone takes their doses, they leave for their personalized spots in the courtyard—some walk to hammocks, others around the back of the dwelling. The staff set themselves up too, with comfortable chairs, or sitting in a Lotus position meditating until they are needed. Each staff is in a position where they can oversee a few guests.

I, for example, could see three other guests in the distance, and three staff members as well (though people can move about freely if they like, whether on their own accord or in the service of others). In the coming two chapters, I will go into detail regarding people's personal experiences with psychedelic consciousness.



Figure 5: A view from one of the retreat's lodgings, overlooking a portion of the courtyard where mushroom rituals are engaged. In the center and right side of the photo, there is, respectively, a brush canopy and a hammock hanging from the tree (invisible).

6.2.7 The Significance of Post-Trip Integration Circles

In the previous chapter I discussed the overarching emotion culture and the sacred objects of the retreat, illustrating the proper forms of deference and demeanor given to staff and other guests, and the appropriate forms of ritual presentations. As discussed above, the most important aspect of psychedelic therapy is “integrating” the personalized features of the psychedelic trip into one’s everyday life.

Following each Dose Day, immediately after breakfast, formal Integration Circles are held—structured and overseen by retreat staff, engaged in collectively by guests. One guest shares the prior day’s psychedelic experience and the staff offer perspective, framing, and advice on the content of that experience. Nuance is requested from guests, even if difficult to express or share in front of others—though as camaraderie and solidarity build, this becomes less difficult. It is a ritual that is—appropriately—emotionally intense: attendees of the retreat delve deep into their stories, cry, share emotions and vulnerability. Part of the efficacy of the Integration Circles is putting into words and analyzing one’s introspective experiences, trying to make sense of it in a way that will better their life. Therapists and facilitators standby and listen intently, helping the guest to frame their narrative and integrate it into a new autobiographical narrative of self and self-transformation—of *healing*.

Integration Circles are emotionally and physically taxing at times, lasting on average two and a half hours. Stories are shared in intimate detail, and guests and facilitators are able to witness, as the week goes on, people’s stories, psychedelic journeys, and integration lessons build on one another. This is another significant ritual for building Emotional Energy, creating transformative and healing symbolic objects, and paying deference—collectively—to the emotion culture and sacred objects of the retreat (e.g., self/self-transformation, the collective, the

mushrooms). The sharing rounds also transmit EE and symbolic objects into formal rituals as well.

6.3 Analyzing Theories of Mental Distress, Trauma, and Healing in Psychedelic Culture

Just as I have shown in Chapter 5 that there are particular cultural structures to IRs on retreat, there are similarly structuring ideas and therapeutic philosophies regarding the cause of, and therapeutic impact of psychedelics upon, mental distress and trauma. While myriad of these factors have been aforementioned in this chapter, it is imperative to delve further into some of these constituting cultural objects in order to better discern *what exactly* psychedelic therapy is and *how* it is understood to be effective. The most significant of those items to clarify and analyze is how mental distress, and trauma, are theorized on retreat, and subsequently how psychedelics are understood to cure or remedy those maladies so as to enable guests to achieve healing and self-transformation.

6.3.1 Emotions and Emotional Catharsis: “Feel it to Heal it”

One of the retreat therapists, “Jason,” has a YouTube channel where he creates videos on psychedelic consciousness, therapy, and other topics. In one particular video, Jason describes in detail a prominent theory—amongst several—of how psychedelic healing, and psychedelic-assisted therapy, work. While this was not stated verbatim on the retreat, Jason’s description in the video best illustrates the dynamics of retreat culture and of psychedelic culture generally. It will then be instructive to understand exactly what the stakes are with regard to theorizing mental

health, illness, and distress, and the processes involved in psychedelic healing that are advocated and provided.

The first focus is on emotions—that is, the impact of trauma and general mental distress on emotions and the experience of emotional “catharsis” via psychedelic introspection and recovery. As Jason describes:

There’s this idea in psychology that in order to *heal* it we must *feel* it: ‘Feel it to heal it’ ... [During the psychedelic experience,] as the parts of the psyche are coming up from the unconscious into the conscious mind, all these memories and experiences—of course [these aren’t just] cognitive things. There are powerful *emotions* associated with that. And oftentimes those emotions have been repressed or suppressed for many years, [and] they go unresolved. And these unresolved emotions manifest as all kinds of symptoms of depression, anxiety, and other mental illnesses. So, as these emotions come up and are fully *expressed* and *released*, it’s like the pressure valve has been opened up. All of this pressure is... released and it creates so much more space... within [and] the possibility and the potential for something new—for new energy, for greater vitality, for more creativity, for more peace and love (italics added).

There are a number of important and revealing aspects of Jason’s description here, much of which can be discerned from and associated with the language of therapy discussed in the previous chapter. As Jason suggests, in order to “heal,” people must “feel,” implying that people who have issues with mental distress or trauma have trouble *feeling* emotions or feel them less than those who do not suffer such maladies. When emotions are “repressed or suppressed for many years,” Jason argues, the result is “symptoms of depression, anxiety, and other mental illnesses.”

With roots in psychotherapy and psychology, this theory acts as a counterpoint to the biomedical model of mental disorders,⁴¹ and is the thesis of the bestseller by Bessel van der Kolk's *The Body Keeps the Score* (2014; see also 1994)—a book recommended to guests prior to the retreat. As van der Kolk argues, the symptomatology of people suffering from Post-Traumatic Stress Disorder is “bimodal: hypermnnesia, hyperreactivity to stimuli, and traumatic reexperiencing coexist with psychic numbing, avoidance, amnesia, and anhedonia” (1994: 254). He goes on:

In an apparent attempt to compensate for chronic hyperarousal, traumatized people seem to shut down: on a behavioral level by avoiding stimuli reminiscent of the trauma, and on a psychobiological level by *emotional numbing*, which extends to both trauma-related and everyday experience. Thus subjects with chronic PTSD tend to suffer from a *numbed responsiveness to the environment*, punctuated by intermittent hyperarousal in reaction to conditional traumatic stimuli (van der Kolk 1994: 254; italics added).

The “emotional numbing” described by van der Kolk is similarly described by Jason, who suggests the “repression” or “suppression” of emotions, which then build up like a “pressure valve.” Psychedelics, taken in a cultural set and setting that encourages introspection, expedite users to “express” and “release” the original stimuli associated with, in van der Kolk's framing, “emotional numbing,” or in Jason's framing, emotional suppression. Thus, as I have discussed briefly in Chapter 5 and elsewhere, the notion of “emotional catharsis” in psychedelic culture is considered a theory of psychedelic healing—and, in a latent way, is also further facilitated by the

⁴¹ The biomedical model of mental “disorders” assumes a biologically based disfunction located predominantly in the brain to be treated by biological interventions. This model provides little to no analysis of social, psychological, or behavioral (not to mention, political-economic) factors as they pertain to the etiology of mental “illness.” See Deacon (2013) and Engel (2012).

creation of an emotion culture where it is advised, or acceptable, to *show* or *feel* emotions. In other words, whereas psychedelic culture—showcased to a certain extent by what I have described in this research as an “emotion culture” on retreat—guides people to experience, manage, and *feel* and *express* emotions, one component of healing in psychedelic-assisted therapy is in generating catharsis from emotional wounding—*healing* it by *feeling* it. This clarifies what Veronica was talking about (as mentioned above) with her comment: “So much of our wounding is because of unhealthy relationships, especially in our formative years,” as well as the aforementioned statement by Bourzat and Hunter (2019).⁴²

6.3.2 Memories—*The Impact of Trauma on, and the Psychedelic Recovery of*

There is another important but slightly obscure aspect of Jason’s quote that requires analysis—what he means by “as these emotions *come up*.” When emotions “come up,” they often do not arise on their own, but as attached to memories that are stored either cognitively or psychosomatically. As has been discussed above, memory is a salient topic in psilocybin experiences (Healy 2021), particularly in introspective trips such as those aided by the cultural set and setting of a therapy-based retreat. This is because psychedelics produce states of awareness distinct from everyday life that, when conscious or unconscious traumatic or disrupted memories surface, can be used to confront and reassociate, narrativize, and gain control over

⁴² “We can perceive how our protective strategies have resulted from our belief systems and our buried wounds. We can make contact with our shame. We can experience wounds in their purity, understanding their causes and seeing them for what they truly are. They may derive from feeling unseen, unloved, or disconnected from others. Looking at our original wounding from an adult perspective allows us to empathize with what our younger self endured and the complex strategies that we constructed to survive. The direct experiences of previously unconscious memories, thoughts, tensions, and emotions enter into our conscious mind allowing us the opportunity to process and integrate them into the wholeness of our psyche and life.” (Bourzat & Hunter 2019: 42)

trauma (Watts et al. 2017).⁴³ Recall, for example, the quote mentioned above about how under this state of perception, “direct experiences of previously unconscious memories, thoughts, tensions, and emotions enter into our conscious mind allowing us the opportunity to process and integrate them into the wholeness of our psyche and life” (Bourzat & Hunter 2019: 42).

Not surprisingly, memory is also a highly significant topic of interest in the context of trauma and in trauma-related therapy. As Crawford (2010: 702) argues, “those who have experienced traumatic events often lack a coherent memory for or understanding about the trauma they have undergone; they may be haunted by inchoate bodily sensations and ‘memories’ that have not been fully integrated and cannot be put into language.” In other words, it is not uncommon for traumatized individuals to forget—either partially or fully—their traumatic encounters. It is beyond the scope of this research to delve into the truthfulness of this thesis or to get into the vast literature on memory in psychotherapy and psychiatry. What is important to understand through this theory of trauma-related memory loss, however, is how trauma-reduction or resolution impacts the memory process and how that is implicated in psychedelic therapy. Again, referring to Crawford’s description and analysis of this phenomenon is helpful:

Resolution of the traumatic or disrupted memory processes would be manifested as a more coherent, less fragmented memory, in which all aspects could be meaningfully integrated into a narrative account, an account that was under full control of consciousness, could be accessed and also put aside at will, and that formed a part of

⁴³ Memory is a complicated topic, and while psychedelics, like many forms of therapy, can enable clients to remember forgotten memories, there is also the possibility of creating false memories. As well, as I have shown throughout several discussions of the importance of set and setting, individuals are particularly suggestible under the use of classic psychedelics, and can thus be convinced of or create false memories (Hartogsohn 2016, 2017).

autobiographical memory (and thus identity) without being able to invade the present (and undermine identity) (Crawford 2010: 708).

By *exposing* people to their past traumas (that they may or may not have had prior conscious access to, or that may or *may not* be rooted in reality⁴⁴), individuals can gain “[r]esolution of the traumatic or disrupted memory processes,” transforming them into “more coherent, less fragmented” memories, thus bringing them “under full control of consciousness” and giving the subject the agency to “put [it] aside at will” without being the victim of a trauma that can “invade the present.” Trauma-reduction or -resolution, in this theory, is associated with a new sense of self, subjectivity, and/or agency.

What we can derive from this is that both psychedelic-assisted therapy, and the mental health and trauma conditions it is theorized to resolve, are associated to a large extent with *emotions*. As well, psychedelic therapy operates as a type of psychological *exposure therapy* (Abramowitz et al. 2019), which enables subjects through deep and *accelerated* introspection, to confront and resolve biographical occasions or narratives that have not served them—or have harmed them—in the past.⁴⁵ As Nutt et al. (2020) have described, this is quite distinct from more traditional therapeutic modalities that are current today, such as antidepressants, which suppress symptoms and their stressors but do not resolve them. “In contrast,” they argue, psychedelic therapy harnesses a therapeutic window opened up by the brain via the effects of the drugs to facilitate insight and emotional release and, with psychotherapeutic support, a subsequent

⁴⁴ The iatrogenic formation of false memories (“remembering” events that did not take place) have been empirically verified in psychotherapeutic and psychiatric treatments, and this phenomenon may be exacerbated by use of classic psychedelics, which as I have shown are highly dependent upon set and setting and increase suggestibility. See Healy (2021).

⁴⁵ Wolff et al. (2020) have discussed the ways psychedelic therapy promotes acceptance via “exposure to greatly intensified private events.”

healthy revision of outlook and lifestyle” (Nutt et al. 2020: 24). Just as “obsessions, compulsions, existential distress, negative thinking, or substances of abuse” are the targets of psychotherapy, under psychedelic consciousness, “it is seemingly possible to change their perceived meaning for the patient, thereby altering the manner in which they relate to and engage that content” (Garcia-Romeu & Richards 2018: 304). We can see here a correlation with Crawford’s notion of trauma-resolution as enabling a new form of agentic autobiography, particularly as wrapped in a psychedelic cultural form of “symbolic awakening” autobiographical revision story (DeGloma 2007). Garcia-Romeu and Richards (2018) refer to the psychedelic state, therefore, as a “meaning-modulating process,” what Hartogsohn (2018) calls “meaning enhancers,” or what Grof (1996: 11) describes as “non-specific catalysts and amplifiers of the psyche.” Psychedelics, in other words, when directed introspectively (such as at childhood experiences *a la* childhood meditation rituals), are described as tools of trauma reduction, memory recovery, emotional catharsis, and self-transformation and healing.

We can now understand the notion of “bad” or “challenging” psychedelic experiences in a different light, where it is understood in psychedelic culture that undergoing past traumatic experiences can result in catharsis. As Jason states in his video, “excavating” trauma through this type of introspection is “often... not comfortable—it’s not comfortable physically, nor emotionally. But if you can go through five hours of discomfort rather than thirty years of discomfort, that seems like a good tradeoff.” Later in the video Jason goes on to describe the ideal scenario where a “bad trip” can lead to therapeutic efficacy. He explains the story of a young woman who came to retreat attempting to heal from the trauma she experienced growing up in an abusive household. During one of her psychedelic trips, she began yelling loudly at her father (not physically present) as she relived traumatic experiences from her childhood. While

this was “a really intense and at times uncomfortable experience for her,” Jason states, later that evening she reported returning to her room and having the best night of sleep she had had in years. The next day, she described “feeling a sense of true peace and stillness within,” something she had not felt “for as long as she could remember.” “In all cases,” Jason states, “there’s something so beautiful and so powerful about allowing these emotions to find their full expression in authentic and genuine ways.”

6.3.3 *The Default Mode Network and The Entropic Brain Theory*

Lastly, another important description of psychedelic healing and self-transformation comes from a theory in neuroscience that describes the impact psychedelics have on the Default Mode Network (DMN).⁴⁶ As Jason states, the DFM can be understood as controlling

our conditioned, everyday way of seeing the world... all of our core beliefs about who we are and our place in the world. A lot of times these [beliefs] create suffering for us. So we do know a little bit about the mechanism of this medicine in the brain, how it resets the DMN and quiets the mind. There’s this [increased] interconnectivity, so parts of the brain that don’t usually communicate are able to communicate. And so [through psychedelics, having] *the ability to see the world in new ways* yields all these amazing insights into the

⁴⁶ Many theories abound and debates are currently being had about how psychedelics impact the Default Mode Network (DMN). It is generally believed, however, that the DMN is responsible for the “ego” or “sense of self,” and of creating a standardized, predictable reality. When too active, the DMN can lead to excessive order—conditions associated with addiction, obsessive-compulsive disorder, depression—that trap, or “capture,” us in repetitive thought loops (see Kessler 2016). The “entropic” theory of psychedelic consciousness suggests that psychedelics increase entropy in the brain, and thus quiet, or turn down the DMN, enabling a less constrained cognition (Pollan 300-02; see also Carhart-Harris et al. 2014; Carhart-Harris 2018; Swanson 2018). Sociologically, this theory of the self is at odds with the Meadian conception of self advanced elsewhere in this dissertation—for example, in Chapter 2. Though it must be said, however, that had Mead had access to neuroscientific technologies, he might have found the DMN important for his conception of selfhood. In this sense, it may be fruitful to explore psychedelics’ impact on the DMN through a Meadian conception of self.

meaning of life... questions around life and purpose, questions around relationships, questions around career. People are able to connect the dots on some of their *psychological history* and *certain behaviors or patterns* that they've experienced in their lives. So what's happening on a physiological basis allows people to have these *cognitive insights*, to put the puzzle pieces together about their past, about relationships. People have *emotional breakthroughs* (italics added).

While I will spend less time discussing the theory of the DMN here for several reasons—namely because it was less discussed on retreat—it is important to note how Jason refers to the ability of psychedelics to alter the DMN in a way that enables a novel perspective on “our conditioned, everyday way of seeing the world,” and on one’s “psychological history and... behaviors and patterns.” In other words, Jason infers that self-transformation is achieved by repatterning one’s psychology, behavior, and everyday life.

Thus, as we can see, psychedelic therapy is a means by which people use psychedelic consciousness as a form of introspection to meditate on what I will call *psychological*, *behavioral*, and *emotional repertoires*. As well, by confronting traumatic experiences—attached to emotions that may have been “repressed or suppressed for many years”—people can evoke emotional catharsis, thus “releasing the pressure valve” and opening up space for new ways of being—for self-transformation and healing. Overall, illustrating this theory of mental distress and psychedelic healing will provide context for the stories of healing and self-transformation, analyzed both at the level of the individual—in the next chapter—and at the collective level (in Chapter 9).

Conclusion

In this chapter, I have described at length the cultural set and setting on retreat. I began by reviewing literature on psychedelic science and therapy as a means of providing further context to what psychedelic phenomenology is and how it works in a therapeutic context. I then turned to empirical data from the retreat itself to offer a description and analysis of how the retreat staff curate the cultural set and setting for guests. Lastly, I offered more data and analysis on the theories of mental distress, trauma, and psychedelic healing efficacy that the retreat prescribes to. Overall, this chapter has provided an overarching illustration and analysis of psychedelic culture and psychedelic-assisted therapy that, when synthesized with the prior chapter's data and analysis on the structured rituals of retreat, provides a summary of the retreat's cultural structure and emotion culture, important formal interaction rituals, therapeutic philosophies, theories of distress, emotions, and therapy on retreat. It is also possible herein, considering the centrality of emotions in psychedelic therapy, to understand how Collins's (2004) notion of EE—generated through successful interaction rituals—can be seen as having a particularly important impact on individuals suffering from emotional distress. These two chapters in Part II, therefore, will thus serve as a foundation for the remaining chapters in Part III, which are data-driven and focus on psychedelic healing of sexual trauma and the collective nature of self-transformation on retreat, respectively.

PART III

ANALYZING AND THEORIZING NARRATIVES OF SELF-TRANSFORMATION AND HEALING

CHAPTER 7: HEALING SEXUAL TRAUMA: THREE INDIVIDUALS' STORIES

This purpose of this chapter is to situate Part II's focus on the cultural structure of psychedelic therapy retreats with personal stories from individuals' experiences on retreat. The three narratives presented here are from sufferers of chronic, treatment-resistant mental distress—namely, sexual trauma—who attempt to resolve their mental anguish through psychedelic-assisted therapy. By way of narrative analysis, we will find out how psychedelic consciousness, as steeped in the sociocultural contexts illustrated in earlier chapters—the cultural set and setting, psychedelic phenomenology, and the therapeutic alliance between guests and staff in Chapter 6; the retreat emotion culture and guest solidarity and intersubjectivity in Chapter 5—is experienced and described subjectively as a means of resolving post-traumatic stress. We will also discern how personal storytelling and autobiographical narrative become synthesized through (psychedelic) culture (Squire 2004; Bischooping & Gazso 2016; Somers 1994; DeGloma 2010, 2014). By focusing on individual narratives of psychedelic healing and self-transformation, we begin to perceive the ways in which the myriad dynamics pertaining to the overarching cultural structure of the retreat fuse together to impact personal healing journeys. In each story, three focal points are highlighted: *individual backgrounds*, with an emphasis on personal experiences with mental distress and failed treatments; significant moments from the *retreat* in general and *psychedelic consciousness* specifically; and the *outcomes* of psychedelic therapy overall. It will be discussed how in each story, remnants from prior chapters are unveiled, demonstrating connections to the larger picture of psychedelic culture and its therapeutic application. While this chapter concentrates solely on *individualized* aspects of psychedelic healing, in the next chapter narratives of *collectivity* and *solidarity* are considered

and analyzed as compliments to the psychedelic-assisted therapy experience discussed here. In that chapter, Chapter 8, we will not only hear from the three guests whose stories are presented here about how the solidarity of the group impacted their own personal healing, but several other research subjects' experiences with collective self-transformation will be exhibited. With specific regard to mental health purposes, this process includes “exploring the meaning and implications of the experience in relation to the area of desired change, possibly including (a) new understanding of the symptoms, (b) change in the symptoms or how they are experienced, (c) new intentions around management of the symptoms, (d) new insights about how the symptoms can be managed, and (e) behavioral changes made in order to better manage the symptoms” (Bogenschutz & Forcehimes 2017: 398).

7.1 A Fortunate Surprise for Annie: Discovering the Truth

7.1.1 Background

“Annie” is a jovial, well-read 40-year-old white woman of Christian faith with a bachelor’s degree. After enduring a lifelong battle with weight issues, at one point losing over 200 pounds, she struggled to keep it off. Her father, himself the product of an abusive household, has been an alcoholic all her life, and her parents divorced when she was seven years old. Divorce was familiar to her as well, as at the time of our interview she was undergoing legal separation from her partner. When I asked her why she decided to go to the retreat, she described “seeking answers and resolutions to past traumas and issues” and “figuring out the root cause” of her weight problems. Her long-term hypothesis is that her weight issues—which developed over time into severe mental health issues—might be the product of her parents’ divorce, which was tough for her; though she also acknowledged that it could be related to the “addiction that runs in the family.” If she could gain clarity on the “number of issues” she was dealing with, if she could

“get answers or resolution to [even] one of the [items on her] list,” she would begin to feel relief, she informed me.

As we discussed her parents’ divorce, she reflected on the impact it made on her. She used to be a “skinny kid,” but after the separation it became obvious to her and others that something was amiss with her weight—a transition documented in childhood photos. As she grew older, the constant struggle to stay in shape, or simply not gain weight, grew immense. At one point she reached three-hundred points before she had a gastric bypass surgery.

“Over the years I’ve seen a number of different therapists... Usually it was at a point where I was extremely depressed. And so, I would go see a therapist and psychiatrists and usually get prescribed some type of anti-depressant or anti-anxiety medication. And it always left me feeling very numb. It left me feeling better in the sense that I felt less depressed, but I also felt less happy. So I didn’t feel like the combination of therapy and antidepressants [were] a good solution for me.

Over time, bouts of suicidal ideation set in.

It was a bit later in the interview that Annie disclosed to me that while she preferred feeling numb to suicidal, the medications were only ever supposed to be a short-term fix. That perspective was built on the fact that, as an avid reader of non-fiction, Annie is quite learned about the negative effects of pharmaceuticals on the body. As far as other treatment approaches, she tried many of them over the course of 15 years: several combinations of pharmaceutical medications as well as group therapy. At her worst moments, she felt grateful having these therapies because they did alleviate—or numb—some of the worst symptoms of the Major

Depressive Disorder she was diagnosed with, as well as the suicidal ideation. Yet something remained missing, and she did not want to feel that way forever.

Annie got word of Michael Pollan's (2018) bestseller, *How to Change Your Mind*. She also describes being a consistent listener of Tim Ferriss's podcast, *The Tim Ferriss Show*, where a few years prior, Mr. Ferriss announced to his many followers his use of psychedelic drugs like ayahuasca to treat depression and childhood trauma.⁴⁷ It was around this same time that Annie experienced the death of her beloved childhood friend, who committed suicide after having served two terms in the military and enduring Post-Traumatic Stress Disorder. Reflecting on her friend's life, as well as her thoughts on Pollan's psychedelic journalism and Ferriss's psychedelic revelations, Annie began to ponder if psilocybin-assisted therapy was right for her. "I wondered if something like that could have helped my friend," she said. The confluence of events also became the catalyst for some larger reflections on her own life—the "past traumatic events" she had experienced. "I wanted to see what this [psychedelic therapy] was all about. I don't want to go down that path [referring to her friend's suicide]." She recognized, however, that due to the illicit nature of psychedelic drugs, and the depth/intensity of the experience, she could not simply take them alone, without support, or in a place where it was criminalized. "I wanted it to be legal and I wanted it to be with other people assisting me." So, she began to do her own research and stumbled upon the retreat in Jamaica.

I had no experience with [psychedelics]... I didn't even know [anyone] that had done it. So I didn't feel safe [doing it] by myself. That's how I came upon [the retreat] and how I ended up, as a person who's never done any drugs ever, flying off to Jamaica by myself

⁴⁷ This information is contained in episode #464 of *The Time Ferriss* podcast, entitled "My Healing Journey After Childhood Abuse."

for eight days to take three doses of magic mushrooms. I wanted to figure out if it could help me before, maybe, it [becomes] too late for me.

7.1.2 Arriving at the Retreat

Upon arrival, Annie recalls an interesting encounter with the retreat staff that would come to shape not only the rest of her time at Myco, but the rest of her life.

Well, the first group meeting, you know, the group therapy session [describing the Introduction Circle], when we were all talking about our backgrounds and our stories, I talked about my weight loss and my struggle with it. [After], the head facilitator took me aside, you know, after the group [meeting], and asked me if I was familiar with [the book] *The Body Keeps the Score*? I knew where he was going with that [question].

The backstory is that in the same year that Annie read Pollan, she also read *The Body Keeps the Score*. One of the book's topics that interested her was the argument that there is a correlation between "morbidly obese people"—as Annie described herself at one point in her life—and victims of sexual abuse. Reflecting on her past reading, she says,

I just kind of saw myself in that book. But I thought, 'Well, I haven't been sexually abused, you know, I'd remember that [sort of thing].' So [at the time], I just put it out of my mind.

Responding to the therapist's question, Annie confirms that yes, she had read the book. As Annie recalls, the therapist prefaced his comment by saying, "You know, you didn't bring this [information, or detail] up [during the] group [introduction], but have you ever had any sexual

abuse or molestation in your past?” She responded, “No. No, I don’t recall any of that [in my history].”

7.1.3 The Third Dose (11 grams): “I Knew Exactly Who It Was”

As I described in the Phenomenological Categories section of Chapter 6 (6.1.2), several classifications of psychedelic experiences exist. Many who take psychedelic drugs have pleasant, cognitively or biographically interesting trips—even those suffering conscious (or unconscious) traumatic memories. Annie’s first two doses were just that—enjoyable and easygoing. But on her third, 11-gram dose, she describes the opposite.

During [the third] mushroom trip, it became crystal clear to me exactly what had happened... I knew immediately. I actually saw my neighbor (during her psychedelic state)... I knew exactly who it was, I hadn’t seen this guy, this kid, in 25 years. I was molested by my neighbor. It was just this knowing... I saw his face. I sat up [and said out loud (to nobody specifically)] ‘I knew it was you.’

It just all made sense to me—all the pieces of the puzzle came together for me. It felt like this huge relief because, like, finally I felt like *it wasn’t my fault*. Like it wasn’t my body’s fault, and there wasn’t something inherently wrong with me; that my body kept putting the weight back on in order to protect me, in order to prevent men from being attracted to me; that no matter what I did, my body was just going to keep putting weight back on. I spent most of my life blaming my lack of willpower or my lack of discipline for why I couldn’t keep the weight off.

Reflecting a bit more, Annie says

I was very young when this [situation] happened. I'm sure it happened... between the ages of seven and ten. I don't know how I would have ever come to this same conclusion in regular therapy. I don't know how I would have accessed this memory, which I was clearly repressing.

7.1.4 Post-Retreat: The Learning and Integration Continues

For weeks after she returned from Jamaica, Annie continued to uncover memories and details about what had happened to her, just as staff suggested she might. “For several days or even several weeks after, I would get more information, usually when I was sleeping. Like I would dream about it and get more pieces of the puzzle...”

[When I was young,] I lived out in the country, and we had this little playhouse—it was totally private, and it locked from the inside. And we were surrounded by woods... For hours and hours, I would just be alone as a kid. Nobody knows where you are or what you're doing. So, I [recently] had this dream, and I knew it [happened] in the playhouse. My mom was a single mother, so it was like I was raising myself for a long time. After [the retreat], I was trying to get my memory to give me more details, and it was.

But the molestation wasn't the only insight she was provided.

Ever since [the epiphany], I was trying to *integrate these findings into my life*. And ever since then I've had this massive relief about myself and letting go of this self-hatred that I've carried around with me for decades—that I'm not good enough and that I can't keep weight off. So I feel so grateful that I had that epiphany and it's like, *it's changed my outlook on life ever since*. And it's been almost a year at this point.

7.15 Lasting Effects

7.1.5.1 Relationship with her Father

And that last trip at [the retreat], the big epiphany was the sexual abuse. But I had *resolution on many, many things*. Like, I forgave my father, which I've been trying to do for decades too. And I just had these visions of him, where he was being abused. So my dad's dad was a very abusive man, and I heard rumors throughout the years that he had abused like all of [his] kids. And so, I saw that happening on my last trip as well and I felt nothing but compassion and deep empathy and sadness for my dad. I saw him completely differently. Instead of seeing myself as this victim—like, 'Yeah, your dad's an alcoholic and poor me,' you know, [or] 'I grew up without a dad and whatever'—instead I felt like, 'No, like my dad had no idea how to be a father,' because his father was abusing him. So how could he possibly know how to be a good dad to me or know how to love me? So, I felt like I forgave my father, and I still, because of this pandemic, I have been trying to get back home to see him and find him and tell him in person that I forgive him.

So that's been kind of you know, the aftereffect of [the retreat]. I still have this feeling a year later—that I forgive him. And I want him to know that. And I want to see him in person and tell him this. I want him to know this before he dies. I worry he's going to die before I have the opportunity to tell him. It's more of a gift to myself. I don't want a relationship with him, I don't want to communicate with him. But I want him to know that I forgive him and that I understand why he behaved the way he did. You know, this poor man, he suffered his whole life.

So yeah, I mean, these are major, major things happening from one trip.

7.1.5.2 The Impact of Revelations: Treating the Self Differently

I asked Annie if the sense of relief or resolution that she achieved from her psychedelic journey on retreat had lasted.

Yes, it has. I mean it's not as strong as it was, but like it's still... it's still a part of my daily life, I suppose, because I'm just, *I treat myself differently*, because of those revelations. [For example,] having this experience in Jamaica has helped me come to peace with how I'm treating my body and having more respect for it. And I would have never been able to [come to this perspective] had I never realized why I put on that weight in the first place. [I no longer] punish my body by overeating, I don't punish it by overexercising, and I don't punish it by starving it either. I'm grateful that I found out this information even though it's tragic. I mean, no one wants to realize that they were abused. But, just, the sense of knowing how I'm treating myself differently *has really been life-changing to me*. [And I attribute it all to the mushrooms].

I [now visualize] myself as a hurt child... instead of beating myself up. I now picture myself as a tough little girl... So when I feel bad or when I'm beating myself up... I realize that little girl is still inside me. [And I recognize] that, you know, I wouldn't treat a child [that way]. I wouldn't treat a child the way I'm treating myself right now, I would not be talking to a child the way I'm speaking to myself right now, in a negative way. So, definitely *all of that is different for me*.

7.1.5.3 Healing, Wanting to Help Others Heal

Since the “epiphany” she underwent via her third dose of mushrooms on retreat, Annie has shifted dramatically in her trajectory and now desires to help others transform, heal, and create a better, healthier path for themselves.

Not only has this mushroom trip been *very revelatory in my life*, but it has actually made me feel like I need *to help other people*. I need to—*now that I found ways to heal myself*—I really feel very strongly about *helping other people heal as well*. I’m a very private, introverted person, so I still haven’t told a lot of people [about the mushroom journey] ... But the point being is that I really feel like this has opened me up, because it's opened up my world in a huge, huge way. And I’m actually working on different ways that I can share my story that might best help other people. So whether it's you know, people that have suffered from abuse, or people who have alcoholic parents, or people who have had, you know, gone through massive weight loss, or maybe even people who are morbidly obese now and [who don't] even realize why they might be that way (referring to the possibility of sexual trauma)—and helping them figure that out. Maybe by me *telling my story*, at some point somebody else can heal in some aspect of their life. And like, maybe I can give people hope.

Because I know if I had like, many years ago... seen how I am now—how I look now, how I feel now—I *wouldn't have believed it if you would have showed me*. Like ‘Amber, this is what you're going to look like when you're 40, what you're going to feel [like] when you're 40,’ I would have been like, ‘No way, I don't even know if I will still be alive when I’m 40 because I hate myself that much.’ So just, if I could even get through to one person and say, ‘You know, this is what I used to be like and how I used to feel,’ and you know, like [show them] that there is hope and that you can change, like

massively change and, in a short period of time... I mean this is... it's only been not even an entire year since I had this mushroom experience, *where I just had this massive change in my attitude and in how I view things.*

So that's been another huge benefit that I'm trying to work on: how I can help other people heal because I truly believe [that] *you really can't help others heal unless you've kind of healed yourself.* Now you don't have to heal yourself fully like I'm never gonna... have all the answers, and I'm not like... walking around with the sun shining all the time. You know, I still have problems. But just the way I view things completely differently [now], it's like something I want other people to experience as well.

7.1.6 Annie's Story of Self-Transformation: Healing Through Memory Recovery and a New Autobiographical Narrative

There is no doubt that Annie's story represents a significant *self-transformation* through the use of psychedelic mushrooms. Annie's life had been difficult and tumultuous. Growing up with addiction in the family and an alcoholic, abusive father; dealing with parental divorce as a child; struggling with weight problems, health issues, significant fluctuations in her personal image—despite being a highly intelligent “bookworm” with a remarkable vocabulary, much of Annie's trajectory has been riddled with uncertainty about a variety of forces impacting her biography, mental health, and weight troubles. With such a large “number of issues... on the list,” it is clear why she found it difficult to narrow down the etiology of her health problems, which ultimately ended in her divorce and suicidal ideation. After attempting a variety of treatment plans, seeing “a number of different therapists,” and being “prescribed... anti-depressant[s and] anti-anxiety

medication,” all were unsuccessful. The medications left her “feeling very numb,” too, and though she “felt less depressed,” she “also felt less happy.”

Annie’s decision to turn to psychedelic therapy can be conceptualized by what Giddens (1991) refers to as a “fateful moment” or a “crossroads”—“times when events come together in such a way that an individual stands... at a crossroads... or where a person learns of information with fateful consequences” (p. 117). While sometimes individuals rely on “traditional authorities,” such as “seek[ing] refuge in pre-established beliefs and in familiar modes of activity,” other times “mark periods of reskilling and empowerment... in the shaping of her self-identity” (p 146). After the devastating news of her childhood friend’s suicide combined with the coincidence of both reading Pollan and feeling that she needed another form of treatment for her own conditions, this “turning point” led Annie, “a person who’s never done any drugs ever,” to “fly... off to Jamaica by [herself] for eight days to take three doses of magic mushrooms.” In connecting Annie’s life and her fateful moment to the larger sociocultural phenomena of psychedelic-assisted therapy and the development of a popular culture surrounding it, we can understand the way Annie’s biography connects to the broader social environment (see Goodey 2000, Berger 2008). This situation thus extends Becker’s (1953) thesis of subcultural membership in drug-using communities, where Annie, through the psychedelic therapy retreat, *learned* and was *guided* on how to use psychedelics to achieve therapeutic purposes.

Two interesting facets of Annie’s story have to do with the retreat staff’s—notably the Lead Therapist—ability to recognize Annie’s condition, and her subsequent psychodynamic autobiographical psychedelic experience. As discussed in Chapter 5, staff credentials *initially* operate for guests in symbolic fashion, and as comforting mechanisms—guests feel they are in “safe” and “experienced” hands, and hence their anxiety gets reduced. Yet in Chapter 6,

however, a distinct form of psychedelic expertise was revealed by the Lead Therapist, Veronica, who discussed in detail the importance of knowing and understanding guests' mental health conditions, defense mechanisms, and so on. Here, with Annie, the therapist presciently proffered an analysis of Annie's condition *before she was aware of it*.

As well, it is clear that, as Bourzat and Hunter (2019) have shown, for Annie, psychedelics, when used in contexts that promote psychological exploration, act as a “magnifying glass to one’s inner world,” and can therefore facilitate a journey where “[r]epressed emotions or long-forgotten memories can surface” (p. 42). Annie’s psychodynamic autobiographical trip—which as discussed in Chapter 6, can take many forms—was significant in this context in that it involved the “re-emergence of past transgressions for which the patient may harbour ongoing guilt or sorrow, grief for deceased loved ones or lost relationships, anger or forgiveness regarding unresolved traumas, and insights into one’s ways of being and relating throughout one’s life” (Garcia-Romeu & Richards 2018: 302). While Annie’s memory recovery was, from her point of view, remarkable and unexpected—and can possibly be conceptualized as rather shocking to most audiences—it is not incredibly surprising after describing how large psilocybin doses can evoke forgotten, repressed, or disrupted memories, as discussed in Chapter 6 through Jason’s expertise and various psychedelic scholars (Healy 2021; Watts et al. 2017; Bourzat & Hunter 2019) and trauma scholars (Crawford 2010). For example, Healy’s (2021) review suggests that “classic psychedelics... increase the vividness of autobiographical memories and frequently stimulate the recall and/or re-experiencing of autobiographical memories, often memories that are affectively intense (positively or negatively valenced) and that had been avoided and/or forgotten prior to the experience” (p. 639).

Through Annie's story we can also clearly see how what might be conceptualized as a "challenging experience," or a "bad trip" under certain cultural sets and settings, or without proper therapeutic guidance, can be reconsidered and placed in a different light. Challenging experiences, not least finding out that one was molested as a child, may typically involve, as I have shown, "intense feelings of anxiety, panic, grief, paranoia, disorientation, confusion, isolation, or physical discomfort." Annie did not describe in detail her emotional or physical response to the moment she "knew" who molested her, but it can be imagined that for some people—and possibly Annie as well—such "recovered memories" can be highly distressing. In the end, however, I have discussed how knowledge of the traumatic encounter can enable a new autobiographical narrative. As Annie describes in relief, "I don't know how I would have come to this same conclusion in regular therapy. I don't know how I would have accessed this memory, which I was clearly repressing." It is helpful to again refer to Crawford's (2010) analysis of how recovered memories enable subjects to reinvent personal narratives that serve them in agentic, healthier ways. As we have seen with the long quote in Chapter 6, Crawford explains how resolving or discovering traumatic disrupted memory can be integrated into a new narrative account that is "under full control of consciousness," resulting in a new self, or identity.⁴⁸ The recovered memory not only gave Annie the insight into her past weight and mental health issues that she was looking for most of her life but could not figure out—even despite the myriad therapists and therapies she underwent—but enabled her to construct a new autobiographical narrative for herself (DeGloma 2014). DeGloma (2007), for example, has

⁴⁸ "Resolution of the traumatic or disrupted memory processes would be manifested as a more coherent, less fragmented memory, in which all aspects could be meaningfully integrated into a narrative account, an account that was under full control of consciousness, could be accessed and also put aside at will, and that formed a part of autobiographical memory (and thus identity) without being able to invade the present (and undermine identity)" (Crawford 2010: 708).

suggested that cultural dynamics and “cognitive authorities” weigh in on debates over “false memories.” It is in this sense that psychedelic therapy retreats can offer individuals “awakening stories” by operating as a type of “autobiographical community,” or by enabling them the cultural structure for “cognitive migrations” (see DeGloma 2014, 2019, respectively).

Thus we can see how Annie’s story embodies a significant *self-transformation* through the mushroom ceremony, but one that can be seen throughout as consistent with several of the dynamics on offer in the psychedelic retreat culture and therapeutic framework. “I’m never gonna... have all the answers, and I’m not like... walking around with the sun shining all the time. You know, I still have problems.” In a sense, Annie’s self-transformation is a *process*, not an *essence*, as Bischoff and Gazso (2016: 23-26) have described in light of Mead’s theory of self as intersubjective (see Chapter 2 and Chapter 5).

“If I had... many years ago... seen how I am now... I wouldn’t have believed it if you would have showed me.”

“These are major, major things happening from one trip.”

7.2 Beth’s Finding Peace Amidst Trauma, Anxiety, and Suicidal Ideation

7.2.1 Background

Beth is a 27-year-old Hispanic woman who is married, has no children, is retired from the military, currently unemployed, and is studying psychology in college. Her story is unusually disturbing by any account. Growing up in Bolivia, Beth’s family moved to the US when she was 10 years old.

“I had a very rough childhood growing up. My mom was abusive, my dad was an alcoholic. And their divorce really took a toll on my sister and I. When my mom got remarried—which is why we moved to the States—my stepdad was actually an alcoholic as well. He tried to sexually molest me when I was a teenager, and I never told my mom that. Because first of all, I was scared, and also, I thought we were highly dependent upon him because he was like, the breadwinner [and because] my mom [was] from a foreign country and [didn’t] really speak English very well. I was just scared to tell her that, you know, [so] I was just kind of bracing myself to... [turn] 18, go to college and... be away from it all. And that’s kind of like, what incited me to join the military.”

When I joined the military, [overall] it was a great experience. [But] I did also suffer military sexual trauma. I got raped in Japan. I didn’t report it. And being a woman in the military, you... deal with a lot of, not just sexism, but a lot of unwanted advances... from like, your chiefs (people up the chain of command) and stuff like that.”

For Beth, the busy routine of the military operated as a distraction, and also served as a type of solace, or reprieve, from the psychological chaos she experienced and its psychosomatic outcomes—nervousness, anxiety, hypervigilance. “The thing is,” Beth says, “when I was in the military...

“I was in a job in engineering where we were constantly working, so I never had time to process what happened to me in my childhood, nor in my teenage years. So when I finally got out [of the military] and started going to school, all I had was... my brain. It was no longer me constantly working and not being able to think about things... This is when I slowly started (searching for words)... *remembering*. I guess remembering is a weird way to say it, but the way [my] therapist explained it to me is that working [in the

military] was a distraction—it was a way for me to avoid everything that happened to me. But at some point, it was bound to come up. And just like Pandora’s box, everything blew up—like all at once.”

“I was having severe panic attacks that [brought me] to the hospital. I never took medication for anxiety before, even though I had dealt with panic attacks in high school. But it just got to the point where... I had to go to the [emergency room] because I wouldn’t, I couldn’t, calm down. I’m talking about, like, you know, not just [my] hands shaking; everything was shaking—my hands and feet cramped up, I could barely make sense of where I was. It was a full-blown panic attack and from there on, [people told me], like, ‘You should really get medication and see a therapist.’”

Unfortunately, that was only the beginning of Beth’s story. As the conversation went on between her and I, I realized that Beth had faced additional forms of trauma. It was not until Beth began seeing a therapist as an adult that she realized just how abnormal and insidious her relationship with her mother was, and how it continued to manifest in fear and anxiety.

“Slowly but surely, I started going to therapy. [But] I realized... You know, as much as I love my mom, and [though] she’s a different person today, she did... hurt me. [That’s] part of the reason why, you know, I’m now [and still] struggling with a lot of things at my age. I’m just saying that the panic attacks [got] so bad, I developed agoraphobia. No matter where I went, I was always afraid that I was going to get a panic attack, and [that] I was going to be vulnerable in front of people and [then] they could take advantage of me or something like that... You know, I felt helpless.

On top of that, Beth also revealed that she had formerly been in an abusive relationship.

“I forgot to mention this, but prior to my [current] husband, when I was getting out of the navy, I was in a relationship with one of my servicemembers [who left the military] at the same time I did. That relationship turned abusive *at the wrong time*. Like, it was just when all the panic attacks were starting to happen and, like, he became abusive I guess. He was just irritated that I wasn’t functioning anymore [like I was when he first met me]. And he just lost his temper and I experienced, you know, domestic violence with him. And I also never reported him... I never reported anyone.”

As these issues compounded upon one another, her life started to unravel. Beth says it was like “shedding layers and layers that... had always been there.

“It got to the point where even my moods started to become unstable. I got diagnosed not just with complex trauma or PTSD; I also got diagnosed with borderline personality disorder.”

I asked Beth if she could explain to me what that felt like: “It’s like a rollercoaster of emotions. You could be super high on life one day, and then literally the next day you’re like rock bottom.” She received “dialectical behavioral therapy” for her troubles, but states that the condition is not curable. She believes it is possible that her mother has the same condition without a diagnosis.

The year before she joined the navy, Beth recalls an instance when her sister—who was also experiencing “very tough mental health problems”—“almost choked [her] to death.” Receiving word of this, Beth’s mom “got mad,” not at Beth’s sister, but at the fact that Beth “called the cops on her [sister].” Over the course of the next few years prior to her retirement from the military, Beth began “self-harming.” She received a “5150” (pronounced: fifty-one fifty), as she states, referring to a California Welfare and Institutions Code that lawfully allows

an individual to be involuntarily confined in a psychiatric facility if they are believed to be a danger to themselves or others. Beth received a 5150 on more than one occasion.

During this chaotic period, Beth got engaged to and married her childhood friend, who she says was always very kind and caring towards her. They met while both were in the military, and he remained in after Beth retired. While her husband was deployed overseas, Beth became distraught thinking about her trajectory and, as she describes it, her lack of accomplishing important life goals, like getting a college degree. It was at this point that Beth became “actively suicidal.”

“The furthest I ever got was... like, planning a date and buying what I was going to use to end it, which was razors.”

By the time her husband got back from his military tour, “we just had so many problems,” she says.

“I just had so many trust issues. [It wasn’t that] he did anything [wrong], it’s just in general. I was tired of, I guess you could say, being incompetent... I felt like I wasn’t even [a part of] society you know? I was just in this dark hole that I’ve been trying to dig myself out [of] and nothing was working. I started cutting ties with my family.”

Beth began to sound upset at this point in the interview. “Sorry,” she tells me. “I can’t even talk... I’m just like, getting a little emotional.” After receiving another 5150 after a fight with her husband, Beth knew something needed to change.

“There has to be some other option, or else ... I’m doubting my resilience.”

She was desperate and was willing to try something new, and even farfetched.

“I had seen multiple therapists. I had tried the medicine route. And at some point, I was just like, ‘You know, I don’t want to be... I don’t want to do antidepressants my whole life. There has to be some other alternative that I can do for myself.’ That’s when I slowly began hearing about psilocybin-assisted therapy.”

Around this time Beth stumbled upon Gwyneth Paltrow’s *Goop* show, where in a popular episode several of Paltrow’s employees and colleagues fly to Jamaica to an unrelated psilocybin-assisted therapy retreat. Beth found this idea interesting. She also read *The Psychedelic Explorer’s Guide*, written by writer and psychedelic microdosing researcher, James Fadiman. Beth became convinced that psilocybin might have something to offer her. Though she knew friends who had the drug, and would give it to her, she did not trust taking it without proper guidance. “I know I have a lot of *shit* that could possibly come out, and I’m not trying to go to jail or to the hospital.” She also didn’t want to have a “psychotic episode,” which she says has happened to her several times, though infrequently.

“I heard that it really helps people process trauma, and that [it was like] having ten years of therapy in one dose. But, you need to have the right set and setting.”

As she was all set, paid, and ready to go to Jamaica. Less than a month before she was scheduled to go, after Beth had gone through all the steps to apply and pay for the trip, her sister came to town and stayed with her. The experience did not go well.

“I had another borderline [personality disorder] slash PTSD moment, where I just completely lost it and had another 5150. I was so close to not going [to Jamaica].

However, I called the [retreat] team, explained to them [what was happening and if it was

ok for me to go], and they just told me (in a calming voice): “Come as you are, we’ll take care of you.”

“So,” Beth says, “I decided to go.”

7.2.2 The First Trip (4 grams): Experiencing Peace for “The First Time”

Like many participants on retreat, Beth was incredibly nervous prior to the first dose. But one particular feature of her tumultuous biography made her especially fearful about the nausea, and the potential of “purging,” some people experience after ingesting psychedelic mushrooms.

“When I was a kid, anytime I was sick my mom would be pissed off. She would literally say, ‘Hurry up and get better! I don’t like sick children!’”

At one point in her life, Beth describes herself as developing a stress-induced gastritis likely as a result of her mother’s treatment of her.

“You [develop] a subconscious [where you feel] like, ‘I cannot get sick. If I get sick, I’m going to be a burden to others.’ And overtime I developed a phobia and got panic attacks.”

With this experience producing in Beth a hyper-“vigilance” over her wellness, as a child and into her adult years, it is no surprise that this created a sense of anxiety at the beginning of her psychedelic journey.

Beth describes the mentality—the (mind)set—she brought to the first Dose Day:

“So the first day comes up and I’m just like shaking. I had the [mushroom capsules] in my hand and [the retreat staff] are like, ‘Alright, 123 bottoms up!’. And I’m just shaking

and [thinking], ‘Oh my god, there’s no turning back now. Whatever happens, happens.’ So I’m shaking, I’m super nervous, [but] I’m like, ‘I’m doing this for myself, because I want to *live*.’”

Beth ended up beginning her session with the nausea she feared, but after it subsided, she describes feeling a sensation that was completely unrecognizable to her: *peace*.

“I just felt like, this peace. I’m talking about *peace*. I know it sounds like I’m being overdramatic, but I swear to God, I don’t think I knew what peace was until I went [to the retreat]. I realized my whole life has been living on high alert—whether my mom is going to beat me, or she’s going to be mad about something; whether my dad’s going to drink and run us off the highway in Bolivia because he’s drunk; if my stepdad’s going to molest me; or what my siblings are doing because they can’t get in trouble; or just always guarding my back about something, you know. It’s like I just felt this peace.”

While the sensation of peace was felt somatically and brought significant, surprising relief, Beth was slightly concerned because psychologically, “nothing was coming up,” meaning she was not experiencing any alterations to her state of consciousness. She had followed directions by putting her blindfolds on and listening to the popular Johns Hopkins’ psychedelic playlist, but no psychological perception or insight came.

“I was ready to face whatever came up, like I was super ready. But nothing came up. [So] I started talking to one of the facilitators, specifically [a man who was tasked with watching over me explicitly]. He started asking me questions and like, I felt this sense of openness, like I could be vulnerable and not feel judged.”

Out of nowhere, Beth started sobbing.

“When I tell you that I was crying, it was like, wide open, like a faucet—it was like, tears were just falling. And then you know, I was venting about things that I hadn’t really talked about in a long time—about the sexual abuse, physical abuse, and the stuff I endured.”

She was given the space and the time to let out her emotions, which she appreciated. After a while went by, the facilitator told Beth to sit up, take a break, and have a sip of water. It was at that point she felt a deep,

“cathartic release. It was like my soul [was] crying out within me. Wow, it’s like a dream almost. It’s like when you wake up and you’re like, ‘Oh, that was weird,’ like my body did some weird shit that I cannot force it to do in [my] conscious, awakened state.”

The facilitator responded, “There you go,” Beth tells me. “That’s what we’re looking for,” he said to her. “I’m here with you, I’ll be right here with you, you’ve got to face your fears. Maybe this is the mushrooms telling you that you’ve got to face this.”

On the first Dose Day, there was one overall takeaway.

“I faced my fears. I released a lot of stuff that was stuck... Stuff that I hadn’t told anybody about.”

7.2.3 Second Dose (6 grams): Age Regression and Embracing the Inner Child

The second dose began just as the first did: with Beth feeling intense paranoia and fear. She also became impatient with the mushrooms’ onset time—she waited awhile, but again nothing happened. Again she sat up, took her eyeshades off, and went to find the male facilitator she sat

with during the first dosing session (presumably taking off the eyeshades and headphones). When she found him, she told him she was ready to face her fears. He was happy to hear it. It was then, however, that she began to feel nauseous. She immediately got onto her knees, into a position that would better enable her to “purge” if needed. The facilitator told her he was proud of her for accepting, rather than running from, the nausea. It was at this point that a phenomenon known as “age regression” happened to Beth.

“Before you know it, while I was waiting there [for the nausea to subside], my mannerisms started to be very childlike.”

A few minutes prior, the facilitator had left to tend to another guest, and told Beth he’d be right back. By the time the facilitator returned, he noticed that something had changed in Beth. “Hey Beth,” he said, “how old do you think you are right now?” In a child’s voice, Beth responded: “I’m seven.” Age regression, Beth tells me, is something she had never experienced, but the facilitator had dealt with guests in this state before. Age regression is a condition that is more common with people with diagnoses of Dissociative Identity Disorder, and is not incredibly uncommon under psychedelics like psilocybin and LSD.⁴⁹

Beth then decided to turn on her camera in our interview,⁵⁰ to help her visually illustrate what it looked like as she acted like a child: sitting cross-legged, she bounced around gleefully, verbally describing her prior state as she explained her hands as “fumbling,” her feet as “curling,” and her voice and demeanor as “talking just like a baby.” “I couldn’t control it,” she

⁴⁹ Grof (1996) has discussed age regression at length in a chapter called “Psychodynamic Experiences in LSD Sessions.”

⁵⁰ It is notable that prior to this point in the interview, Beth and I had been having our conversation over Zoom without the use of video—a feature of our interview that she initiated, and I gladly agreed. At this time in our talk, however, Beth asked if she could turn her camera on, letting me know that after having spent an hour talking to me, she now felt comfortable revealing herself on camera. Specifically, she felt that the video would enable her to better illustrate, visually, the childlike body language she exhibited during her age regression.

told me, referring to her experience during that second dose. She then described how viewing her world from the eyes of a seven-year-old must have been scary for that child, asking me to imagine what it must have been like.

“I wasn’t seeing as a 26-year-old, I was seeing it as someone around the age of six or seven. So you can imagine that could be a little terrifying... to see the world look entirely different.”

Speaking in the third person, Beth says

“I just started to realize that all this little girl was saying was like, ‘I’m so scared. Everything is scary [pronounced “scare-wee”].

The event was real and vivid, Beth recalls.

“It’s almost like I went back in time. In your consciousness, your psyche—you’re actually there.”

As the trip went on for Beth, her mood and perseverance took a turn. At one point, she began to cry profusely, and then she began to hit herself in the face (showing me, on camera, herself making slapping motions with her hands against her face). “And that’s when the facilitator said, ‘No, we’re not going to hurt ourselves anymore.’” Explaining herself to me, Beth says, “Because, I mean, I have all these (pointing to self-harm cutting scars on her arm), so they saw that as soon as [the retreat began].” In Beth’s words, the therapist continued to guide her on her journey: “We’re not going to hurt ourselves anymore. If you want, take it out on this yoga mat right here.” “I was just like a kid throwing a tantrum,” Beth tells me, flailing her arms on camera, depicting herself hitting a yoga mat.

“I feel so bad for the rest of the people at the retreat [for having to witness that], but my goodness gracious, I was just *angry*, and I was just throwing a tantrum... Just crying. And you could tell that that child (referring to herself) was so hurt, [that] inner child was so hurt.”

Again, the facilitator “embraced me as a child,” Beth says. He told her, “I know you’ve been hurt before, but you’re not being hurt anymore.”

The theme of the “inner child” continued. Now with a female therapist, at one point Beth describes “crying out for my mom, my dad, and my siblings. I was just crying out for them (again using childlike language: ‘Where’s my mama and my papa?’)”. She confided to the nearby facilitator,

‘I love my mama. I didn’t want to see her suffering. I didn’t want to see her cry. But I wish she wouldn’t have hit me. I wish she would have been nicer. I wish she would have left my stepdad... I would have rather my mom divorced [my stepdad] and we’d have been poor than not divorced him and be well-off [financially] yet go through the possibility of being raped by my stepdad, or molested, or touched.’ I’m pretty sure I soaked [the female facilitator’s] shirt with tears and child snot.”

In the latter half of her dose, Beth began to refer to the therapist as her “Mama”—an experience called “transference” in psychotherapy (Kernberg et al. 2008). Once the “cathartic release” portion of her journey was over, she recalls her mood changing to “just wanting to have fun” in a childlike manner. With her perceived mother by her side, Beth says she “started being a kid and just joking around with her [mother, the therapist].” She recalled noticing birds flying

around the yard and then pretending to be them. “You know how kids just start being weird and mimicking stuff?”, she asks me, flapping her arms like a bird. She told the facilitator,

“‘Be a bird with me, mama!’ I know she’s not my mom—it’s all so weird—but I was calling her my mom. So, she started playing along with me (continuing to flap her arms). And then, I just had this, like, cathartic laughter. I was laughing and enjoying myself. And eventually, my 26-year-old-self began to come back. But the whole experience was so vivid, so real.”

7.2.4 Reflecting on the Journey: Examples of Self-Transformation

7.2.4.1 Dealing with Anxiety

One of the significant takeaways for Beth is the period of time post-retreat she felt like she no longer needed pharmaceutical drugs to get through her everyday life. For most of her adulthood, she did her best to steer away from them but was often unsuccessful for medical reasons. “I absolutely hate taking pills,” she told me, and thus attempted as much as possible to disallow medical prescriptions, even when her psychiatrist recommended them.

“Prior to [Jamaica], I promise you, I couldn’t drive anywhere without taking a pill. And if anything I was doubling up. I was having panic attacks all the time randomly out of nowhere. I’m telling you, I lived not even a five-minute drive [from] Sprouts [market], and I could barely even get into my car without having a panic attack, let alone get into the Sprouts itself and stand in line without freaking out.”

Yet after the retreat, Beth found herself able to fly home without taking medication—something that was shocking to her.

“[Before,] I was too scared to walk my dog around my apartment complex by myself without having a panic attack. Then, when I came back from Jamaica, I was taking him on an hour walk past the neighborhood, and on hikes all by myself. [I was] driving myself around [and] everything.”

7.2.4.2 Knowing Self-Compassion

Since returning from the retreat, a lot has changed for Beth, particularly the way she treats herself.

“I feel like I have been a lot gentler on myself. I haven't cut myself... since last time that I did so in August, which is when I got the 5150. I [now] feel like when I have a low moment... when I have a panic attack or have a BPD [borderline personality disorder] episode, or like a moment of just extreme stress, I used to literally get so depressed, [so much] self-loathing, I'd just like completely start veering into suicidal ideation. I feel like after [the retreat], I just know that I experienced something that is literally like, so beautiful. And I know that I just, I just love myself more [than I used to]. I don't want to cut myself, I don't want to hurt that girl that I heard cry [on retreat]. Like that girl deserves to live and have a beautiful life, and I have to find a way to do that, to make [that] happen for myself and for her so there's no regressing anymore. [I want her to be able to live without] feeling like she has to ring the alarm all the time.”

7.2.4.3 Changed Relationship with her Mother

As well, Beth tells me, “I no longer need my mother to admit what she did [was bad], which is what I was wanting her [to do] at the beginning (earlier in her life). I’ve just accepted that she might never be able to admit it, because we are... two completely different individuals and we will always have different perceptions and narratives of what happened and what didn’t happen. [But] all I know is that I love her, and I want a relationship with her, and as long as we respect each other's boundaries, that's all that matters. So I think it's helped me relieve some of that negative energy that I would carry over when things [weren’t going well]. I don't go deep down into [that] very dark space anymore.”

7.2.4.4 Positive Mindset, Recent Setbacks

For two months after the retreat, Beth’s life was significantly better.

“After all was said and done, it felt like the clearest skies of all skies. I never knew what it was like to have such a clear mind. I was very attuned with my body. Whenever you're depressed and you're [at rock] bottom, it feels like you have, like, a big foot just holding, weighing you down so bad that doing the smallest things like getting out of bed, or like doing self-love and self-care—whatever seems like such a chore such a difficult task to do—I wanted [and was able] to do those things. I didn’t go with any expectations that this was a miracle cure, [but] I strongly believe that [this kind of therapy] can honestly save lives, especially people that are passively suicidal and even actively suicidal, given the right set and setting because.”

“Slowly but surely, though, [negative] things started picking up again. I started seeing some gray clouds coming in. It can be hard when you leave and you go back to... the same mundane routine of society, whether its work, school, kids, life, marriage, whatever—you just have to, you know, keep integrating your [psilocybin] experience]. It’s not [as bad as] it was before [the retreat], but if I had the money to go back to [the retreat] I would do it, because I’d rather take psilocybin then take benzos.”

Summarizing her post-retreat experience, Beth tells me that that little girl, that inner child she experienced through age regression, “is starting to ring the alarm again.”

7.2.5 Beth’s Story of Self-Transformation: Therapeutic Alliance and the Importance of Cultural Set and Setting

By any account Beth’s autobiographical narrative is sad, unfortunate, and quite unsettling: a stepfather attempting to molest her during her teenage years, yet feeling as if she could not reveal that information due to her family’s financial dependency on him; being raped while she was in the military, along with the sexism and “unwanted advances” she described as being rampant in the profession; a tumultuous relationship with her mother that often devolved into violence and a neglect of her physical health; being physically abused by her husband; her sister almost choking her to death. These experiences, as Beth described, left her with myriad mental health concerns and symptoms: anxiety and spontaneous severe panic attacks; constant fear of men or of finding herself vulnerable; agoraphobia; fear. For these conditions she received psychiatric diagnoses of PTSD and BPD, was put on several pharmaceutical medicines, and tried different therapies—none of which worked for her. Self-harming, suicidal ideations and making plans for the attempt,

and being 5150'd ensued. Beth's traumatic past deserved to be told at length, in part because it highlights her experience with, as she describes it, the inability of orthodox forms of medicine and mental health therapy to resolve her mental health problems. Like Annie's story above, Beth also describes finding herself at a unique *turning point* (Giddens 1991) in her life around the same time that she became aware, through Paltrow's *Gooplab* and a book on psychedelics, of the possibility of psilocybin-assisted therapy.

Describing feeling "peace" for the first time in her life, Beth's first dose, enabling a cathartic release, was quite helpful and relieving, and took place in an environment where she "could be vulnerable and not feel judged" about her past. On her second dose, Beth's psychodynamic autobiographical experience fluctuated wildly, and consisted of age regression. As Grof (1996) has shown, it is not unusual for individuals who have "regressed into various periods of their life, relived traumatic events from childhood, [to gain] interesting insights into their basic psychodynamic processes" (p. 17). While much of Beth's psychedelic trip can be described as psychodynamic autobiographical, these are ideal types, of course, and it can be suggested that Beth also underwent a *cognitive-intellectual experience* as well. As I have described in Chapter 6, this state of consciousness "can facilitate cognitive reframing of detrimental schemas and self-identity constructs... towards healthier mental patterns," (Garcia-Romeu 2018: 295) which can be seen in Beth's reflection of her mother during her age regression, which resulted in a significant reversal of her feelings for—and subsequent relationship with—her mother.

It is also important to note—as did Annie—the cultural set and setting attendant to Beth's psychedelic journeys. In one instance, it is useful to consider the second dose *childhood meditation*, which she describes as also connected to her psychedelic *intention* to revisit her

“inner child,” both of which coalesced and were clearly impactful to her journey. Yet another significant feature of Beth’s overall story is her connection to the therapists guiding her—what I have described in Chapter 6 as the “therapeutic alliance”—and the sense of “vulnerability” and “openness” that she felt comfortable displaying. I have shown in Chapter 6 how high-dose psychedelic trips often require “a high degree of trust, security, and confidence in the therapists who will be monitoring the session” (Garcia-Romeu 2018: 300). In Beth’s case, it is obvious that at times she was feeling vulnerable, emotional, and out of control, particularly as she “age regressed” and attempted to harm herself. This brings to mind Veronica’s stipulation (seen in Chapter 6), that it is important for therapists to deactivate guests’ wonder if they are “causing... [the facilitator] any fear or consternation because in the psychedelic state, the guest is so in tune with the energy the guide is putting out.” We have no idea what might have happened to Beth during her dose if she had not trusted, or felt safe, or comfortable, around her therapist, but with a traumatic past like Beth’s, it is possible that it could have taken a turn for the worse. In her narrative, it is clear that Beth had confidence and trust in her therapist, stating that they “embraced me as a child,” and told her, “I know you’ve been hurt before, but you’re not being hurt anymore.” This is also illustrated by the female therapist later on “playing along with me” (flapping her arms like a bird), which enabled Beth to release a “cathartic laughter. ... I was laughing and enjoying myself. And eventually my 26-year old self began to come back.”⁵¹

This latter instance of both the cultural set and setting and the cultural structure of the retreat showcases the importance of the therapeutic alliance, or what Bloor et al. (1998: 5) describe as “therapeutic work,” where healing processes are ingrained in a spectrum of IRs in

⁵¹ From a different perspective, the retreat staff’s mirroring and playing along with Beth’s psychedelic trip would be interesting to consider from Hochschild’s (1979, 1983) “emotion labor” or “emotion management” framework.

TCs. It is also descriptive of the importance of having a “guide”—whether a therapist, a facilitator, or otherwise—who is experienced, not only with their own psychedelic experience—as the Lead Therapist Veronica has discussed, shown in Chapter 6—but with psychotherapeutic credentials, and who can engage in this unique type of “role blurring” (Wiley 1988) psychedelic therapists must be comfortable with. As well, this moment showcases the type of comfortability guests have with retreat staff, as depicted in detail in Chapter 5. It also signifies the importance of *impression management* on retreat: “frontstage” displays need to be strategic (Goffman 1959) and need to manage, to a certain extent, a form of “awareness contexts” (Glaser & Strauss 1964), and the need to display the proper emotion labor or emotion management (Hochschild 1979, 1983). In addition, Beth’s experience shows glaringly how important it is for staff to be in tune with guests’ emotional histories, showcasing the importance of the mental health form prior to the retreat. On the other hand, Beth’s feeling comfortable to be “vulnerable” and “open” is worthy of discussion as well. I have discussed in detail in Chapter 5, the creation of an emotion culture—with feeling and display rules, and the associated language of therapy—is particularly important at the retreat, as it allows people to confess to feelings, emotions, and vulnerabilities that they may not typically—or ever—feel comfortable expressing. This may have been an important aspect of Beth’s experience, and that can be argued for by witnessing her use of the language of therapy throughout her narrative.

Beth’s overall experience on retreat was significant and can clearly be described as a form of self-transformation, even if, like Annie, her mental health struggles have not been completely resolved. One noteworthy outcome of Beth’s trip to Jamaica is the reduction in overall anxiety that she has felt, which has also enabled her to stay off her anxiety medications—something that she feels immense gratitude for, and which is significant considering her

comment that “Prior to [Jamaica], I promise... I couldn’t drive anywhere without taking a pill. And if anything, I was doubling up.” That she—like all retreat guests—was asked, or was recommended, to taper off her medications also highlights an interesting latent function of the retreat policy, as it presages the process of helping clients get off pharmaceutical drugs prior to the retreat beginning. Another significant feature of Beth’s outcome is that since returning from the retreat, she has a newfound sense of self-compassion that she never had access to before—being “gentler,” not having “cut” herself, “lov[ing]” herself more,” and not wanting to “hurt that [little] girl” she experienced so vividly on retreat. “That girl deserves to live and have a beautiful life, and I have to find a way to do that...”

These are not only substantial personal transformations for Beth, but she also has a healthier relationship with her mother as well. It thus seems as if Beth can recount an overall experience that entails both cognitive and emotional forms of self-transformation and healing—that is, novel psychological, behavioral, and emotional repertoires. Unfortunately, however, as we have seen in her later passage, Beth’s depression has returned at times, despite her attempt to “keep integrating” the experience and lessons she found on retreat. And if she had the money to go back, she would do it, because she now prefers psilocybin over her “Benzos.”⁵²

7.3 The Killing of Carrie’s Inner Child

7.3.1 Background

⁵² At the time of finishing this chapter, I received communication from Beth, who says that she is doing well, and was able to return to the retreat for a second time. She describes having “another impactful experience” while on retreat, though admits that “life baggage” and “continuous stressors” are still negatively impacting her from time to time. I am happy to report that she remains having a positive outlook, and I look forward to speaking with her again soon.

“Carrie” is a 54-year-old white woman with a Bachelor of Science degree, who is married but separated and has three adult children. Originally, Carrie had no intention of going to the retreat at first, and even upon arrival she was not committed to ingesting psilocybin. A family member who was dealing with their own struggles convinced Carrie to join her, though Carrie did so reluctantly. Despite the distance in age, Joan and Carrie are quite close companions, and Carrie allowed herself to be convinced that tagging along with Joan and providing support was a worthy cause. While originally quite reluctant to share many details about her overall journey to Jamaica, I found out much later on in the interview that uninterested in medical psychedelic usage as she seemed at the retreat’s outset, Carrie very much had her own personal reasons for being there.

“I have a long history of mental illness, sometimes very severe. I had a childhood trauma that kind of molded some of [these issues]. But [I] mostly [have been dealing with] depression and anxiety. I’ve had different diagnoses over the years. My response to the trauma was to be kind of cold, [to have a] flat affect, that kind of thing. [Once] I was evaluated I was diagnosed with mixed personality disorder with avoidant features. I no longer believe that diagnosis.”

In this early moment in the interview, Carrie had not yet revealed what it is she “saw” in Jamaica, or what it was that her psychedelic experience showed or taught her. I asked her to explain what she meant.

“[Decades ago] I was actually an in-patient for a little over a month. I had tried several times from probably 13 or 14 [years of age] until my mid-40s to find a therapist, [but] I never found one that really clicked with me. I think a lot of that’s [due to] my suspicious nature and the thickness of the walls I had built up. I have been seeing a therapist now for

five years and... for some reason, it might be just where I was in life, or it might be him—I'm not sure—but [the recent therapy has worked at times]. [But] I've been on SSRIs my whole adult life. Wellbutrin as well, [and] Benzos at times."

Over the last few years, Carrie describes herself as being "pretty steady... without any big peaks [or] valleys. No major anxieties, no major depression." Though initially unconvinced she would end up taking the mushrooms, as the Jamaica trip approached, she began—as per the retreat recommendation—to ween herself off the pharmaceutical prescriptions she was on. She did this via a "slow taper" method that took course over several months prior to the retreat. One month before the retreat began, she reached the point where she was no longer taking her medications.

7.3.2 First Dose (Four Grams): Overcoming Trepidation

Anxiety was present before the retreat and remained so up to the point where she arrived. Shortly thereafter, however, Carrie said she felt that it was a safe, comfortable environment—namely due to the retreat staff.

The... personnel, the actual location, the place, the staff, the [area outside the retreat], the housekeeping and cooks—they just had a really good... I don't want to say that they had a good "energy," because that doesn't really mean anything to me. But they felt familiar, and I felt comfortable. It wasn't like, you know, one creepy hippie guy in the woods type thing (giggles).

Carrie was happy about and quite relieved to find that her first dose was easygoing. She even "kind of enjoyed it," she said, despite a bit of "heaviness." She recognized, however, that to

some extent she was “holding back from it [from going “deep” into her psyche],” and that for the first trip she preferred “to test it out to see what it’s like.” Describing the holding back, she said “I wasn’t really ready to... maybe invest in it or to allow myself to go deep into that space that I heard everyone talking about.”

I was like, okay, so that wasn’t too scary, it wasn’t bad. I think I can do this next time... use an eye mask and maybe listen to music that’s not quite so engaging (as was the jazz music she decided on the first time). I was convinced that I would be safe and that I didn’t need one foot on the ground. I knew that I had a lot [more to explore], after years of therapy and lots of short-sighted pharmaceutical solutions—I knew that there was more in there for me, but I didn’t know what that would look like exactly (referring to going “deeper” into the psychedelic space and being more “curious” as to what she might find, reveal, or reconcile).

Thus, despite her reluctance to dig into her personal life or history, the unexciting, but *safe* first dose allowed her to develop the courage to give it another try on the second dose day.

7.3.3 Second Dose (Seven Grams): Finding (and Killing) the Inner Child

Carrie claims that she was significantly impacted—as many find themselves to be—by the pre-dose Meditation Circle on Dose Day Two. After, the onset of the mushrooms came rapidly.

“It was all of a sudden. I was in this dark place—imaginatively, not emotionally. I didn’t remember ever being anywhere else if that makes any sense at all. When I was in the [psychedelic] space, I don’t know if it was me or where the perspective was... It was very odd. But then the place [in my mind] became one from my childhood that was a

really special place that I liked. I grew up on the Mississippi Gulf coast... There was a little creek and the bank of it was washed out... There were these little cave cubbyhole things, and that's where I was all of a sudden."

Carrie, looking distraught, paused her narrative and took a deep breath. She disclosed that her story "is still [emotionally] hard" to talk about. After a moment passed, she continued on.

"When I was there (in the coastal place, in her mind), I came across this *thing*... It was white and translucent. As you can probably see (pointing to her face), I'm very fair [skinned], so it kind of had skin like me. I could see it, but I didn't identify it as human. And I'm there with this thing and... it's sick. It's really sick, and it's suffering. It doesn't have a face. I don't know that it's a human, but sometimes I think... it's me. I'm not sure if... it *isn't* me. (Taking another deep breath.) Anyway, in this [psychedelic] space, I very violently put [the thing] to death. Because it was suffering, or I don't really [know]. (Trying to find words.) That's... that's what I rationalized after the fact. But I knew that it was sick, and it was suffering, and it wasn't going to live anyway. But [what I did] was very, very graphically violent. And then I took it and buried it in the bank of that creek where I grew up."

This overall experience was what Carrie described as the "first wave" of her psychedelic trip, and when she "woke up" from the moment, she found herself "purging" substantially.

"I was actually, like, vomiting—almost choking on my own vomit. The facilitators were of course right there, and you know, kind of tilting me up to make sure that I didn't choke. And I immediately felt aware, like, 'Okay, there's all these people, and I have vomit all over me, and I've just killed something, and I'm not sure if they know if I did it

(“committed” a “murder”). Like, I should probably go ahead and tell somebody, but I can’t really talk [due to being under the influence of psilocybin].”

Carrie decided to take a break and removed the eyeshades. A female facilitator helped her back to her room so she could shower off and change clothes. When she returned to her physical location and settled back in, she began to cry—and she did so for hours.

“I cried for probably four hours without stopping, and I don’t cry. Like I don’t ever cry. So that was a big deal.”

7.3.4 Digger Deeper into the Inner Child Experience and Detached Emotions

I wanted to know how Carrie and/or the retreat facilitators made sense of her psychedelic journey of putting the thing—the child—to death, so I probed her about it.

“I kind of feel like it *was* me, [but I can’t be certain] ... Part of me thinks it was the wounded inner child [in me], and that [the act] had already happened [long ago], but I was [only] just seeing it now.”

I asked if the retreat therapists framed it any differently. “No, I think [they] believed it was most likely my *inner child*.” She then recounted the impact that the pre-dose childhood meditation ritual might have had on her and her trip experience, saying, jokingly, that the retreat “probably shouldn’t do that meditation (laughs) before people are getting ready to trip, because it’s *so suggestive*.” (Later Carrie acknowledges the importance of the experience overall, and appreciates the impact it has made on her life.)

“I still don’t know exactly [what it all meant],” she said. But it impacted her in other ways that cannot simply be described intellectually, or rationally.

“There’s this kind of nuance in the psychedelic space. Although I was violent and doing this horrible thing, I [also] felt very powerful in doing it. And that’s not something that I had ever felt really. It was a very strange feeling to me.”

“It’s not one I really had a lot of... You know, I can’t pinpoint a time in the past where it’s like, I felt like I had just released something really big. But I don’t know [how to describe it]. But looking back from here, I can say that it felt like such a release and that... I’ve heard people say, you know, [some of these experiences] can be cathartic, [but I never knew what that meant]. I feel like, now, I know what that means. And that’s what that was.”

I asked Carrie if her body felt “relieved after that? Or was it just kind of terrifying, or was it sad?” Indeed, “it was sad,” she recalls, but it was much more than that.

“I did feel a great sense of relief. It definitely broke through some kind of wall, because I was able to cry after that.”

“Crying is just not something I can remember doing,” Carrie says, reflecting on a long history, as she describes it, of detachment from her feelings. I wanted to make sure I understood what she was saying, though, so I asked her if, similar to her inability to cry, she had any experience with an inability to feel emotions in general. “Yes, definitely,” she said. “I didn’t *not* cry [historically] because I was holding back from crying; I just never really felt a reason to cry.”

7.3.5 Digging Even Deeper

At this point in the conversation, Carrie and I had been talking for over an hour, and only then I began to feel like we were really digging deeper and getting somewhere. I felt as if I needed to continue to nudge her a bit to open up about what she really felt about the psychedelic experience. So I returned to the question of the inner child and asked if she'd reconciled, or further figured out what had happened to her on that second dose.

“I think [the psychedelic journey] may have happened a time when I was a child. I mean, obviously I didn't kill something but... I think I had let go of [or killed] that sick thing a long time ago.”

I asked Carrie the question I had been holding onto: “You think that your inner child was metaphorically killed when you were a child?,” inferring there might be more to the story. “Yes,” she responded. “So you were just revisiting that experience [in the psychedelic space]?”, I asked. “Yes,” she recalled. “But I can't really tell you exactly why I think that.” I pushed forward. “Do you recall the [actual] day that this all happened?” “No,” she responded. “What do you think actually happened?” It was then that Carrie finally revealed to me that there was something she hadn't yet told me.

“Yes. I... I was sexually abused by a man when I was five. And it happened more than once. And, I've never recovered the memories really well enough to know that it happened, but um... I think at some point, [when I was a child] I moved on from that—from these horrible things that happened to me—without that damage or, you know, just trying to leave that behind me and become something new.”

In Carrie's perspective, the *thing* she found at the riverbank and put to death in her psychedelic state represented the death of her inner child. She believes that when she was young, the experiences she encountered symbolically destroyed her childhood, and the product of such experiences might have been the cause of some of her later mental health concerns—but she cannot be certain.

7.3.6 Moving Forward by Means of the Past

Summarizing the retreat, Carrie brought us back to her initial description of pre-retreat anxiety and the trepidation she felt around the mushroom encounter. “[My overall experience on retreat] is just ironic,” she tells me.

“Because I was really thinking like, what I was afraid of—going deep into the [mushroom] space—was that I would remember what happened to me, that I wouldn't be ready to see that or do that. But it was quite different than I could have ever expected.”

In other words, rather than revisit the pain and traumatic experiences she had lived through, she encountered, and henceforth enabled, a different side of her character that she had lost long ago. I sat back, puzzled, and asked Carrie to clarify her retrospective view on the matter: despite the difficult moments, I said, “Are you... *happy* that you had all these experiences [at the retreat]?” “Yes,” she tells me. “Why?”, I asked intrigued. “Because I'm different now. I'm changed. I can *feel* things [now].”

“For as long as I can remember, I have [had] really big anxiety... not anxiety, but I have an exaggerated vasovagal response to blood and gore.” Anytime she'd go to the hospital, for

example, she'd have to "put blinders on... because I will faint in a heartbeat. But that's gone completely." In another prominent example of how the retreat changed her life, she tells me that

"A month after we got back from [Jamaica] my mother died. She was my lifelong safe person. [Because of the psychedelic therapy], I could be with her [before she died], I could feel that [experience]. My mother was very sick leading up to her death. I was able to sit with my mother while they put a central line [into her arm]. There was this time they were trying to put in an IV... they were having all these problems. I was able to help them, like you know, hold her arm and pull it tight and squeeze it."

I remarked upon the significance of her ability to "feel things" again. "Yeah, it is," she responded. It was after her Jamaica trip she finally went back to the therapist and revealed to him that she cried—not once, but for *hours*. Her therapist responded, as Carrie recalls, "Gosh, this [psychedelic therapy] is going to put me out of business!" (jokingly). She recalled that her therapist reminded her that she once described herself as "dead inside." She said, people go to see therapists to "find their core," but for a long time she felt as if she "didn't have a core." But things are different now, and her therapist recognizes this as well. "We could have met every week for 10 years and not gotten to this point," she tells me, reflecting on the efficacy of her psychedelic-assisted therapy retreat.

As well, Carrie also managed to better a few of her relationships, notably with her son who she describes as being difficult to relate to at times and suffering his own form of mental distress. Carrie also initiated a separation from her marriage partner, which she is happy about and also attributes to the lessons learned on retreat.

7.3.7 Ups and Downs

Unfortunately, though Carrie's mental distress was gone for several months after the retreat, six months later she "fell off the deep end [with] depression." While "feeling" emotions again was a welcomed factor from her psychedelic experience, it also brought her difficulties at times as well.

Having more feelings [led me to become] suicidal quickly. And I think it was because, I didn't have the walls, the mechanisms that I used to have to deal with depression. I did not make any attempts [on my life], I cleared my home of everything dangerous. (The family member she went to the retreat with) came here and sat with me for a week, and I went right back on SSRIs again.

But that six months [after the retreat] was the happiest I've ever been without medication, probably the happiest I've been *with* medication. Overall, I think I'm in a much better place than I was before. It did big things for me that are still lasting. But it didn't make me [never] depressed again, and it didn't make me [never] anxious again. But maybe I can't fix everything in a week.

7.3.8 Carrie's Story of Self-Transformation: The Power of Emotion Culture and Cultural Set and Setting

My conversation with Carrie was interesting on a variety of accounts, namely because she was slow to reveal intimate details about her life. Her long history of various forms of mental distress stemmed from a "childhood trauma that kind of molded some of [her issues]," one of which was, as shown to be the often case with traumatized populations, developing a "cold, flat affect,"

described above and in previous chapters as “emotional numbing” (van der Kolk 1994). Relatedly, her suspicious nature initially made it difficult for her to subscribe to the retreat culture and protocol (I believe she was originally suspicious with me, too, which is why she was slow to respond to questions in detail). Upon arriving, however, Carrie’s disbelief, suspicion, or distrust was transformed by her interactions with the retreat staff, who she felt were comforting and trustworthy. This, combined with the cheerful presence of others on retreat, who warmed her up to at first being open and vulnerable, and later discussing and *releasing* emotions, was impactful for Carrie—not just socially, but in deriving the confidence to use psychedelic mushrooms therapeutically. Before she knew it, Carrie was under the influence of psilocybin, *crying*—something she had not done in decades. Thus, one of the notable aspects of Carrie’s overall experience is the *power* of psychedelic culture on retreat—what I have deemed the emotion culture generally—that which pertains to sociality and emotionality on retreat—and the cultural set and setting specifically—that of the influence of culture on psychedelic consciousness.

In terms of cultural set and setting, we can use Carrie’s story to understand just how impactful the retreat environment can be on the psychedelic experience. In the later stage of our interview, when Carrie was feeling a bit more comfortable, she jokingly described how she feels that maybe the retreat “probably shouldn’t do that [childhood] meditation (laughing)... because it’s *so suggestive*.” Carrie’s insinuation, or outright affirmation, that the power of cultural set and setting was influential to her state of consciousness on psilocybin, is a significant recollection. This statement also carries with it important insight for understanding the nuances of therapeutic culture on retreats—that of the importance of honing people into a mindset conducive to childhood thoughts, memories, reflections, and analyses. For example, though Carrie joked about

the meditation being “suggestive,” she ultimately had a lifechanging experience on the retreat, namely due to the state of consciousness she claims was assisted by the meditation. On the other hand, however, this instance can also be analyzed as a type of power dynamic, whereby the power of “interpretation” (similar to “directing” psychedelic experiences) or manipulation of clients can be discerned (Sharp 1975)

While it might have seemed momentarily that Carrie was having a psychodynamic autobiographical experience under the influence of psilocybin, she was not actually recalling, simply put, a *memory*. Rather, putting the “thing” to death was *symbolic*—as in a *symbolic-archetypal experience*. This was confirmed by Carrie, as I went through the interview again (late into the analysis), in that she recalled that one of her original fears upon arrival at the retreat was that she *would* evoke the memory of when she was “sexually abused” at a young age. Thus, her symbolizing the “death” of her “inner child” consists of a figurative reflection upon what she believes metaphorically happened when she was a child. Overall, this experience was one of “cathartic” release for Carrie, resulting in a significant transformation in her post-retreat wellbeing and substantiating the claims of psychedelic culture regarding the impact of trauma on emotions—something Carrie previously had difficult feeling and expressing.

In summary, Carrie’s experience was highly transformative. She recalls being “different now,” “changed,” stating that “I can *feel* things now.” Reflecting on her long-term relationship with her therapist (beginning prior to her retreat experience), she recalls telling him once that she’s “dead inside.” She no longer feels this way and believes that she resolved problems in Jamaica that might have taken “10 years (or more).” As well, Carrie’s subtle mention of her “no longer believing” the diagnoses proffered by mental health professionals suggests that the retreat experience changed her outlook from belief to disbelief of her prior diagnoses. Unfortunately,

however, Carrie's experience, and her *feeling* of feelings, has brought with it some downsides as well. Despite being having the "happiest six months" she has ever had—with and without medication—Carrie also experienced a dark side to her newfound emotionality, which amplified her negative states and at one point returned her suicidal ideation and depression. As described, she has also returned to her SSRIs. Carrie's suggests, however, that her experience with psychedelic therapy was quite significant, life-changing, and one that she is happy to have had. I believe that she now feels that her response to her being sexually abused as a child was symbolically the death of her childhood, the product of which was, as described at the outset of this section, an "avoidant," "cold, flat affect." In general, Carrie's experience is summarily described by the end of our interview where I asked her a simple, straightforward question: "Are you... *happy* that you had all these experiences?" Ordinarily, Carrie is slow and methodical in her response. This time, however, she did not hesitate at all, returning with an immediate and affirming, "Yes."

Discussion

This chapter has analyzed in-depth interview data from three research participants. This dissertation is ultimately concerned with psychedelic culture, its therapeutic application in group-based therapy, and its impact upon healing and self-transformation, and in this chapter I have provided and analyzed the narratives of individuals using psychedelic therapy to resolve traumas affiliated with histories of sexual abuse. In this, I have specifically focused on the *personalized* accounts of the subjects in question, and for purposes of length, have refrained from delving into the *intersubjective* aspects of retreat experiences overall—the latter of which I tackle in the next chapter, both from the perspectives of the three individuals detailed in this chapter, and from

several other retreat participants. To be sure, in the interviews each research participant had much to say in terms of positive recollections of the social aspects of their healing journeys, but I was not able to include those accounts in this specific chapter. In the next chapter, however, I focus purely on the group dynamics of self-transformation and healing.

As I have shown in Chapter 3, the general focus of a sociology of drug use, writes Goode (2007), “is on what makes drug use a specifically social activity, how socialization, culture, social interaction, social inequality, deviance, and group membership play a central role in the use of psychoactive substances; what people do under the influence; and what societies do about the control of—or why they tolerate or accept—drug use and distribution” (p. 415-16). With this in mind, Chapters 5 and 6 have provided empirical detail into the overarching structure of rituals, therapeutic philosophies, and the social contexts of drug use on retreat. While in Chapter 5 I concentrated on the cultural structure and the intersubjective context of the retreat setting—the interaction rituals, emotion culture, sacred objects, and forms of social control—the emphasis of Chapter 6 was on how psychedelic consciousness, therapy, knowledge, theories of distress, trauma, and healing are the products of psychedelic and retreat culture, and are thus taught to guests by staff on retreat. In that chapter I have also shown, with the assistance of psychiatric and psychotherapeutic knowledges and theories (van der Kolk 1994, 2014; Crawford 2010), the way in which multidisciplinary approaches to distress, trauma, and healing are used in this environment. Thus, the three stories told in this chapter show the outcomes of the structures and processes defined in Chapters 5 and 6, and while the perspective of this chapter, again, is on the *individualized* narratives of psychedelic healing, the focus is as such due to analytical necessity; as I have shown, the retreat context is *fundamentally* implicated in social and cultural relations throughout. In the next chapter, the focus will be on intersubjectivity rather than individuality.

These narratives detail in myriad ways the impact of the emotion culture and the cultural set and setting on psychedelic consciousness and healing. From the childhood meditation, the use of language of therapy (e.g., “inner child”), the discussion of discovering, feeling, and communicating emotions, and the importance of integration work—these and other narrative discussion points have showcased the depth to which the retreat culture and what I have described as the cultural set and setting impact the drug-using and drug-experiencing environment. These stories also provided a better lens with which to view and understand the important of “therapeutic alliance” on retreat—particularly Beth’s account. Each story to a certain extent showed an aspect of retreat guests dealing with and being guided by therapists and facilitators in intimate ways. Whether in the context of assisting guests while they were purging, offering compassion and insight, framing psychedelic experiences and novel autobiographical narratives, offering kindness and empathy, or directing guests at their worst or most fearful moments (i.e., to not self-harm)—these stories have shown how important therapists and facilitators can be in psychedelic therapy, and the reasons it is important for staff to be credentialed and experienced in myriad ways.

While I have described in this and previous chapters the role played by emotions in psychedelic culture, it is now of interest to ask: What type of *self* exists or is learned on retreat, or in psychedelic culture broadly? What exactly is changed in terms of attempting *self-transformation* and *healing*? It is important to note that in terms of the theoretical framework of this dissertation, the *situation* takes precedence over the individual—individuals do not develop, nor change, themselves, in a manner of speaking. This has been shown in a variety of chapters thus far, but stems from the scholarship of Blumer (1969), Goffman (1967), and Collins (2004). Of course, individuals on retreat have their own biographies and idiosyncratic mental health

journeys. However, as I have shown with Goffman, Denzin, and others focused on self-transformation in therapeutic communities in Chapter 5, institutional arrangements can be seen as constituting the self. Thus, a few overarching arguments about cultural self-transformation may be proffered by analyzing a psychedelic therapy retreat.

First, self-transformation also relies to some extent on emotions. This is one of the reasons the emotion culture is curated by staff at the outset of the retreat, concomitant with feeling and display rules, as shown in Chapter 5, and the theories of mental distress, trauma, and the importance of using psychedelics therapeutically for memory recall and emotional catharsis, as shown in Chapter 6. In considering emotions and self-transformation, guests have described “showing” or “feeling” emotions and deriving new emotional repertoires as part of their self-transformation. For example, Annie’s recovery of sexual trauma now enables her to know where her emotions—as well as anxiety and behavioral repertoires around eating—stem from; Beth has experienced a newfound sense of connection with her self, her “inner child,” and her mother; and Carrie, after crying for the first time in many years while on retreat, has discovered a new sense of emotionality distinct from her previous “flat affect.”

Secondly, we can see just how unusual, distinct from everyday life, and transformative psychedelic consciousness can be—and we can discern the reasons for their being referred to conceptually in this dissertation as sacred objects. With regard to the latter, not only does the language of therapy revolve around particular phrases like “The mushrooms won’t cure you, but they will show you what’s possible,” but by “showing you the truth,” we have seen in these narratives just what that means empirically: they can reveal personal psychological or behavioral repertoires that cause harm or distress. We can also understand how, through integration work (and possibly additional therapeutic practices), implementing the lessons learned through this

altered form of introspection and autognosis can be impactful to participants' everyday lives. With specific regard to mental health purposes, and ingested in therapeutic contexts and with an appropriate cultural set and setting, as we have seen using psychedelics for therapeutic purposes entails “exploring the meaning and implications of the experience in relation to the area of desired change, possibly including (a) new understanding of the symptoms, (b) change in the symptoms or how they are experienced, (c) new intentions around management of the symptoms, (d) new insights about how the symptoms can be managed, and (e) behavioral changes made in order to better manage the symptoms” (Bogenschutz & Forcehimes 2017: 398). In this sense, mushrooms used therapeutically can be considered a type of *exposure therapy* to a certain extent (Abramowitz et al. 2019), which enables subjects to confront and resolve biographical occasions or narratives that have not served them—or have harmed them—in the past.⁵³ Just as obsessions, compulsions, existential distress, negative thinking, or substances of abuse” are the targets of psychotherapy, under psychedelic consciousness, “it is seemingly possible to change their perceived meaning for the patient, thereby altering the manner in which they relate to and engage that content” (Garcia-Romeu & Richards 2018: 304). Self-transformation in psychedelic therapy, therefore, is where altered states of consciousness are utilized purposefully to engage in a process of deep reflection and introspection with the *intention* to use such experiences to make personal change.

Lastly, we can see through this empirical data that all three subjects consider the self to be a *process*, not an *essence*, as Bischoff and Gazso (2016: 23-26) have described in light of Mead's theory of the self as intersubjective (see Chapter 2 and Chapter 5). While users of

⁵³ Wolff et al. (2020) have discussed the ways psychedelic therapy promotes acceptance via “exposure to greatly intensified private events.”

psychedelic therapy may not experience a complete reduction in all symptoms of mental distress, and surely the stories outlined in this chapter illustrate ups and downs experienced by research participants, it can be discerned through their descriptions of transformed autobiographical narratives that rather than simply *subject* to the past, the past is now folded into the description and analysis of the self. In psychedelic culture, therefore, we can see that a conception of the self and of self-transformation is conceptualized as not simply a *victimized* self, but a *growth-oriented, evolving* self. This type of self is that which is capable of confronting, and growing through, the trials and tribulations of life. Troubling encounters become stamped upon one's biographical trajectory yet are treated with courage and compassion. In social science, narratives are often considered a "performance event" (Denzin 2017) and as the site of "subject formation" (Butler 1993). Kimura (2008) has shown how reconstructing narratives enables people to move from their position "as helpless victims" to being "actively involved in the creation of their own narratives and their own selves" (p. 6). On retreat, guests are assisted in reconstructing a new sense of self (McAdams 1985, 2001). Re-narrating one's story is prominent in psychotherapeutic frameworks. Thus, the *traumatized* self is a self that could not be without its prior experiences. Confronting one's experiences, traversing them, conquering the depths of one's fears, and telling a different story is the triumphant self, it is the evolving self, the growing self. For this, staff often refer guests to use positive self-affirmations in place of possibly negative ones, such as "It takes friction to polish a gem," as one therapist told the group during an Integration Circle, or having guests read books like, *It Didn't Start with You*. In psychedelic culture, the self is overarchingly a process, and it is one that is grounded in optimism.

Overall, this chapter—as connected to the outcomes of the cultural structures and processes attendant to psychedelic culture and its therapeutic application, shown in Chapters 5

and 6—makes several interventions in the scientific literature. Thematically, this data suggests that the *social context of drug use and experience* “powerfully influences—indeed, it might almost be said determines— ... *drug definitions, drug effects, drug-related behavior, and the drug experience*” (Goode 1972: 16). Relatedly, this also describes how far off the “chemicalistic fallacy” is from analyses of drug experiences, simultaneously offering new refutations of “moral panic theory” (Good 2008; Goode & Ben-Yehuda 2009a, 2009b, 2009c). Rather than panic, we can hence understand how “bad” or “challenging” trips can be therapeutic—this being in agreement with Becker’s (1953, 1967) argument that people learn how to enjoy, appreciate, or understand drug effects. In this regard, these stories have also shown clearly what “therapeutic” sets and settings look like, as distinct with the psychotomimetic tradition used in the mid-20th century and outlined in Chapter 3. And notably, with specific regard to the disciplines of psychedelic science and studies, we can further advance empirical and theoretical examples of how psychedelic users—retreat guests in this research—can ingest psilocybin in a safe, comfortable, and therapeutic environment to “learn healing knowledge” about themselves (Pittaway 2018), and that the “core of the therapeutic protocol [of psychedelics] is to powerfully amplify your unconscious [and] allow its patterns to emerge in your awareness...” (Bache 2019: 8).

Conclusion

This chapter has endeavored to show three individuals’ stories of using psychedelic-assisted therapy in group settings to resolve traumas and post-traumatic stress associated with sexual abuse. It has focused specifically on personalized stories for reasons of brevity and clarity, and I have used narrative analysis to connect empirical data with the theoretical frameworks used in

this dissertation. As I discussed in each chapter of this dissertation, however, self-transformation is not an individual pursuit on retreat, and in the next chapter I will show just why this is.

CHAPTER 8: COLLECTIVE HEALING AND SELF-TRANSFORMATION: NARRATIVES OF SUCCESSFUL RETREAT RITUALS AND AN EVOLVED THEORY OF PSYCHEDELIC INTEGRATION

There are occasions when this strengthening and vivifying action of society is especially apparent. In the midst of an assembly animated by common passion, we become susceptible of acts and sentiments of which we are incapable when reduced to our own forces; and when the assembly is dissolved and when, finding ourselves alone again, we fall back to our ordinary level, we are then able to measure the height to which we have been raised above ourselves (Durkheim, from Collins 2004: 39).

Whereas the focus of Chapter 7 was on individuals' stories of using psychedelic-assisted therapy to heal and self-transform, in this chapter I foreground the *collective* in narratives of psychedelic-assisted therapy. Here, I use empirical data to show how, in addition to psychedelic therapy, a significant aspect of self-transformation and healing during psychedelic-assisted therapy retreats comes from the intersubjective environment, what Collins (2004) calls the buildup of EE and solidarity, the mutual focus on the sacred objects of the retreat, and the creation of particularized cultural capital. The question I thus attempt to answer in this chapter is: *How is it that intersubjectivity on retreat impacts positive self-transformation and healing, and how can we theorize this via IRC theory?* As I show below, this can be best understood by extending the theory of *psychedelic integration*.

As discussed throughout this dissertation, there are different frameworks for understanding how intersubjectivity creates culture and generates social connection. For example, Goffman (1959, 1967) contends that people follow specific presentation demands as required by the “normative order” of the situation at hand. They do this in order to “[maintain]...

a single definition of the situation” (p. 254). Collins (2004) has also shown in detail—a bit more detail than Goffman—how people maintain a definition of the situation by situational copresence, boundaries to outsiders, focused interaction, and shared mood. When this is accomplished, four outcomes are to be predicted: group solidarity, or feeling like a member of the group; emotional energy (EE), or “a feeling of confidence, elation, strength, enthusiasm, and initiative in taking action” (p. 49); symbolic (or “sacred”) objects that represent and are revered by the group and its participants, which can be material, verbal, or ideational; and feelings of morality or symbolic boundaries surrounding the group and its symbolic objects. In Chapter 5 I also provided examples of both how the *cultural structuring* of rituals takes place and what its effective outcomes are, showing, for example, the power relations attendant in normative violations to the group’s cultural codes and the case of “Paul’s” ostracism from the group for not paying deference to the emotion rules and sacred objects of the retreat. With this in mind, therefore, we can hypothesize based on Collins’s Interaction Ritual Chain theory: that once gathered and interactive, strangers, through “successful” retreat rituals, will begin to create common bonds and mutuality as per the retreat’s culture-making (Turner 2019), the situation and its normative requirements (Goffman 1959, 1967), or the buildup of EE, deference to sacred objects, and the production of particularized cultural capital (Collins 2004). In other words, we can theorize that successful retreat rituals will produce EE that inspires enthusiasm, enhanced deference to the moral code around the sacred objects, the production of symbolic objects and particularized cultural capital, and that these moments will become solidified and internalized by retreat guests and develop into IR *chains* that *circulate* in their language, behavior, and thoughts during and, importantly, *after* the retreat. As a result, the culture of the retreat as a therapeutic community—where therapeutic efficacy comes from *both* the community and its overarching

therapeutic philosophy—should have the potential to produce healing and self-transformation in guests *through* the collective. In this chapter, I analyze empirical data on the topic of the community’s impact on self-transformation and healing.

8.1 Narratives of Collectivity in Self-Transformation

8.1.1 Healing Distress, Transforming Negative EE (-EE)

In understanding self-transformation in psychedelic-assisted healing with an emphasis on group context, solidarity, and emotions, it is important to first contextualize the lives of my research subjects—that is, those joining the retreat to deal with mental health issues. As I have shown in detail with three subjects in Chapter 7 and mentioned briefly by describing the cultural structure of the retreat and thinking of it as a therapeutic community, all retreat guests arrive with the purpose of using psychedelics as an alternative medicine to heal mental distress that orthodox medicine has failed to treat. At best, some folks arrive feeling that their lives are not going the way they should; at worse, some feel that if this last effort at treatment does not work, they may decide to end their lives. These individuals are thus the product of forms of mental distress or trauma that has effectively been uncurable, which has left them suffering, oftentimes in hopelessness and despair, for decades. The purpose of the retreat for them, therefore, is to use *legal* psychedelics in an environment where they will be safe, watched over, and guided.

Boyns and Luery (2015) and Turner and Stets (2005) rightly point out a problem with Collins’ notion of EE: it is always *positive* and is thus one-dimensional. As they show, for Collins, while positive social engagement produces feelings of confidence, solidarity, and general positivity—*high* EE—lacking sociality or feeling alienated or depressed results in,

simply, *low* EE. Boyns and Luery offer, instead, a theory of the “dark side” of IRs, or a conception of a “valenced” EE—“one that is both positive *and* negative.” Their theory of “negative emotional energy” (-EE) is thus conceptualized as “an individual’s adversely charged emotional disposition *against* membership in a group or a social encounter” (p. 154). They suggest that -EE exists on a hierarchy, from emotional experiences on the “positive” end such as “avoidance and irritation” all the way to “dramatic” emotions like “resentment, anger, hatred, vengeance, rage, and fear,” which can “result in the social experiences of conflict, aggression, distrust, cruelty, and revenge” (ibid). Also updating Collins IRC theory, Summers-Effler (2004a, 2004b) has shown how for traumatized or distressed individuals, rather than seeking out EE, they are instead primed to *lessen the loss* of EE. Hence whereas individuals derive “confidence” and positive emotions through successful rituals, it is understandable why those who come from traumatic or distressing biographies have difficulty motivating themselves to interact in certain circumstances, or, to the contrary, whose histories have *discouraged* particular rituals—they may have little optimism that future interactions will be different from past interactions.

As we have seen throughout this study of a psychedelic-healing retreat, the therapeutic nature of the retreat itself primarily attracts guests who are looking to resolve mental distress. I have only been able to discuss in detail the biographical backgrounds of a few of my research subjects in this dissertation (Chapter 7), but through the lens of IRC theory, and its extensions in -EE (Boyns & Luery 2015), we can understand how guests with particularly difficult mental health/emotional backgrounds arrive on retreat with prior negative, or “unsuccessful” rituals. In other words, prior to the retreat we can conceptualize retreat guests as having -EE—what Summers-Effler (2002) following Collins, describes as feelings of worthlessness, a lack of confidence and hope, and generally “low expectations for future interactions” (2002: 54).

Therefore, it is understandable that for some people, it is quite difficult at first to “open up” to the emotion culture on retreat—a subject I turn to now.

8.1.2 “Opening Up” (Slowly): Initial Reactions to Emotion Culture

At the outset of the retreat, many of my research subjects spoke about the initial difficulty they experienced in exhibiting the “proper” forms of deference to and demeanor in the emotion culture of the first formal rituals on retreat, most specifically the Introduction Circle and the first Integration Circle. That is, they found it difficult to perform in ways appropriate to the feeling and display rules, and to open up to, accept, and partake in the structured rituals created by retreat staff. Because of this, and possibly due the community’s -EE, for many guests, bonding and feeling emotional solidarity with others happened slowly.

Samantha describes this process clearly. As a nurse practitioner in her 40s who has suffered her entire life with depression and bouts of suicidality, and who had never used psychedelics prior to coming to Jamaica, Samantha had seen numerous therapists throughout her life and came to the retreat comfortable with sharing her intimate thoughts and feelings—that is, presenting appropriately in rituals inspired by the retreat emotion culture.

“It was interesting to me [during the Introduction Circle] how hesitant some people were to talk about, you know, what they were kind of seeking or why there were seeking this [retreat] experience. And then there were people who really didn’t seem to even know how to express their... their difficulties or their struggles. Like, they knew that they wanted to feel better as so many people do, but it was kind of funny to me because, like, I’ve been in therapy for so long that I have no problem just outlining all of it.”

While Samantha had engaged in such emotionally-expressive rituals before and can be said to possess the type of *particularized cultural capital* connected to psychotherapeutic culture/rituals, in this quote she describes others not feeling comfortable in such a culture/ritual—not being able to describe what they “were seeking,” or not knowing “how to express their difficulties or... struggles.”

“There were definitely a couple of folks who didn’t seem to feel comfortable about opening up about what their struggles were until we’d been there for like three or four days. And it was just then that they seemed to feel comfortable to just open *that* up. ... It was interesting to see people at different stages of their journey.”

In a similar manner, Adrian, a self-admitted “reserved” type” who had also experienced bouts of suicidality, also felt unable at first to express himself emotionally. As the retreat week unfolded, however, he felt influenced by others to do so. This was particularly the case for him during the post-dose Integration Circles.

I was very nervous [to disclose details about myself], you know, the first time. A lot of people were. But after people got talking, after I got talking, I understood the power of the post-dosing group therapy. It sort of became immediately clear to me, and I immediately felt much closer to my fellow guests.

We can discern here through Adrian’s narrative a step-by-step process. Adrian’s ability to share not only came from witnessing others do so first, but in doing so “it... became immediately clear... the power of the post-dosing group therapy,” and he “felt much closer to [the other] guests.” He goes on:

We hadn't really spoken about, you know, our trips the night before (immediately after the dosing session), because I think we were just so exhausted.⁵⁴ But in the light of [the next] day, in the morning with sober minds, hearing people discuss their experiences and sort of feed off each other in a positive, supportive way—that was instrumental, I think, to the therapeutic process.

Discussing one's psychedelic trip with others—staff as well as guests—enabled Adrian and the collective, as he suggests, to “feed off each other” in a way that was “positive, supportive,” and “instrumental... to the therapeutic process.” Not only can we observe here the workings of a positive, compassionate environment, but Adrian's description of how people “feed off one another” is the equivalent to Collins's characterization of successful IRs. For example, the “ingredients” of successful IRs often “feed back upon one another.” Collins continues:

the mutual focus of attention, and... the common mood, reinforce each other. As the persons become more tightly focused on their common activity, more aware of what each other is doing and feeling, and more aware of each other's awareness, they experience their shared emotion more intensely, as it comes to dominate their awareness (2004: 48).

Not only do people become emotionally and cognitively intertwined with one another, but the building of a group foundation and feeling a sense of inclusion inspires both +EE and confidence in the group and in oneself. In another statement, Adrian expresses how he was able to obtain

⁵⁴ As guests “come down” from their psychedelic experience, they do so at different rates and with different experiences. While guests are free to do or discuss whatever they want post-trip (within the boundaries of safety, of course) it is acknowledged that—as discussed in Chapter 5—the real analysis will come the day after, during the Integration Circle. Thus, Adrian is expressing the fact that people didn't describe in detail their psychedelic experiences with others immediately after the dosing ceremony ended.

confidence from others, and in doing so he was able to believe in and feel more comfortable about the mushroom ritual and its potential therapeutic value.

And I think that... that communing of people in spirit and story was really the beginning of sort of allowing myself to trust the process, to trust myself and trust all the other guests there. And then become much more at ease and sort of set [myself] up for a better second and third trip. I think the first trip and the group therapy the day after, really established my mindset for the following two trips. So yeah, that's when I became converted, that's when I realized the power of group therapy. In fact, I can't imagine taking psychedelics not in a group context—I can't imagine anything else. It's not something I appreciated about [the retreat] going in, but having been [twice now], I realized that that is their unique secret sauce. That, in my opinion, is quite extraordinary, you know. Obviously being in nature, in a beautiful place—the setting is beautiful. But the commonality of that process is critical.

Here, we can see how for some it can take time to “ritual-take,” “talk-take,” and “emotion-take” in the larger scope of “culture-taking” on retreat (Turner 2019). As well, Collins (2004) describes how solidarity comes to be built over time through the course of successive (and successful) rituals. It seems, therefore, that upon witnessing others interact under such normative guidelines of the emotion culture—“opening up about... their struggles”—guests who mimic or reflect upon the feeling and emotion displays of others and begin to “open up” themselves. This is seen, for example, in Adrian's comment about “feeding off” others and learning to open up to the wider cultural rituals extant on retreat.

8.1.3 Bonding, Safety, Solidarity: Helping and Being Helped by Others

While “opening up” to the therapeutic culture can be difficult for some, the significance in doing was deemed remarkable by my research subjects. Such a first step is important in facilitating successful rituals and deriving +EE. As Collins (2004) has shown, the creation of culture via IRs necessitates the creation of boundaries between those inside and those outside the collective. It is through this intersubjective and cultural dynamic that a sense of “togetherness” is created, known, and felt. The uniqueness of the retreat culture itself, as well as its situatedness in a geographical place and in a series of practices distinct from everyday life, created a means by which people could bond over the ritual activities to take place. “Nick”—a public health scientist with a PhD who describes his life prior to retreat as “missing something,” and who defines himself as having suffered with depression and anxiety on and off throughout his adult life—remarks on his connectedness to others.

It’s so rare to be in a setting where you interact with people and you see people at their most open, raw, and vulnerable. I think it’s really kind of a life-changing experience to see that, and you create these bonds with people.

This subject mentions that the theme upon which they felt bonded to others was due to the unique setting and its concomitant behavioral norms and values—that of the retreat emotion culture, where guests are encouraged to be “open, raw, and vulnerable.” As well, and as described in Chapter 4, in using the third-person pronoun they speak as if this is a common-sense notion (Bischoping & Gazso 2016). Laurie, a 53-year-old director at a pharmaceutical

corporation, who has experienced suicidal ideation and familial trauma, also comments on the powerful “bonding” that takes place on retreat.

It was like we just absolutely delighted in each other, and we could feel empathy with one another. I don’t know, it’s like *when people go to war* [alongside] one another, *that bond, you know?*

Evoking the intensity of war suggests quite a unique interaction ritual, as Laurie describes. The strength of such a bond may be the reason that Laurie’s retreat group has remained in contact for over a year after the retreat ended—an important aspect of long-term mental health improvement that I will discuss below. To this day, Laurie mentions that the group continues to serve as a significant source of bonding, social and emotional solidarity, and general happiness. Nick also remarked that the bonding experience not only felt good on an emotional level but was directly correlated with his healing process.

[The group] aspect was helpful in the healing because you are *really rooting for one another*, and you are *really developing close bonds with these people*... I don’t know that I would have had the same result if I hadn’t been in a group setting.

Another notable theme revealed from interviews was the sense of safety, comfortability, and acceptance in sharing and connecting over difficult biographical experiences. In feeling this way, guests could share their stories unencumbered by a sense of being judged or stigmatized by others. For example, as Nick explains:

To have that group to be able to share with is really powerful, I think, and just to see people, you know, really see people, and to be able to let people see you and to *feel safe*

in that environment. [To be able to talk about] your greatest fears in the world and [feel heard and understood], I think that's really powerful. *Most people don't have that.*

Similarly, Samantha, a 42-year-old nurse practitioner (introduced in Chapter 5), mentioned the importance of being able to

See that there were other people that *I can relate to*, who also were seeking help and seeking help in this kind of like weird way—this way that's not very socially accepted or condoned—who were *also battling some... really big demons...*

Whether Samantha, in referring to “seeking help in this... weird way,” was reflecting on the emotion culture or the use of psychedelics for therapeutic means, we can derive a sense that “relating” to others who were “also battling” mental health problems enabled her to feel connected to, or at least not different from, others, and that this was helpful to them on their healing journey.

Another important theme of the collective environment on retreat was the emotionality—and emotion culture—attendant to IRs. “Miles,” whose story will be outlined in detail below, had this to say about the emotion culture on retreat:

The group dynamic provides a *space of empathy*, of *being authentic about our fears*, and diving in and *having those fears be okay...* We could talk about things that are not pretty and *feel safe doing that.* [The group experience] is about authenticity and having people there that are *looking out for your best interest* and knowing that they are *committed to your healing.*

“Empathy,” “authenticity,” having “fears be okay,” and “feel[ing] safe” expressing oneself are significant features of a collective healing environment, the latter of which is showcased most

specifically in the comment that people are “looking out for your best interest” and are “committed to your healing.” Feeling safe is a considerable component of retreat culture, particularly considering that many guests made light of their past feelings of stigma, shame, and marginalization as per their mental health concerns. For example, Beth—whom we met in detail in Chapter 7—has undergone significant traumatic experiences in her life, which led her to, at times, contemplate suicide. Due to the group dynamic, however, and the emotionality exhibited by others during formal and informal IRs, she felt accepted by the group, and less like an outcast.

[Feeling] connected to others was something I really needed, because for a moment (reflecting back on her history with mental illness) I felt like a freak show. I was just like, really not functioning in society at all. That’s what I really like about [the retreat experience] because you get to see passed all that social stigma (again, referring to her scars and feeling as if she’d been treated differently because of them at times throughout her life). It’s like your stories don’t become stupid anymore, or [people don’t tell you to] ‘Get over it;’ they become real, individualistic, and important as a whole... It’s like you matter, your experience matters, and your experience with psilocybin mattered.

Oftentimes the Integration Circles are where most of the “action” is, in Goffman’s terms, as these are the spaces where psychedelic introspection, autognosis, and healing are combined with individuals’ traumatic biographies are shared with the rest of the group and retreat staff. These intense rituals bring out the most emotions in people and were not only impactful for the guests sharing their idiosyncratic experiences and reflections and new framings on distressing or traumatic experiences, but also the guests who sit by and listen, and provide positive feedback and emotional assistance. For example, John, a 57-year-old financial consultant from England,

provides a general reflection on some of the components of the Integration Circle atmosphere that he experienced on his retreat.

I think the group therapy works extremely well. I mean, the whole way [the retreat] was set up, it is very, very positive, and very successful at getting the most out of the experience. Because people are like sponges for what other people are saying, we were all able to say things that influenced other people. I mean, we were already talking about things even before the first [dose day]. And after each [dose] there was what you might call a debrief (referring to Integration Circles), talking about how we felt or what happened. And *you pick things up from other people*. So I think that's a really important part of it, you know—we're all connected. And when you're talking about the experience, they could say something that they didn't consider to be very important but actually *really struck a chord with you*. And I found that there were things that other people said that *I found really helpful for making sense of my experiences and maybe even changed some of my subsequent experiences*. You know, I just felt that *we all worked really well together*.

As John states, and as I have argued in earlier chapters, that people “were already talking about *things*”—that is, mental health concerns—prior to the first Dose Day, foregrounds the impact made by the collective healing and emotion culture environment. In other words, people begin to discuss their worries, concerns, and traumas—their desires for healing—prior to dosing with mushrooms, suggesting that at the outset of the retreat it is clear that *not only* the psychedelics are important. As we can see, as John goes on, he mentions how impactful others were to him—how they could “strike a chord” and be “really helpful for making sense of [his] experience.” In summary, he and the others “worked really well together,” John states happily.

Similarly, another interviewee, “David,” a white 58-year-old lawyer and recovering alcoholic, who has dealt with significant depression and suicidal ideation for decades, remarks upon the impact others had on them during the Integration Circles.

A very important part of the experience was being there with other people... Some people [were treating] traumatic experiences, some people were dealing with depression... But despite the different reasons for being there... it was very helpful to have these integration sessions afterwards, where we all came back together after the session and talked about our own individual experiences... It was a very important part of the experience.

In integration, as David states, it is a communal affair to help someone through their difficult times. The collective nature of the therapeutic process is emphasized explicitly in Integration Circles, where stories of trauma, abuse, neglect, and general emotional difficulty were accompanied by crying, stories of courage, or wild psychedelic experiences. “Jill,” a 41-year-old white female with a master’s degree who is the CEO of a startup company, described her experience of the Integration Circles.

I think certainly there’s *support for each other*, [particularly] in the trip space. [Sometimes] you hear things during integration, and you look over and see that [someone] is a snotty mess and crying in the corner, and [you] feel sad for her. Because definitely in the trip space you feel this like, connection [with one another] and you can see each other and [feel this] sense of wanting well for them. And certainly, in integration, the facilitators are leading a lot of the conversation—we share one at a time—but ultimately every time someone shares [their story or experience] one or two people chime in... And sometimes [they] can overstep [by imagining they’re] armchair

therapists (laughs), but it's all in good spirit. Like, people trying to help others through whatever they're experiencing or trying to understand.

Seeing other people at their most vulnerable—as many others have suggested above—is a significant part of the transformative power of the retreat. Samantha, for example, stated in two different instances:

The stories of others are so important, even if they are difficult. I just felt like the others are here to assist me.

I came to appreciate while I was there *that everybody sort of helped facilitate one another's experience and healing.*

Lastly, a significant theme—the general nature of which can be discerned in many of the narratives strewn throughout this section—is the notion of healing and self-transformation as the *direct product* of witnessing and interacting with others while on retreat. Witnessing and being coparticipants of the transformative process—whether through emotion culture, psychedelic healing, deep and intimate Integration Circles, or even during informal interaction rituals on non-dosing days—was impactful for guests because it served as what Mead calls a “generalized other” (1934) and enabled guests to reflect on their lives, selves, and psychological and behavioral repertoires in myriad ways. For example, one subject describes how a prominent aspect of the overall retreat experience was the realization, enabled through close proximity and observation, of how others confront, contend with, and attempt to resolve distress. Samantha describes this process in detail.

That definitely was part of [my realization] that like, ‘Yeah, there are a lot of people that are hurting. There are a lot of people that hurt and there are a lot of people who are

hurting and working really hard to make sure that they don't hurt and that they don't keep hurting other people.' It helped me push back a bit against, you know, something that I've heard so often, like 'Oh, you're just too sensitive,' or 'You worry too much about other people.' I was like '*No. We really need to be like... We all need to take better care of each other.*'

Here, we can see that reflections on the self, and an accepting of the process of self-transformation and recognition of their emotionality, enabled them to perceive and solidify their sense of self. In other words, the sense of self that this subject deemed to be problematic as per prior interactions with others—a self that is “too sensitive,” or that “worries too much”—is reflected upon and re-narrated through the retreat ritual process.

As well, Adrian provides a thorough and detailed description of how this process takes place, and how the overall group environment impacted him on his healing journey.

One of the more powerful aspects of the group therapy retreat is that you realize that your insights, your worries, your fears, your traumas, your shadow *self is not that different [from others']*. Or it's much easier to find a parallel between your shadow self—or should I say the 'dark side'—between you and other people. *You realize when you hear other people describing, and you watch them and their facial expressions, you realize that they're experiencing mental processes very much like you do.* And I think that builds a deep connection with not only those people—because you realize you have a deep connection that you may have seen in the mushrooms space, but then when you're in the non-mushroom space and you're hearing someone talk about, you know, some profound experiences, as well as their own troubles—you realize that you have this deeply, deeply shared sense of consciousness. Like, 'Oh, that person [over there] you know, is thinking

just like I would think had I been in their shoes.’ So, you realize that *not only do you have a deeper way to connect with that person, you have a deeper way to connect with your own story, because you realize you’re not so different.* That you’re just part of a larger human family who has this collective mind. And you realize because of that, you know, that when you think it’s only you fighting your battles, you realize actually you’re part of a larger tapestry of everyone fighting the same ones—they just don’t talk about it. So you feel more deeply at home, and when you feel more deeply at home, you feel more relaxed, and when you feel more relaxed you can talk more and process your problems.

This is a notable statement by Adrian, one that can be dissected in myriad ways. In sticking with one of the most prominent themes, however, that of the “generalized other,” Summers-Effler (2002: 50) explains what happens when identity—particularly individuals with marginalized identities like those suffering long-term mental distress—become considered through the lens of a collective, or “meta” framework.

Collective identity provides a meta perspective on one’s self. By moving the identity toward the group and away from the self, one is able to look back at one’s self from the position of the group. When collective identity is formed around previously repressed deviant emotion, the meta perspective provided by collective identity can allow room for the legitimization of these emotions. When one can see one’s self from a meta perspective, one can come to see one’s own experience as part of a larger pattern rather than an individual experience of fear, inadequacy, lack of fulfillment, depression, or unhappiness. In solidarity, deviant emotions come to represent less of a threat to one’s social bonds because the deviant emotions themselves have come to be associated with

new sources for solidarity and emotional energy formed in collective identity”

(Summers-Effler 2002: 50).

As we can discern via the narratives exhibited in this section, whether through bonding, creating rituals where emotions can be felt and expressed, feeling safe to be vulnerable, or revealing historically stigmatized parts of their self—by becoming part of a larger entity outside the self, or by reflecting on the self through the lens of the collective, feelings of “fear, inadequacy... depression, or unhappiness,” as Adrian stated, are overcome by the solidarity of the collective. By reflecting on the self through the lens of the other, “you realize actually you’re part of a larger tapestry of everyone fighting the same [battles],” Adrian says. The story of the retreat, as the narratives of this section have shown, is the story of self-healing with the help of other retreat guests. In the next section, I analyze an important theme brought up by several of the retreat participants: sex/gender dynamics and self-transformation.

8.1.4 Gender Dynamics in the Collective Self-Transformation Experience

The masculine show of emotion in American male culture is a proscribed, not a prescribed social act (see Hochschild, 1983). To be emotional is to be weak and feminine. A.A. inverts this cultural proscription... [and] shows of emotion are valued and not taken as losses of face (Denzin 1993: 269).

The retreat caters to all sexes and genders simultaneously, which makes for a unique relational context for a variety of reasons. For example, many interviewees described in detail how important it was for men to open up and feel comfortable expressing their emotions. But while

most men—as per the participants’ narratives—were unable, or unwilling to do so at the outset, the retreat culture and the interactive environment supported and empowered them to do so. As I have shown thus far in this dissertation, similar to Denzin’s quote above, therapeutic communities like A.A., or psychedelic retreats, attempt to “invert” a number of cultural proscriptions. In this section, I want to provide and analyze narratives that highlight the way in which gender dynamics contributed to self-transformation.

8.1.4.1 Jill and the “Healing Ratio”

One research participant, Jill, had joined the retreat twice prior to our conversation, and is of the mind that, like the narratives described above, a significant feature of the retreat’s healing efficacy comes not solely from the mushroom trip, but from the group dynamic. This point, as I will show in this subsection and in detail with the case of “Chris” below, is especially salient for men who previously had not been used to sharing their feelings. Jill has a distinctive hypothesis about this feature, what she calls the “healing ratio,” about the healing efficacy of the retreat as divided between psychedelic culture and therapy and the healing that takes place through collective effervescence and emotional solidarity. In describing her personal ratio as 70/30—that is, 70% attributable to the mushroom therapy and 30% to the group dynamics—she states that

the ratio shifts for people that have never done talk therapy, that have never been in a group setting [like this]. Unless you’ve been to rehab or you’re like in a trauma group, if you’re like, not used to doing meetings, there are few places in our society where we do group therapy. And so, most people would never have that exposure.

Using the language of IRC, if an individual's past "chains" of IRs do not reflect the particularized cultural capital to engage in a specific cultural ritual—that is, to talk-, emotion-, and ritual-take—then they are, at least at the outset, unable to adhere to the normative ritual dynamics in question. Yet as Jill explains, for men who adhere to the typical American "male culture"—as outlined by Denzin above—the healing ratio becomes less skewed on retreat—that is, the retreat (emotion) culture and the guidance of a therapist is more likely to impact their healing.

I think for dudes that have never talked about their feelings, that ratio might be more like 50/50, or even higher on the [group therapy side]. Because they've never had a professional there [with them] to help interpret (frame) their experiences [like they do on retreat]. So a lot of people that roll through there, I think, it's their first time ever having that, so it's a huge part of it for them. Yes, the plant medicine [is important], but also [people being able to recognize], 'Oh, I've never thought about that before (acting out a response to a therapist's inquiries)', or 'Oh, I've never talked about the time when I was five-years old.' You hear that over and over in these groups.

While in this quote Jill prefaces the importance of men having a therapist there with whom to discuss "their feelings," she goes on to discuss in detail the impact that *sharing* emotions with other guests had on one man in particular during one of her retreats, who had historically been unable to communicate about such personal matters.

As Jill recounts in her story, in the Introduction Circle the male guest had spoken about a certain life circumstance that had been weighing heavily on him and negatively impacting his mental health. During the last day or two of the retreat, however, the person finally mentioned subtly that rather than the issue he'd previously been speaking about during the Introduction and

Integration Circles, his emotional problems were actually due to a severe family issue he had previously not mentioned to the group. In other words, throughout the course of the week, the guest had not been honest—had not “opened up”—about what he was actually there to attempt resolving, thus coming clean with the group in the last days of the retreat. Upon hearing the guest reveal what was a brief utterance of the fact, the Lead Therapist asked, in Jill words, “Well, what was that [experience] like? Can you tell us more?” “No,” he responded. “I’m not going to tell you that.” This left the group surprised, as they’d already done a lot of work to get people to accept feeling vulnerable and share their feelings and experiences. After being questioned about it once again, the guest replied, in Jill’s words, “I won’t go into that, because I’ll get... *emotional*.” Jill recalls her reaction, in lockstep with the other guests, retorting, “Yeah, do that! Get emotional! That’s where the magic is. That’s what you should do!” The group egged him on, Jill continues, “But he wasn’t having it.” As it turns out, however, towards the end of the retreat, and after his last psychedelic trip, he felt more relaxed and confident talking in-depth about the previously undisclosed family matter. As Jill recalls,

He finally got a little emotional. And at the end of it, he was one of our [group’s] MVPs [“most valuable person”]. Like, [he] looked [visibly better] on day seven than he did on day one. He he was sleeping better—it was just profound. Like, he definitely had his own really complex trips, but he also talked about his feelings for the first time in [probably 50 years]. So that’s all so profound.

Overall, Jill says,

It’s indiscernible to know how much [healing] is attributable to each part of the retreat, but I felt that, for him, so much of it was being able to [take part in the group] and say

those things (about his fears, worries, emotions) out loud and having everybody tell him that, ‘That’s ok [to feel that way].’

Jill’s short narrative—the storytelling of *someone else’s* experience—is important to analyze in its own right, but I argue that the more significant aspect of her description is due to what it suggests *she* felt—that is, how *she* perceived the group solidarity dynamic on retreat as facilitating this person’s healing process. Jill acknowledges the exposition of vulnerability and emotion culture on retreat, and how important it is for self-transformation. Regardless of the validity of the story itself, Jill’s overall point is clear: opening up, sharing emotions, participating in the collective, being told that it’s “ok” to *feel*—these are important aspects of healing, and they are aspects of a *therapeutic community*. And indeed, Jill recalls not being the only member of the group excited about, and attempting to convince, the other guest’s sharing of emotions and details about his biography. While timid at first, or even over the course of a few days, over time the guest in Jill’s narrative partakes in the emotion culture and adheres to the feeling rules part and parcel to the emotion culture on retreat. Jill’s story thus represents the type of solidarity, bonding, emotional connection, and *collective* healing efficacy possible via successful and culturally structured rituals on retreat.

8.1.4.2 Inadvertently Helping Men to Open Up and Express Emotion

Beth—who we learned about in the previous chapter—also had a similar experience of men opening up on retreat. “I got really into psychology based on my own mental health,” she tells me, and some of the language of therapy used on retreat—that which pertains to emotions, for example, and specifically the “inner child” concept—are consistent with the terminology and

conversational norms that historically turn men off, Beth opines. If you ask men to talk about their inner child, they might think, “Well, that’s cheesy,” she says, or they might think to themselves, “Ah, man. Like, what do I have to be sad about?,” Beth states, imitating a deep male voice. Yet there is an interesting relationship to be made with Beth’s description of how men typically act and how they *learned*—in whatever capacity—to act on retreat. Recall from last chapter that Beth’s second dose entailed her experiencing “age regression.” As she explained in her story, she initially found herself regretful and “feeling bad” for others on retreat who witnessed and heard her “unusual” behavior during her psychedelic state.

I feel so bad for the rest of the people at the retreat [for having to witness that], but my goodness gracious, I was just *angry*, and I was just throwing a tantrum... Just crying. And you could tell that that child... was so hurt, [that] inner child was so hurt.

In our interview, Beth told me that a few male retreat attendees who witnessed Beth during her age regression came forward during the next day’s Integration Circle and told her that, having witnessed her intense psychedelic journey and her reliving traumas, they felt more comfortable talking about themselves, their emotions, and their childhoods “without being ashamed of being judged,” Beth says. “There was this openness” during the rituals after that, she states, where others felt “like, I can do whatever the hell I want and I’m going to be accepted.” In addition, one male guest in particular approached Beth during an informal interaction ritual and thanked her for being so forthcoming with her experience and her past traumas, as it convinced him that he, too, could be vulnerable and talk about his traumatic past. As she remembers, he told her: “Actually hearing you cry like that sent shivers down my spine because I can’t remember [ever] feeling that way.” She explained that, like her male colleague, when one is predisposed to not being sensitive to one’s emotions, being around others during their vulnerable

moments “heightens it” (the sensitivity), which is what her acquaintance was expressing. The overall relationality via emotions was something that was important for her in general and was a prominent theme in her own healing journey.

These social phenomena can be analyzed using IRC theory. For example, Collins might suggest that these individuals, slowly, over time, and through successive positive emotion culture rituals, began themselves to partake in the Integration Circle norms and values. They may have begun to adhere to feeling and display rules by witnessing, or mirroring, other guests’ displays of vulnerability or affect. As well, from Turner’s (2019) point of view, these men may have been successfully situation-, talk-, and emotion-taking, thus enabling them to more appropriately interact under the cultural structuring of formal retreat rituals. What is clear, however, is that Beth’s own journey, witnessed through the eyes of retreat male bystanders, enabled them to *transform* their psychological and behavioral repertoires—to experience the qualities associated with healing and transforming emotionally, and to appreciate doing so as well. In this sense, we can discern the ways in which psychological and behavioral repertoires can be examined *and changed* through IRs and their attendant particularized cultural capital (Collins 2004).

8.1.4.3 “I finally got to be around men that were kind and caring and supportive of me”: The Latent Function for Annie’s Healing

While Beth’s reliving of traumatic experiences operated as a latent function for men to feel and express emotions on retreat—this as a product of the central emotion culture and the intersubjective therapeutic environment—sex and gender dynamics also operated in converse ways as well, where men’s presence was appreciated by women who had undergone sexual

abuse. As described in detail in the last chapter, Annie's traumatic past significantly impacted her weight and health, which led to difficulties in establishing relationships with men throughout her life. But the co-ed environment of the retreat, which allows for communality between all sexes and gender presentations, turned out to be another feature of the therapeutic setting.⁵⁵

I got a lot of valuable feedback and input from other people in the group—things I might now have connected the dots with or I might not have realized. For example, you know, as you can imagine, being a very obese woman growing up without a father, I had lots of issues surrounding men—just, lots of issues. And so it was helpful to have these men in the group work through some of that. So I did get a lot of that—and not just in the formal group setting where we're all discussing the therapy, but it was also after the [psychedelic] trips, as we were all coming down from the mushrooms—as people are still under the influence. And just... knowing that everybody is still coming down from the mushrooms so they're being brutally honest with me because, you know, they're not... censoring themselves as they might. Just having that experience—the way the men were treating me was also helping me to heal from some of my issues.

Annie goes on to say that,

Yeah, having that number of men of different ages, you know, I was finally feeling really respected by men, and I just hadn't felt that way. Just cause, you know, I've had so many different experiences in my life—just being super heavy and feeling unattractive and where I couldn't get *any* man to notice me; and then being super thin [to where] I had the

⁵⁵ To be sure, unless requested otherwise, there are no co-ed sleeping arrangements on retreat. As well, the retreat makes special arrangements for persons with prior sexual trauma to feel at ease and comfortable throughout the week, such as having personal space—overseen by a same-sex therapist—during psychedelic therapy rituals.

opposite effect, where men [were] constantly *creeps* to me (laughs). So it was kind of like, I finally got to be around men that were kind and caring and supportive of me, and weren't trying to hit on me or be inappropriate with me. I didn't feel insecure around them or [feel like] they were leering at me. Like, I really felt like, 'These are good guys, and they have good hearts and they're kind and they actually care about me and what I look like doesn't matter.' And you know. So it was kind of eye opening in that regard too—just, seeing myself differently and seeing how they, the men in the group, were viewing me and treating me.

Annie's story showcases a distinct and important type of intersubjective therapeutic environment. As she explains, the setting was one that, while chiefly important for her idiosyncratic healing journey—weight struggles in both directions, and the concomitant impact those experiences had on her intimate and sexual relations with men—can also be seen as remarking on the broader emotional and collective relations on the retreat: people, in general, being “kind and caring and supportive.” As she states clearly, this interactive, therapeutic environment was “eye opening,” enabling her to “see [herself] differently.” As well, it is useful to again consider Mead's concept of the “generalized other,” since as Annie states, her prior interaction rituals with men, because they had been “unsuccessful” in Collins's terms, continued to revisit and distress her in future interactions. In this sense, Annie's unhealthy conceptualization of “me” was altered through a newfound depiction of the “generalized [male] other.” With a newer, healthier series of rituals and relationships with men, she has been capable of renewing her past “chains” of rituals in ways that are psychologically, and behaviorally, improved and positive.

8.1.5 Keeping in Touch Post-Retreat: Narratives of EE

One of the most important aspects of successful self-transformation is to *keep rituals, EE, and symbolic/sacred objects alive* post-retreat. Many of the retreat attendees remain in contact with one another for long after the retreat ends, whether through the WhatsApp group or by meeting up in-person if geographically feasible. This showcases not only the type of solidarity and long-lasting EE established on the retreat but one of the features of group-based therapy, which provides a positive therapeutic impact, solidarity, and integration for months or even years after. Many interviewees commented on the importance of this.

For example, Samantha describes the strong influence the retreat has on people, which after instantiating a common past in the retreat and its rituals, generates a path forward *together*. I originally asked if she believed that the retreat group as a whole felt solidarity towards each. Her response was:

Yes, absolutely. Absolutely. There were two other participants there who [like me] were the most comfortable and [emotionally] open from the very get go. The three of us kept kind of touching base with one another (during informal rituals) throughout the week and asking, like, ‘Hey, how are you doing?’ and even just like sitting quietly next to one another—just kind of knowing that we were all processing really big stuff. And those are two people who continue to reach out to me, and likewise I reach out to them, you know [sharing] a small victory (concerning mental health progress) or something that’s exciting that’s happened, or what have you. *It’s funny to feel such an... it’s an unfamiliar thing to feel such a deep connection with somebody that you’ve only been around for like five or six days ever. It was another experience for me that sort of solidified the idea of common humanity.*

For her, and for many others, the bonding that takes place—described in more detail above—does not end with the retreat, however.

Even with only knowing people for like six days, you certainly don't know everything about them but it's amazing having shared such an *intense experience*, and how safe we seem to feel reaching out to one another. And it's also very, very interesting—I feel like there are a few of us where one person will reach out and you're like, '*Oh, wait, I was just thinking about you,*' or '*I was going to get in touch with you.*' And so I feel like it was, you know, just kind of a continuation of the *synchronicity* that we experienced.

As Samantha has described, “knowing people for [only] six days... how safe we seem to feel reaching out to one another”—this is due, she argues, to “shar[ing] such an *intense experience*.” As well, she expresses how such rituals—what Collins (2004) calls *third-order circulation*—flow through cognition and in memory: “One person will reach out and you're like, ‘Oh, wait, I was just thinking about you,’ or ‘I was going to get in touch with you.’” This, she argues, is based upon the “synchronicity” amongst her and other guests.

As well, Nick described recently meeting for a one-year reunion with his group members, stating that “it was just so great for everybody to just be together and share experiences [and discuss] how we've *progressed*... It can be a bit hard to talk about this stuff with the outside world, with friends and family who haven't experienced it. They just don't quite get it.” Here, again, we can see how the myriad moments on retreat—the “intense experience” via the unordinary nature of the week, the deep connections and “synchronicity” of the guests—continues to impact guests long after the retreat is finished. As well, speaking with others with whom were also experiencing the strange rituals on retreat serves as a type of social boundary, where outsiders—even “friends and family”—“just don't quite get it.” This, as Collins suggests

with the notion of erecting boundaries against outsiders, strengthens the relationship amongst ritual insiders.

Other guests described similar experiences of the collective impact the retreat had on them. For example, “Kathryn,” a 58-year-old white woman and consultant from Tennessee, who describes herself as having suffered long bouts of depression and marital problems, shares how impactful the long term connection with the retreat group has been for both her and her husband, who is a recovering alcoholic.

The collaborative nature of the group was really loving, and you end up feeling like you’ve made very close friends. My husband’s group is still pretty much communicating two years later, and I think it’s phenomenal. But the communal experience I think, points out probably what happens in group therapy—that, you know, you’re not a freak, you’re not alone, that everybody has hard times. You get a lot of wisdom from other people. So yeah, I like that.

We just had our one-year reunion on zoom with the [retreat] group that I was with, and it was just so great for everybody to just be together and share experiences and [to discuss] how we've progressed and. [Because everybody] gets it. It can be a bit hard to talk about this stuff with the outside world, with friends and family who haven't experienced it.

They just don’t quite get it.

Jill also remains in touch with several of her past retreat attendees. In this narrative she connects her close bond she developed with another guests while on retreat to a longer term solidarity post-retreat.

It's like you hear someone speak about [their problems,] like [one] guy sweats a lot at night [and] he wakes up every night in terror and this [other] person feels like he doesn't know how to connect to his own emotions. And that's *what you're rooting for...* Like I want this for that person because that's what they said they want and you're really hoping for... [them to accomplish their goals.] *Now every time I talk to him, I'm like, 'how are you sleeping?'* Like it's almost like I'm wanting [him to be well] more than he does. [So] that, that's the common goal, I think.

While Jill has described to me her consistent connection to other retreat participants since the retreat ended, in this description it seems as if Jill has been in consistent contact with at least one other guest, with whom she's "rooting for" to be and sleep well.

Lastly, a few guests who develop a solid "therapeutic alliance" with their retreat therapists continue to see them, whether in-person or online, well after the retreat ends. Not only does the retreat offer two post-retreat Integration Circles where all group members are invited to share in their trajectories, but oftentimes the therapist-guest relationships built on retreat persists long into the future. For example, John states that:

They [the staff] also provide you with support afterwards, and some of my retreat friends actually still see, you know, engage with [the therapist] on a weekly basis.

Many other interviewees not mentioned here have described the practice and importance of keeping in touch with one another post-retreat. It serves not only as a way of keeping social relations and emotional bonds up, but, as I will describe in the final section, also as a type of continued, extended *integration* process, whereby *all* retreat ritual objects—symbolic/sacred, particularized cultural capital, EE, and otherwise—continue to be implemented and recirculated

into daily life. In this overall section, therefore, we have seen how guests not only internalize and recirculate the collective effervescence, EE, and symbolic objects from psychedelic culture, and how such continues long after the retreat to impact their healing and self-transformation process; in this subsection we have seen how many guests continue to reflect upon and revitalize those impactful retreat experiences by keeping up their friendships post-retreat. Healing and self-transformation, therefore, take place *before*, *during*, and *after* the psychedelic therapy rituals, and much of the power of such transformation comes from shared interaction with the collective.

8.2 Two Stories of Collective Healing

8.2.1 “You’re Not Really Supposed to Show a Lot of Emotion, You Know?”: Kyle’s Journey to Accept Vulnerability and Emotionality

“Kyle” is a 45-year-old Caucasian man with a bachelor’s degree in economics who worked on Wall Street for many years. Currently, he is single and without children, is living in Florida, and is working on becoming a life coach and a cognitive behavioral therapist. Though originally naïve to it, since coming back from Jamaica Kyle describes himself as being both anxious and sensitive throughout his life. This being due primarily to his troubled relationship with his mother, who herself has suffered significant health problems which have resulted in mental health issues. For this distressing relationship, he has seen occasional therapists but has never accepted pharmaceutical medications. As well, he has no experience with drug use.

Kyle describes his overall retreat experience as significantly positive and as having impacted his life in several ways. The positive outcome came not from the psychedelic experience, however, but rather from the interpersonal environment he was exposed to. During

his first dose, he became a bit frustrated due to the lack of stimuli he was encountering. Looking around and judging from others' experiences, he felt that his was a minor trip, and began to wonder if his absence of drug use heretofore might have been a contributing factor. Generally, he defined the situation as lacking in excitement, which he found upsetting as he had spent the prior weeks enthusiastically preparing himself mentally.

We were only a few minutes into our conversation and, possibly due to the semi-structured nature of the interview, Kyle jumped ahead to tell me about his psychedelic experience. Because of this, I was lacking in pertinent pre-retreat biographical information. I sensed his nervousness. He narrated himself coming down from the dosing session, explaining to me how he removed his eyeshades and headphones and started walking around the yard, disappointed in the lack of thrill. Feeling a bit heavy and hence having difficulty walking, the Lead Therapist strolled over and began talking to him. And that's when Kyle underwent an experience that had not happened to him in as long as he can remember: he broke down crying.

“Within less than a minute I'd say, I just started sobbing. Probably the most I've cried in, I don't know, *twenty years*. Maybe more. And that pretty much continued up until midnight. At the time, I didn't know if that was normal, I didn't know what my crying was all about. But looking back, it's probably the most I've cried since I was a teenager.”

Taken aback, I waited another moment for Kyle to resume, subtly letting him know that he could continue ahead or provide more information. With only a momentary pause, he continued: “You know, looking back, it was probably a good thing.” He then, however, immediately changed the subject, but I brought him back because, clearly, something was amiss, and I was lacking background information. What did he mean by, “It was probably a good thing,” I asked? It was only after this that Kyle began to extend a bit more detail to his story.

“I guess I think I was just getting out a lot of this... repressed emotion, you know. Because... yeah, you know. *You’re not really supposed to show a lot of emotion.*” Kyle’s claim about emotional expression was significant, and his use of the third person suggested a lack of agency and, rather, a normative social claim (thematically similar to Denzin’s quote about masculinity above).⁵⁶ I tried to unpack this and, after a few moments, was able to direct the conversation towards his background. He took me back to his living in Europe where he was dating a woman he was in love with.

“And then, the girl that I was dating for two years—super amazing, really beautiful and nice, spoke four languages. You know, she was eastern European and was all about *always being strong*. And right before I left [for an extended period of time], you know, I was... I was showing a little bit of emotion. And then [flippantly] she said this thing to me, like, oh you know, ‘You just...you should just try to be strong’ and everything.”

Kyle then broke down and started crying during our interview.

Kyle describes himself as having anxiety, yet not recognizing the source of it. Working on Wall Street, where “it was all about the numbers,” enabled him to “be like, ‘Oh, I don’t like *that* feeling—push it away, don’t think about it, don’t feel it.’” Some of this behavior likely stemmed from his relationship with his mother growing up.

My mom was always crying growing up, so I’ve always been very sensitive to emotion. I never liked it when girls were crying, I didn’t like seeing that emotion.

⁵⁶ “Narrators can... use the second personal pronoun, *you*, to diffuse responsibility by maintaining that any reasonable listener would perceive things in the same way and feel the same way about them” (Bischoping & Gazso 2016: 34).

Somewhat ironically, Kyle came to the retreat quite unprepared for addressing emotional difficulties, and instead he took the retreat's advice to relax and have positive thoughts as suggesting he should disallow any negative emotions to surface. He felt that engaging in pure positivity was the best way to prepare for his psychedelic-assisted therapy. Because of this, the Introduction Circle—with its vulnerability displays and its emotional climate—was quite a shocking ritual for Kyle and was something he was surely ill-prepared to appreciate.

[I was practicing] having peaceful thoughts the week before... And you know, I followed the plan and everything. And then we get here (to the retreat) and [during the Introduction Circle] I'm like literally hearing [from others] the worst things I've ever heard in my life. I mean, this was like, *crazy* stuff. I mean, this woman was raped repeatedly by her dad and put in, like, a dungeon. I mean, basically it was *the craziest* stuff I've ever heard. And I actually was a little angry, [thinking] 'How is this going to help me relax for [the psychedelic dose]?'

While it is understandable that hearing such stories might be difficult for some—if not most people—Kyle feels he may have been especially triggered by this event due to his history with his mother, who suffered her own form of chronic mental distress which was emotionally taxing for him to cope with, particularly during his early, formative years. In consistently dealing with the unpredictable, emotionally difficult relationship he had with his mother, Kyle believes he developed a trauma-based relational repertoire, which made it difficult for him to feel and express emotions, notably in intimate relationships with women. The irony, however, lies in the fact that while Kyle felt “at a crossroads” after experiencing several significant life changes in just a few months, Kyle didn't show up to Jamaica specifically intending to resolve issues related to how he experiences, expresses, and confronts others', emotions.

[At the beginning] during introductions, I couldn't even open my mouth [to speak]...

[But] once [the Lead Therapist] got me to open up, it was kind of like a theme. I was pretty much just crying a lot—the whole week.

One of the notable takeaways for Kyle is how he learned how to feel, understand, and convey his emotions. Due to his mother's "always crying growing up," he was unable throughout much of his life to be proximally close to people expressing emotions—particularly women. This made it difficult for him to find and continue intimate relationships with women, because if they cried, he would have to leave them, he told me.

Now that I'm studying the CBT, it's kind of like a form of exposure and... facing the fear—that I didn't like when girls cried. And growing up, whenever a girl started crying when we were dating, I immediately stopped going out with them. I just always... I didn't like that. I didn't want a girl that started whining and crying and being really fragile. And that's probably why I liked that Eastern European girl, because she was very strong or whatever.

And then by the time we got to the third dose, the woman was literally reliving her story (in the mushrooms space and then verbally to the Integration Circle) and it wasn't even affecting me. So it went from [me] not even being able to talk because it was affecting me so emotionally, to, by the time I was on my third dose, I could have a good conversation without internalizing all that was going on. So it was kind of weird like, I don't know how you describe it. I don't feel like I had these classic [psychedelic] experiences. They were more like, these *interpersonal, feedback* things going on.

Kyle attributes much of this to his “therapeutic relationship” with the Lead Therapist and an additional facilitator, who he felt were comforting, accepting, compassionate interlocutors. Kyle found himself a bit upset at not seeing visuals or having one of the wild experiences he’d read about, but, he said, “You know what they say: You don’t get what you want, you get what you need,” referring to the psychedelic mantra proffered on retreat.

Yeah, maybe that’s something I needed. I needed to get over [and accept] being vulnerable and showing emotions in front of people, and then [also] not allow other people’s emotions to affect me so much. Yeah, maybe that’s what I needed.

Due to his continuing integration practices, which then consisted of reading self-help and psychology literature,

It’s totally opened [new] ways of looking at things, and I’m much more aware of my emotions now. Now it’s like, no, you have to face the fear that’s bothering you. Like, if you start feeling anxious—you start feeling that sensation in your chest—I journal now and try to figure out, you know what’s actually causing that—what is the upsetting event that’s causing me to feel anxious.

While recognizing emotions is quite a positive evolution for Kyle as he acknowledges it, he’s gone even further than that.

Once I figure out what the upsetting event is, I try and ask myself, you know, ‘What’s actually good about that?’ Maybe it’s showing me that I really care, or don’t care, about [a certain occurrence]. And usually there’s things you can do about it, whether talking to someone or sometimes its actually about doing things you’re afraid of.

Kyle also attributes his growth to the emotional climate of the retreat setting.

The crazy thing is that during the integration sessions, the guy who hadn't cried in years was *constantly crying*. I feel like I was the biggest crier. Like a lot of people there, they had been seeing therapists for years. So to me, being in that environment maybe did help me. And I'd say, that's a recurring thing – the fact that I was willing to cry in front of all these other people, that was really important.

Overall, Kyle compliments the retreat culture and the interactive environment as being the most significant aspect of his retreat experience.

I feel like all my takeaways were interpersonal. They all kind of involved these interactions I had... It's totally opened [new] ways of looking at things, and I'm much more aware of my emotions now.

As we can see in this story of Kyle, several important topics appear that mirror the aforementioned broader themes on retreat, such as slowly opening up to the emotion culture and learning to show and express emotions. One aspect of Kyle's narrative that is unique, however, is the way in which he describes the therapeutic efficacy of the retreat being the product of *solely* the relational environment. Rather than the "classic psychedelic experiences" he had heard about, it was more of the "interpersonal" environment and the "feedback" he got from others. In this sense, Kyle's "healing ratio," as Jill suggested, leaned much more in the opposite direction for him, which was something completely surprising to him (though he recognized in the end, of course, that you "get what you're supposed to get" from the mushrooms overall). Thus, having arrived on retreat anxious and sensitive, as he puts it, and feeling shame and stigmatized for previously expressing emotions (especially in the story of his ex-girlfriend's degrading him—a moment that significantly impacted Kyle's life course), now he describes himself as "much more aware of my emotions now." And he attributes this to the retreat culture and the overall

interpersonal atmosphere, stating “being in that environment maybe did help me... the fact that I was willing to cry in front of all these other people, that was really important.” Gladly, he suggests that his experience “totally opened [new] ways of looking at things,” reporting that he is doing much better now. In the end, “all [his] takeaways were interpersonal,” he claims, suggesting that for Kyle, self-transformation came through the collective.

8.2.2 Connection Unforeseen: Miles’ Journey Unworking Racism through Bonding and Love

Miles is a 58-year-old African American male who has been through, as he describes it, a 25-year-long writer’s block. Having attended New York University’s writing program, Miles excelled and felt as if he was on “creativity overdrive.” But at some point, he burnt out, and never again found himself capable of moving beyond his “self-judgment and perfectionism.” After having witnessed Gwyneth Paltrow’s *Gooplab* episode on psychedelic healing, he decided to give the experience a try. He did so as a means of attempting to resolve his writer’s block, which he sums up to “anxiety.” Miles is also a student of quantum physics, and so part of his excitement about using psychedelics in an introspective environment was “seeing into the quantum,” as he puts it. “Seeing what that might look like.”

When Miles got to Jamaica, he really felt at home, as the island environment put him at ease and reflected what it is when he thinks of a “vacation.” He also found that he really “loved” meeting and interacting with others because he felt that the staff created an environment where people could be “utterly authentic.” However, as he began to further explain his appreciation of the social dynamics, Miles began to tell me an interesting story about “another gentlemen there.”

This guy [is] white, I'm black. He was coming out of [a background] of people who were really entrenched with Trump and violence, and he wanted to move away from it. And we had this really interesting rapport. I don't really want to talk about *his* stuff... It was interesting to have a white guy and a black guy that were meeting in the middle of this idea of healing ourselves, and coming out of these disparate cultures that are clashing. But he was moving out of what I would call the more violent, extreme culture [of Trump-supporters]. I'm jumping ahead here a bit... But on our third trip, he was behind me, and we were blindfolded. And I could feel energy coming off of him. And I would catch it (both arms raised over his head then falling into his chest) and then throw it into the ocean. The facilitators were saying that he was going like this (raising his hands over his head, as if throwing something) and I was catching it. And so it was this amazing like, expansive... being literally in the quantum—which is what I'd heard about. We were all connecting in this kind of really strange way *with blindfolds on*. So it almost felt like... You know, you're in the trip space so, what is real? But at least it was verified by the facilitators that I kept feeling like we were doing this deep healing. And obviously, I can dramatize it, but it felt like we were moving the axis of the earth a little bit in terms of love and healing—[this idea like] let peace begin with me.

At this point Miles began to describe other, unrelated aspects of his story, until picking it up again.

So going back to that one guy... He looked at me [under the influence of psilocybin] and he said, 'Can I touch your skin?' And I said, 'Sure, you can touch my skin.' And he just started to massage my back and touch my skin... I'm a writer, so as a writer I thought... that's a very interesting insight about someone who doesn't have the kind of *machinery*

of power—*of being vulnerable*—to get to the other side of what I could expect to be... this kind of dynamic between love and hate in human beings, like he could go right to this... touching me, and then it could be just finished (hold his hands together and then separating them quickly). Like [he could go from] kind of demonizing me and then... It was a key moment in my play (that he's currently writing).

I asked Miles, "You understood that... gesture (the touching and rubbing of the back) as *kind* and *warm* by him?" Miles responded,

It was a combination of kind and warm. Because I know [initially] when he and I were talking, he could like, never land in my eyes. His eyes were always darting around... But going back, it was just a very interesting moment between *men*—that another guy, you know, wanted to touch my skin in that way without it being violent. And at one point during our third trip, I hugged him, and he cradled me.

I responded, "Did you feel accepted by him from [the beginning]?" Yeah," he said.

This is what I thought about him. He was working through... He was coming down from antidepressants, and I do not know what it's like to be on antidepressants for a long period of time. [But] I saw him wanting to connect with me, but not feeling completely comfortable in doing it... until that moment (when he rubbed Miles back).

I asked him to elaborate.

I felt like he was a very sweet guy that... had a bunch of friends that were more bullying in nature, and that he found that, you know, whatever political persuasion they were in, that they were ready to take up guns if Trump didn't get reelected. And so he said that he

started to move away from those guys. But I think politically he is a little more ecumenical, egalitarian, you know.

As the story unfolded, Miles said that as the week went on this person felt increasingly comfortable to express himself and share with others his background and how he wanted it to be different in the future. During this process he also became more relaxed and was able to express himself and get to know the other guests on a deeper level. Miles' relationship with him, Miles told me,

definitely had an arc, because when we left each other at the airport, tears came to his [the man's] eyes. And he said something like, that 'I saw him' (as in, Miles saw the *truth* about, or the *real* him).

Since the retreat ended, Miles says that this person stopped responding to the group's WhatsApp channel, but that the conversation he and I were having has made him really consider reaching back out to the person "to see how he's doing, you know."

Later on in the conversation, Miles summarized it as a "weird form of 'bromance,' that gets broken in adulthood because men do not have intimate access to each other in that manner. At one point during the retreat week, Miles described himself and the man hugging each other—something Miles felt was likely more or less an unacceptable form of behavior in terms of the man's everyday life. Now, Miles is incorporating this experience—at least its symbolism—into a new play that he is writing.

That's what my play is about. My play is about what happens when you're wounded as a child. And I think racism comes out of that, believe it not. I mean, you can look at the economic stuff, but when you're wounded as a child by your parents and you don't feel

safe, that gets projected out. Because, the neurotic is looking for valor or some grandiosity somehow. And, you know, to have power over someone else—even in your imagination—it’s kind of a neurotic’s way of power. So I’m less distracted by [hearing] someone’s racist. I know right away that they have a broken childhood, somewhere. So I jump out of the typical [over]reaction and [responding instead, calmly], because I see what that is.

This, Miles says, is the product of the psychedelics, the quantum, and his personal experiences.

Race has only just begun to be studied as a variable in psychedelic science and therapy (Williams et al. 2021), making the story of Miles and his counterpart particularly interesting. One of the more interesting aspects of Mile’s theory is that it represents a direct similarity with the language of treatment on the retreat, and the theory of mental distress. Simply put, Miles suggests that a “broken childhood” or mistreatment by parents results in a form of “wounding” and a perpetual perception of unsafety. The projection of this feeling becomes one of lack, and thus the desire to fulfil that through obtaining power over someone else—through “valor” or “grandiosity.” Racism, Miles suggests, is but one product of such wounding. And while it is outside the scope of this research and the attendant data to infer what it was Mile’s retreat colleague was undergoing, throughout the course of the week Miles does suggest that the former became much closer to, and curious about, Miles.

Overall, Miles’s narrative is fascinating in a variety of ways, not least in the sense that we can derive yet another example of the interesting, therapeutic dynamics on offer in intersubjective psychedelic healing. By engaging with others on retreat and building intimate relationships, individuals who might come from distinct cultural (or racial) backgrounds find commonalities that overshadow their differences. In this story, not only was Miles able to see the

humanity in his retreat companion—even if it was in many ways a troubled (and at times *troubling*) humanity to recognize—but the opposite was acknowledged as well, in that the companion was able to identify *Miles*’s humanity. In the end, self-transformation was achieved *through the other*—both for Miles as well as the other guest on retreat.

8.4 The “Chains” of Collective Self-Transformation through Psychedelic Interaction

Rituals: An Evolved Theory of “Collective” Integration and Healing

In this chapter, I have set aside the individualized analysis of psychedelic therapy described in Chapter 7 to illustrate how retreat participants narrate the impact that other guests have on them in their healing and self-transformation. In this section, I will return to the overarching theoretical framework of this dissertation—Collins’s (2004) Interaction Ritual Chain theory—to analyze and theorize self-transformation, engaged collectively, through *an evolved theory of “collective” integration*. The question I have heretofore attempted to answer in this chapter is: *How is it that intersubjectivity on retreat impacts positive self-transformation and healing, and how can we theorize this via IRC theory?* As I discussed at the outset of this chapter, and in myriad instances throughout this dissertation, the psychedelic-assisted *therapy* retreat attracts mainly individuals looking to resolve treatment-resistant forms of mental distress, as prior orthodox therapies have failed. As scholars have suggested, Collins’ (2004) theory is best updated for dealing with mental health/distress concerns by considering both positively *and* negatively valenced emotions—that is, rather than simply *high* or *low* EE, positive and negative EE (+EE/-EE). In light of this theoretical framework, therefore, a revised version of this chapter’s research question would be: *In what ways can we consider group-based therapy as initiating a transformation from -EE to +EE, from unsuccessful rituals to successful rituals?* We

have seen in this chapter myriad positive reflections on the retreat experience, particularly as sociality, connection, and emotional bonding is concerned. Here I would like to discuss these empirical phenomena to better understand positive self-transformation and healing *collectively* through IRC theory.

As Collins has shown, culture—or interaction rituals—impacts upon biography via the “chains” of successful encounters. EE is built up, solidarity is experienced with others, and the outcome is “a feeling of confidence, elation, strength, enthusiasm, and initiative in taking action” (Collins 2004: 49). Simply put, positive interactions, like those found on retreat and exhibited throughout this dissertation, leave individuals feeling emotionally and socially connected. Hence, these are “positive” emotional experiences. But Collins’ theory is also a “full-scale social psychology, not only of emotions and situational behavior, but of cognition” due to its idea not only of EE, but of the internalization and circulation of symbolic objects. As described in Chapter 2, whereas rituals enable *first-order creation* of symbols, and *second order circulation* of symbols takes place through interaction, *third-order circulation* of symbols takes place in the minds—described as the “solitary rituals,” or the psychological and behavioral repertoires—of IR participants. Likewise, Turner and Stets (2005) suggest the interaction ritual experience—the creation and circulation of symbolic objects—creates for the group a type of *intimate knowledge* that is wrapped in symbolic object and, moral boundaries and excluded from outsiders. It is a form of “particularized cultural capital” created by the group and held by group members: “the words, special knowledge, speech patterns, objects, memories, experiences, and other things that only members of the group have shared” (Turner & Stets 2005: 80). Thus, on retreat, it is not *simply* the psychedelic introspective journeys that generate the symbolic objects that become *internalized*, nor only the +EE (particularly important consider the theory of retreat guests’

arrival with -EE); it is also the myriad instances of intersubjectivity and culture in retreat life—e.g., emotion culture and language of therapy (described in Chapter 5 and 6); social and emotional connection and solidarity; memories of sharing intimate details and caring for others, etc.—that provides cognitive and therapeutic toolkits, the *particularized cultural capital*, for guests to internalize and utilize in their post-retreat lives. It is, in other words, the production of a new self that comes into existence based on the internalization of the meaning structures of psychedelic culture. This is the reason that, I argue, it is imperative to forge an *evolved theory of collective integration*.

The use of psychedelics in collective contexts in Indigenous traditions has taken place for centuries, but in Western contexts, group therapy has rarely been studied outside clinical backgrounds (Trope et al. 2019).⁵⁷ In this dissertation, particularly in Chapter 6, we have seen how psychedelic “integration” work—the practice of being mindful of and installing the lessons learned via psychedelic consciousness into everyday life—is a significant component of the psychedelic therapeutic process. Yet by understanding the role played by collectivity and EE on retreat and its efficacy in self-transformation and healing, we can now use IRC theory to proffer an *evolved conception of collective psychedelic integration for group-based settings*. Rather than being the focus *purely* of psychedelic consciousness—where “direct experiences of previously unconscious memories, thoughts, tensions, and emotions enter into our conscious mind allowing us the opportunity to process and integrate them into the wholeness of our psyche and life” (Bourzat & Hunter 2019: 42)—integration work can be *more broadly* conceptualized as the implementing of *all* the components of the collective psychedelic retreat and the cultural set and

⁵⁷ For anthropological studies on other forms of psychedelic collective experiences, see Dobkin de Rios (1972) and Labate and Cavnar (2014, 2016).

setting—the lessons, ritual norms and values, symbolic objects, particularized cultural capital, and the experience of EE—learned and felt on the retreat. In other words, after a weeklong retreat it is hard to decipher the difference between those lessons learned from psychedelics and those learned throughout the rest of the formal and informal rituals—that is, as part and parcel to the very cultural structure of the retreat itself. Many research participants expressed attempting to “integrate” all sorts of newly considered practices into their everyday life upon returning home.

For example, Adrian describes this process briefly:

But once you start talking deeply [about your emotions], it’s very easy—it’s much easier than you thought. And then that translates into other aspects of your life. So *that* (the retreat culture, learning to share emotions and talk) made it easier to talk to my sister [about important emotional, biographical, and familial subjects].

While this brief narrative shows that for Adrian, it is clear that the development of this new emotional repertoire becomes easier to express as time goes on, particularly as he integrates such wisdom into his daily life, this entire chapter has been concerned with showcasing the impact that others have on self-transformation. This was particularly the case with the section entitled “Keeping in Touch,” which focused on the long-lasting connections and relationships made on retreat that continue to impact retreat guests long after they return home. It is also through keeping in touch post-retreat that we can get a sense of just how “successful” the retreat rituals are, in that they perpetuate further interaction—the circulation of symbolic objects and +EE—long after the retreat’s end.

It is important here to recall Richards’ words “that the benefits of a well-planned psychedelic experience come not from the substance itself, but rather from the integration of the *enduring*

memories of the particular states of consciousness that were experienced during the period of drug action” (Richards 2015: 19; italics added). Here, *understanding the notion of “integration of the enduring memories”* through the lens of IRC theory alongside this dissertation’s interview data, we can comprehend integration as containing not purely psychedelic experiences, but also the impact that the collective—that is, relationships, shared experiences, and social and emotional solidarity—have as well. In Collins’s framework, memories, while generally conceived of as simple recollections, are rather entrenched in emotions, morals, and symbolic objects. Integration, from this perspective, is not then only about psychedelic experiences, but about intersubjectivity, display and feeling rules, emotion culture, and particularized cultural capital. It is these products of successful rituals that continue to exist beyond the moments of formal rituals, that contribute to time/space connection of symbolic group membership—the *chains* of interaction rituals, and what I have shown to be the particularized cultural capital that will remain “internalized” and “integrated” post-retreat.

To use another example, Collins’ notion of *thinking* is important to discuss briefly here in terms of integration of retreat and psychedelic culture. For Collins and Mead, thinking is an internal conversation built up and surrounded by IR chains, of which are derived conceptions of the “me” and the “generalized other,” as I have shown. This “full-scale social psychology” thus enables us to consider how the internalization of cultural and collective experiences—EE, symbolic objects, memorable events—takes place and directs future thoughts and behaviors. In other words, the components of integrative processes post-retreat are not just reliant upon psychedelic introspection and autognosis but are part and parcel to collective and “successful” rituals. Thinking—and its cognitive and behavioral concomitants—is the product of the internalization and *circulation* of symbolic objects, those of which are derived from and

perpetuated after the collective healing experience throughout the week. In a similar manner, as Summers-Effler (2002: 51) has written, creating personal (and social) change means developing a “collective identity” with an “emotional energy... strong enough to change the generalized other so that that balance of rewards shifts, and new thoughts can be thought without threat to the internal solidarity of the self.” Thus, Collin’s notion of thinking aside, it is the reflection upon the community that one becomes a part of, and the identification with that community, that then enables a transference of energy from past to future understandings of the self—from individualized and -EE to collectivized and +EE. This, theoretically speaking, elucidates the importance of not only establishing community and successful rituals while on retreat, but in *keeping those rituals alive* post-retreat as so many guests do.

The nature of this form of collective integration—of self-transformation via the broader psychedelic culture and collective of therapy retreats—can be explained further through reference to prior literature. For example, self-transformation can be considered a process of engagement in a series of *successful* interaction rituals distinct from, and healthier than, one’s aggregate of prior rituals, particularly those “unsuccessful” rituals that lead towards -EE, unhealthy conceptualizations of “me” and the “generalized other,” and particularized cultural capital that generate unhealthy psychological and behavioral repertoires. One of the ways this transformation takes place on retreat is through the importance of *emotions*. Hochschild has shown how when individuals give effort to expressing (or *changing*) particular emotions, subjective reports of altered psychosomatic sensations can be achieved (1983; see also Summers-Effler 2002). As I have shown in Chapter 5 with the creation of an emotion culture with particular framings of feeling and display rules that result in people learning about, feeling, and expressing emotions, successful rituals in these circumstances lend people not only +EE, but the

particularized cultural capital to *integrate* these behavioral norms post-retreat. As well, Snow et al. (1986) have described how shifts in *framing* can contribute to worldviews with novel meanings systems attached. These framing shifts can be collectively generated and administered—as I have shown—through successful interaction rituals on retreat. The sum result of such rituals, therefore, as I have shown in Chapters 5-7 and in this chapter, is that of the sacred objects: self-transformation—with or *without* psychedelics—via collectivity. As Summers-Effler says through the lens of Durkheim,

The experience of solidarity can transform feelings of shame, depression, and anger into feelings of hope and willingness to initiate resistance activity. In weighing opportunities for maximizing emotional energy against risks to emotional energy, the experience of group solidarity can create enough emotional energy to inspire people to willingly take risks for the purpose of creating change. Consciousness and the willingness to take risks for change happen in groups of two or more with access to enough emotional energy to create hope” (Summers-Effler 2002: 55).

By enabling guests “to generate new cognitive frames for interpreting their experience,” on retreat there is both an “institutional inertia” (Summers-Effler 2002) *and* the EE and particularized cultural capital derived from the group in generating and perpetuating change and healing. This, in other words, is what the theory of integration needs to consider—it is these collective and culturally generated symbolic objects that, in addition to psychedelic introspection and autognosis, make the retreat, and its collectivity, an important place for the resolution of trauma and mental distress. By “integrating” not just memories but emotions, EE, and symbolic objects into daily life, the meaning structures of the collective—of the overarching psychedelic

culture, the cultural structure on retreat, and the myriad formal and informal IRs—can come into existence in the transformed self.

Summary

In this final chapter I have focused particularly on data and theoretical analyses of individual narratives on the impact the social and cultural environment had on their wellbeing—or what I have otherwise called *collective* self-transformation and healing. I have done so by exhibiting a variety of distinct retreat guest narratives that illustrate how +EE *and* the *internalization* and *circulation* of symbolic objects—collectivity, emotional and social bonding, retreat culture, memories—can be seen as impacting guests’ lives and as facilitating positive mental health transformations. In the final section of this chapter, I described how by using an *evolved* conception of psychedelic integration we can better theorize the impact of intersubjectivity in psychedelic therapy. By *integrating* each aspect of the retreat—not just psychedelic consciousness, but all the components of retreat culture and successful interaction rituals—guests, as described in each narrative presented, continue to *feel* the impact of and increase their chances of engaging in self-transformation and healing *collectively*. This is *the* significant feature of psychedelic-assisted therapy in group contexts—the ability to mutually engage in the healing process together, and the innumerable benefits that brings.

CHAPTER 9: CONCLUSION

This dissertation has been concerned with psychedelic culture and its therapeutic application in group-based contexts. Psychedelic science and psychedelic studies are nascent in the 21st century, despite having a detailed history going back to the mid-20th century in Western societies and thousands of years in Indigenous cultures. While substances like psilocybin—the focus of this research—and other “classic” psychedelic drugs (and MDMA) are receiving mainstream interest and generating billions of dollars in industry money as predictions of continued legalization and medicalization abound, this dissertation has sought to bring sociological and social-psychological analyses to myriad important research questions. It did so not only by investigating research subjects’ experiences with psychedelic-assisted therapy from a much needed qualitative, interpretivist standpoint, but by focusing on the *collective* dynamics of group therapy retreats and their impact on healing and self-transformation. This research has thus striven to extend the scientific knowledge of the field of psychedelic science in its providing both interpretivist and social evaluations together in an examination of psychedelic-assisted group therapy retreats. In this Conclusion chapter, I will reevaluate the research questions and objectives, highlight notable themes and findings, discuss the limitations of this study, and posit future research directions for the social sciences of psychedelic culture and therapy.

9.1 Research Questions and Objectives Revisited

This dissertation addressed the following question: *How are “healing” and self-transformation defined and achieved in psychedelic therapy culture, and to what extent are they impacted by intersubjective dynamics?* Several broad objectives were posited on behalf of this research

questions, such as understanding and analyzing: psychedelic culture and its therapeutic application; the role of interaction, culture, and power on psychedelic retreats (framed as a therapeutic community); the applicability of using Interaction Ritual Chain (IRC) theory to analyze intersubjective dynamics on retreat; the impact social and cultural contexts have on drug use and experiences (i.e., “cultural set and setting”); and the subjective and collective experiences of retreat guests from the perspective of healing and self-transformation.

These research objectives served to guide a broad review of the literature: from culture, symbolic interactionism/social psychology, to drug use, effects, and experiences, and to the cultural structure and collective impact on healing in therapeutic communities. I have used symbolic interactionism—namely Collins’s (2004) Interaction Ritual Chain theory—as the grounding theoretical framework of this study. In the vein of Goffman (1967), Collins (2004), and the important work by Clarke (2015), I have foregrounded the “situation” as opposed to reifying the individual on retreat. This tradition of studying social interaction is important as it conceives an analysis of the role of emotions in wellness, which is of particular significance in mental health research. As well, these objectives became broader as time went on and as I found myself in a position to do participant observation via autoethnographic methods. This experience instantiated the necessity of understanding the retreat as a therapeutic community, which I reviewed in Chapter 5 and used as an analytical framework for understanding culture, power, interaction, and the role of the community in therapeutic transformation.

In terms of methodology, I have combined autoethnography and narrative analysis of in-depth interviews as a means of understanding, analyzing, and explaining the impact micro-level social phenomena on a psychedelic-assisted group retreat had on retreat guests’ subjective experiences of resolving treatment-resistant mental distress. While I have used IRC theory in the

final analysis of these empirical data, I have attempted to leave the stories unadulterated in the main text as best I could.

9.2 Summary of Findings

In furthering extant scientific literature from both the 20th and 21st centuries in Western countries, this study finds that psychedelic-assisted therapy can be an efficacious modality for assisting in the “healing” of mental distress. Specifically, this research focused on subjective assessments of the effectiveness of psychedelic mushrooms on alleviating chronic, treatment-resistant forms of distress and trauma. In interviews with 16 persons (not all of which were presented in this dissertation), each described many positive impacts of psychedelic therapy on their lives and in distress- and trauma-reduction. Of particular importance, however, it was found that intersubjectivity—the social and cultural contexts of retreat life, and the cultural set and setting—plays a substantial role in positive therapeutic outcomes for participants of psychedelic-assisted therapy. This finding is critical considering the lack of scientific data from social and medical sciences pertaining to how sociality impacts wellbeing in psychedelic therapy. Several notable themes relating to empirical data and theoretical analyses were outlined in this dissertation.

9.2.1 Collective Psychedelic Therapy and Psychedelic Retreats: Thinking of Therapeutic Communities

This study has found that retreat *culture* and its attendant *interaction rituals* (IRs) are a significant feature of healing in psychedelic therapy. It can be suggested that innumerable factors

matter in developing and perpetuating retreat culture, or specifically as I have shown in this study, “channeling” and “directing” IRs on retreat. One of the overarching findings of this research is that the development of rituals based on collectivity, emotionality (“emotion culture”), the power or authority of retreat staff, and the particular therapeutic philosophy can bring guests together in solidarity and begin the healing process *prior to*, and thus as distinct from (though intertwined with), the use of psychedelic drugs. In this sense, psychedelic-assisted therapy retreats, when organized like a therapeutic community, can enable healing on numerous levels. This can happen by teaching healthier psychological, emotional, and behavioral repertoires (“particularized cultural capital”); enabling guests to feel safe and cared for by staff (therapeutic alliance) and connected to and inspired by their fellow guests (social and emotional solidarity); and thus by empowering the community to serve as an important healing component of the overarching retreat, of which, notably, psychedelics are only one aspect. In this sense, this study advances the literature on therapeutic communities (Rapoport 1960; Roberts 1977; Haigh 2015; Wiley 1991; Francis 1997; Bloor et al. 1988; Goffman 1961; Denzin 1993) by including within its scope psychedelic-assisted therapy retreats. In future studies, psychedelic science and studies can recognize the import of framing retreats as therapeutic communities and should pay attention to the various therapeutic protocols laid out in this dissertation.

Like therapeutic communities, retreats develop beliefs and theories around distress and healing, emotional display and feeling rules, and power dynamics, all of which can aid in self-transformation for guests. The theory of “emotion culture” (Hochschild 1979, 2012 [1983]) was used to describe some of these dynamics and has yet to be used as a framework inside therapeutic communities to my knowledge. As well, IRC theory, aside from Clarke’s (2015; see also Clarke & Waring 2018) research, has not been used widely in mental health settings, and

this dissertation shows that it can be a useful theoretical framework for articulating the importance of culture, emotions, and social solidarity in therapeutic settings. Though in a separate vein this study has also shown the negative impact social boundaries, power relations, and their intertwining with culture can have—particularly when sacred objects are not paid deference (see Chapter 5). Overall, these findings of therapeutic efficacy via interaction rituals and the normative demands of the “situation” replicate the findings and theoretical advancements of past studies (Goffman 1967; Collins 2004).

As well, this research has suggested that staff credentials, experience, and a caring demeanor contribute to guests’ feeling safe, comfortable, and cared for—significant features of therapeutic outcomes and the more general therapeutic alliance. This study therefore contributes to research on the impact of therapeutic alliance in orthodox therapy (Horvath & Greenberg 1989; Horvath et al. 1993) and in psychedelic-assisted therapy (Garcia-Romeu & Richards 2018; Grinspoon & Bakalar 1986; Carhart-Harris et al. 2018; Watts et al. 2017).

9.2.2 Cultural Set and Setting: Understanding and Engaging in the Therapeutic Use of Psychedelics

This research has also focused on the impact that “extrapharmacological” factors—set and setting, or *cultural set and setting*—play in drug use, effects, and experiences. As discussed throughout this dissertation, Becker (1953) studied these aspects of drug use and experience long ago, and psychedelic culture has developed its own forms of analysis in the concept “set and setting.” This dissertation has contributed and broadened that knowledgebase by showcasing and analyzing the various features of *cultural set and setting*—building on Hartogsohn’s (2020)

concept—in psychedelic culture as it pertains to therapeutic application. For example, I have described in detail how psychedelic culture borrows from theories in psychotherapy, psychology, and trauma studies to understand and explain mental distress and trauma and their resolution. As I have shown in this study, the sociocultural context of drug taking on retreat—the cultural set and setting—contains insight into psychedelic culture in its therapeutic application: from the “therapeutic route” of going internal (the use of eyeshades and particular kinds of music); preparing one’s mindset to focus psychedelic consciousness on childhood or family matters and in using a childhood meditation to do so; learning strategies for generating the courage to undergo “challenging” trips, or in learning to have compassion for the “inner child;” or using specific framings of psychedelic journeys—the cultural set and setting is a complicated, intersubjectivity, dynamic, and highly impactful series of events that begins at the retreat outset and continue until it finishes. I have used and found fruitful IRC theory as a means of understanding the ways micro-dynamics influence a broader cultural structure, and hence the cultural set and setting, on retreat.

The cultural set and setting does not begin and end with the retreat, however. Many of these knowledges, concepts, and theories of healing were used by guests to narrativize their autobiographies and life course and explain their pain and healing trajectories *after* the retreat. Cultural set and setting is also *collectivized* on psychedelic retreats, thus bringing together guests in shared experiences and stories, both of psychedelic consciousness and of retreat rituals in general. As well, cultural set and setting contains myriad influences by retreat staff onto guests, again both in and out of psychedelic therapy specifically. In this sense, cultural set and setting contributes not only to drug use and effects, but to narrative healing and self-transformation—

this as part of psychedelic culture broadly. It is, in other words, a true *subcultural membership* to some extent, discussed next.

9.2.3 Narratives of Healing and Self-Transformation in Psychedelic Culture

While it is important to understand the impact of sociality and culture on drug use and, notably, drug effects and experiences—as laid out in Chapters 2, 7, and 8—focusing specifically on individual narratives in psychedelic healing in Chapter 7 and situating them as analytically separate from narratives of collective healing in Chapter 8, revealed significant insight into the subjective experiences of psychedelic-assisted therapy. Through conceptual frameworks outlined in Chapters 5 and 6—made possible by autoethnographic methods—I was able to better understand, analyze, and explain people’s biographies, mental distress and trauma narratives, and psychedelic healing experiences, and situate those experiences within an overarching culture of psychedelics, psychedelic therapy, and psychedelic retreats. While I have refrained from reifying the individual throughout this dissertation, these stories brought valuable awareness of the challenges people endure when orthodox medicine fails to resolve mental health problems, and how “turning points” (Giddens 1991) come about. It also showcases the thought processes and cultural phenomena that take shape and enable, or direct people towards, the (often forced) choice of using alternative medicines.

One of the predominant research questions of this dissertation concerned conceptions of the self, self-transformation, and healing in psychedelic culture. As I have shown in Chapter 7 with the stories of Carrie, Annie, and Beth, psychedelics can be effective mediums for exploring past experiences and evoking traumatic encounters, hidden memories, and emotions. Through

these experiences individuals each found the ability to move forward in improved ways, whether through changing their perspectives, diagnoses, or self-narratives, utilizing improved psychological, behavioral, or emotional repertoires (some of which is the product of the retreat culture), or changing how they operate in relationships—whether with the self, others, or the “generalized other.” For these three individuals, mushrooms were a welcomed journey towards healing and self-transformation, even if they were not a “magic bullet” in the end.

This dissertation has found, therefore, that self-transformation and healing in psychedelic culture have to do in large part with *emotions*—feeling, understanding, evoking, describing, and *releasing* emotions (i.e., cathartic release). In this cultural conception, emotions are in some ways considered one of the foundations of mental distress and trauma, and individuals suffering from past traumatic experiences oftentimes find themselves emotionally “numb” or “avoidant.” Psychedelics, therefore, and the emotion culture structuring retreat processes and rituals, are intended to enable participants to transform and heal through resolving, or uncovering emotional distress, and finding new ways to relate to emotions. The emotion culture therefore operates as a collective influence, and the psychedelic therapy, though in many ways collectively influenced, is an idiosyncratic journey towards wellness. The impact of *collective* psychedelic therapy is therefore twofold.

Of course, self-transformation also entails reflecting on and possibly changing one’s psychological and behavioral (and emotional) repertoires. When introspective or autognostic psychedelic trips are experienced, they reveal ways in which the self consists of patterned actions. Self-transformation, in this sense, consists of reconsidering and adjusting such repetitious repertoires in light of healthier ones, broadly concerned. Overall, on therapeutic retreats, and in psychedelic culture broadly (as per the theories of mental distress, trauma, and

healing), the distressed or traumatized self is considered a *process*—rather than a *victimized* and unchanging self, the self is growth-oriented and constantly evolving. It is this evolving self that comes to take precedence in narrative autobiography, where individuals become actively involved in the creation of their narratives and selves (Kimura 2008; Butler 1993; McAdams 1985, 2001). As I will show next, part of this process of self-transformation via autobiographical narrative comes from the community of psychedelic therapy users.

9.2.4 Narratives of Collective Healing and Self-Transformation in Group-Based Psychedelic Therapy

This study has shown in great detail the impact that community—social and emotional connection and solidarity—has on self-transformation and healing. By showcasing a number of important social dynamics of retreat life—cultural structure of the retreat, with its therapeutic philosophies, languages, and emotion culture; individual voices and the role played by the collective as a whole; why and how mixed sex/gender dynamics can be beneficial on retreat; men’s experiences on retreat as being impacted by their relationships with others, or with females; and the positive outcome emotional expression and connection have in general—this study has honed in on the numerous important variables that collective therapeutic experiences bring to psychedelic-assisted therapy. Notably as well, this research has found the importance and positive mental health impact of “keeping in touch” with co-attendees post-retreat.

This research’s data suggests that several important benefits arise when social and emotional connection persists after the retreat week ends—which I have explained through IRC theory as regenerating EE and circulating symbolic objects, or the “chains” of IRs (Collins

2004). As well, self-transformation is also a collective process through the lens of autobiographical narratives. For example, in Chapter 7 the case of Annie was explored, who—through the use of psychedelic mushrooms, therapeutic alliance, collective engagement, emotional bonding—found herself “awakened” by the experience and able to explain her life story differently—that is, in a healthier, more compassionate way. Psychedelic therapy culture, therefore, and its therapeutic application in retreat settings as this dissertation has shown, can be referred to as “narrative environments” where “autobiographical work” is considered part of the culture (DeGloma 2010, 2014; see Bischofing & Gazso 2016) and “collective identity work” is engaged (DeGloma 2011). Here, the individual and their story become tethered to a cultural or collective structure that is larger than themselves—similar to the way in which Durkheim (1995) described collective religious rites. The collective, overall, is a significant mode of healing and self-transformation in a variety of ways, as this dissertation has shown, and in so doing it contributes to knowledge of novel autobiographical narratives rooted in collective structures.

9.2.5 An Evolved Theory of “Collective” Integration

The positive impact that sociality, broadly considered, has on mental distress, general wellbeing, and feelings of and strategies for social and emotional connectedness suggests that not only are these significant components of healing in group-based psychedelic experiences, but that they should be considered in their fullest extent as part of the integration process itself. Integration—being the series of “practices” (largely construed) whereby knowledge, wisdom, and autognosis resulting from the psychedelic process are given primary therapeutic value by being implemented into daily life post-trip—is engaged in divergent ways in distinct traditions, and has been shown to be a highly important aspect of getting the most value out of the psychedelic

experience (Richards 2018). The role of intersubjectivity, broadly concerned as this dissertation has shown, is an important aspect of such, and it is necessary for all aspects of group life and successful IRs to be considered a component of integration—whether as a constituent of group-based therapy generally, or even in individualized psychedelic journeys. For an example of the latter, such would look like communicating the insight derived from the psychedelic trip to a friend or family member as a means of assisting them in keeping the integration process dynamic and energized and the psychedelic therapy user accountable. This is one example of many.

While describing integration as a collective, intersubjective dynamic is not a novel idea, what this dissertation has shown is the way in which complex, micro-level features of IRs in group-based retreat can be conceptualized, theorized, and analyzed as part of the healing process. In other words, IRC theory has illustrated the ways in which culture impacts upon the individual, who then internalizes and circulates its features into daily life in the future. This symbolic interactionist social-psychological and cultural sociological framework thus contributes to an evolved, qualitatively nuanced understanding of integration—an integration not only conceptualized by one's specific psychedelic journey, but rather the *entirety* of experiences and successful IRs of the weeklong retreat—from specific to generalized social interaction; the Emotional Energy, sense of morals and values participants are left with; the particularized cultural capital generated and disseminated by the collective; the takeaways and lessons learned about the self and the collective in both formal and informal rituals; the teachings of therapists and facilitators; the friendships made and carried into the future; to the memories and the emotions experienced and held on to post-retreat. This *evolved theory of collective integration* is cultural and intersubjective to its core.

9.3 Limitations and Future Research Directions

One limitation of this research is the bias in the sample population, of which was provided to me by the retreat staff. While I recognize this as a limitation, the sample is nonetheless important to study as at this stage in psychedelic science, studies, and the sociology of psychedelic culture and therapy, it is important to understand to what extent psychedelic therapy can be effective, how it is effective, what role intersubjectivity plays in its effectiveness, and what that looks like. In this dissertation, psychedelic therapy is not proffered as a “magic bullet,” and narratives throughout—particularly in Chapter 7—have shown how even when effective users may still experience bouts or moments of mental distress, broadly conceived. What this research *has* shown, however, is the way in which psychedelic therapy *does* work, and how. Similarly with regard to the population studied was the question of homogeneity. The majority of participants in this research were of dominant populations with regard to sexuality, gender presentation, and race/ethnicity. It will be useful in future studies to explore psychedelic healing dynamics in marginalized populations of various sorts. I am aware of some of this research being done currently, both underground and in clinical trials, for example, and this is an important avenue for upcoming studies to consider.

An important aspect of future research will also reflect *pure* ethnographic studies (as opposed to autoethnographic studies), and will be more capable of gathering data on face-to-face encounters throughout the myriad interaction rituals in collective therapeutic settings. As well, it will be important to engage in comparative studies across retreats of distinct structures, cultures, therapeutic philosophies, and rituals. Doing so will enable more fine-tuned analyses and recommendations, hopefully leading to better therapeutic outcomes in the future.

There are also important studies to be undertaken with regard to psychedelic therapists. For example: What are their lives like, how does training and credentialing work? What are their personal stories and experiences with regard to autobiographical details and the trajectory toward becoming a therapist in the field of psychedelic healing? What are the differences between, and the risks involved with, underground and legal psychedelic therapies? Because of the largely illicit nature of psychedelics during the time of this study, the vast majority of psychedelic therapy takes place clandestinely. There are plenty of research questions on this subcultural and countercultural series of phenomena.

While this dissertation was concerned with micro-level social, cultural, and psychological events in psychedelic culture and therapy, other methodologies and theories can be used to study psychedelic cultural phenomena, such as from a political-economic standpoint. For example, what are the exact social-structural forces, or what McQuaid (2005) calls a “constellation of sociological conditions... conducive to the rise of alternative medical care” (p. 286)? This research has gone some distance in better understanding that question, but there is much more to go. Another series of questions pertains to psychedelic capitalism: The psychedelic space is projected to be 11 billion dollars by 2027, and myriad questions proliferate around how for-profit and industrial models of psychedelic healing will impact equity and accessibility for those who need this form of therapy. As well, the Westernization of plant medicine traditions continues to have negative impacts on Indigenous cultures, and better understanding these processes will help shape a more equitable future for psychedelic science, studies, and therapy.

In summary, psychedelic science, psychedelic studies, and notably from the point of this researcher, *a sociology of psychedelic culture and therapy for the 21st century*, are in their

nascent stages. Future researchers have an entire canvas available to them for engaging in the scientific study of psychedelics.

9.4 Final Conclusions

In conclusion, this study has sought to understand psychedelic culture and psychedelic-assisted therapy. It did so through participant observation and autoethnography and by hearing and analyzing the stories of individuals, all of whom have suffered for years with mental health conditions that dominant therapeutic modalities could not effectively treat. While this research has found that psychedelic-assisted therapy can be a fruitful avenue for resolving mental health conditions where orthodox medicine fails, as well as for alternative means of self-exploration, it has also pointed to the positive impact that community—social connection and emotional solidarity, simply put—has on people’s healing, sense of self and wellbeing, and self-transformation. The story of psychedelic-assisted therapy, particularly in individuals with chronic, treatment-resistant conditions, is one of *perseverance*, and this study suggests that for many reasons it should be engaged *collectively*.

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APPENDIX 1

Ethics Information

In conducting this study, I adhered to the ethical regulations delineated by York University and the Faculty of Graduate Studies. I have complied with all ethical requirements. There are two major components of this research: in-depth interviews and autoethnography. Samples of the Verbal Consent Forms for each, as well as the Interview Questions used, can be found in the Appendix. In both components of this research, subjects were provided detailed information about the research outline prior to the interviews and the taking of autoethnographic notes while at the research site. As well, in both instances consent was obtained verbally, thus foregoing hard copies of signatures and maximizing subject confidentiality. Over interviews, verbal consent forms were read over Zoom; on retreat, the form was read in person. All participants are over 18, have the capacity to provide consent to participate in the research, and were told they should not feel pressure to participate. Throughout the dissertation, pseudonyms are used and any specific information that could possibly lead to subject identification was excluded.

Because of the length of interviews (many of which exceeded two hours), I had to minimize and clarify subjects' narratives in order to tell a concise yet detailed story—this is most specifically the case in Chapters 5 through 8. I have done my best to eliminate any unconceived bias emanating from my analysis and storytelling. I understand the implications of such a power relationship (Riessman 1993) and have made thorough attempts to minimize such power dynamics (Elliot 2005; Lawler 2002) and forego misrepresentation.

Due to the intimate and intense circumstances of the retreat setting, combined with the need for retreat participant anonymity and confidentiality, it was recognized by York's ethics committee and myself that engaging in ethnographic methods was too risky to study retreat participants *directly*. Thus, it was agreed that it would be more feasible to study my own reactions, feelings, thoughts, and attitudes of the overarching cultural structure and interaction experiences through *autoethnographic* methods.

APPENDIX 2

Verbal Informed Consent Form – Zoom Interviews

You are being asked to participate in this research because you have previously or are currently using psychedelic substances. The purpose of this study is to investigate the therapeutic use of psychedelic substances, and to understand the impact psychedelics have on mental distress, self-transformation, and the life course.

You will be asked to participate in an in-depth life story interview which may take between 1-2 hours and will be one-to-one between the researcher and the participant

The researcher does not encourage the use of psychedelic drugs, which are currently illegal in the United States, Canada, and most European countries. Please be aware of the legal and health risks involved with obtaining and ingesting these, or any, mind-altering substances. Additional risks may be research-related and include breaches of confidentiality, such as becoming aware of your audio interview data which may contain information about illegal activity.

This study will use Zoom to collect data, which is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). Further, while York University researchers will not collect or use IP address or other information which could link your participant to your computer or electronic devices without informing you, there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team. If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, perhaps via telephone. Please contact JarrettR@YorkU.ca for further information.

Recordings (audio/video) will be saved in a password protected file to research team members' local computer, not the cloud based service

Please note that it is the expectation that participants agree not to make any unauthorized recordings of the content of a meeting / data collection session.

To mitigate these potential risks, verbal consent forms will be stored on a password-locked hard drive in a secure location. Electronic data, such as audio files, will be stored on a password-locked laptop in a secure location. Unless you choose otherwise, all information you supply during the interview will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Aside from personal information which will be destroyed upon transcription of the interview, all data will be kept indefinitely for future analysis. Confidentiality will be provided to the fullest extent of the law.

You may experience minimal discomfort from your participation in this interview, which may entail questions about potentially sensitive topics. Your participation in this study is completely voluntary and you may choose to pause or stop the interview at any time. Your decision to not volunteer, to stop participating, or to refuse to answer any questions will not influence your

relationship to the researcher or to York University, either now or in the future. If you decide to withdraw from the study at any time, all associated data collected will be destroyed immediately. There are no direct benefits from your participation in this study. The results from this research may be beneficial to future psychedelic users and psychedelic researchers.

If you have any questions about the research or about your role in the study, please feel free to contact me at JarrettR@YorkU.ca or my supervisor, Philip Walsh at WalshP@YorkU.ca. and/or at (416)736-2100 Ext: 77999. You may also contact the Graduate Program in Sociology at GradSoci@YorkU.ca and/or at (416)736-5013.

If you could please state your name, today's date, and repeat the following: I consent to participate in the study, "Psychedelic Self-Transformation: Medical Agency in Psychedelic Culture," conducted by Jarrett Rose. I understand the nature of this project and wish to participate. I am not waiving any of my legal rights by agreeing to participate.

APPENDIX 3

Verbal Consent Form – Retreat Autoethnography

My name is Jarrett Rose, and I am a social scientist researching psychedelic therapy. The purpose of my study is to investigate the therapeutic use of psychedelic substances, and to understand the impact psychedelics have on mental distress, self-transformation, and the life course.

My research is considered an “autoethnography,” which means that I am gathering data *only* on my subjective experiences while on this retreat. The nature of your involvement in this research is minimal, but it is important that I explain to you why you are being asked to consent.

Autoethnography, while attending only to the researcher’s subjective experience, takes place within a sociocultural environment that all bystanders contribute to, no matter how minutely. Because this is a private retreat and not a public setting, it is imperative that I receive your consent for me to take notes on, and later publish (e.g., dissertation, academic articles), about my own personal experiences while in the company of you.

While there are research-related risks that include breaches of confidentiality, these will be minimized by me in a variety of ways. For one, I am not referring to or writing about any specific retreat guests, either now or later on. My research is thus on my personal subjective experience only. Further, so as to forego the possibility of outsiders gaining knowledge of your participation in this retreat, I am asking for your *verbal* consent to engage in this autoethnographical research rather than obtaining written consent. Confidentiality is of great concern to me, and will be provided to the fullest extent of the law. Your participation in this study is completely voluntary, and you may choose to stop at any time. Your decision to not agree to my collecting my personal data, or to stop participating, will not influence your relationship to the researcher or to York University, either now or in the future. There are no direct benefits from your participation in this study. The results from this research may be beneficial to future psychedelic users and psychedelic researchers.

I am by no means trying to place undue pressure upon you, and my time spent here is first and foremost my own as a private citizen, and only secondarily as a researcher. If for any reason at all you feel uncomfortable about the research that I am engaging in and would prefer I not gather data on my personal thoughts, feelings, experiences, emotions, and the quality of the therapeutic modality on offer, you can let me know at any point—either now, or in the future, publicly or privately, through whatever method of communication you deem appropriate or suitable. **In the case that someone feels uncomfortable about my research, prefers I do not gather data, or does not consent to my research, I will immediately withdraw all data collection and will destroy any and all data pertaining to the research retreat, including any notes that could be tied to clients/participants of the retreat.**

If you have any questions about the research or about your role in the study, please feel free to contact me at JarrettR@YorkU.ca or my supervisor, Philip Walsh at WalshP@YorkU.ca. and/or

at (416)736-2100 Ext: 77999. You may also contact the Graduate Program in Sociology at GradSoci@YorkU.ca and/or at (416)736-5013.

APPENDIX 4

Sample Interview Questions

1. Demographic Questions
 - a. What is your age?
 - b. How would you define your race or ethnicity?
 - c. Where do you live?
 - d. What do you do for a living?
 - e. Are you, were you, or have you recently become religious?
2. Before/Why Psychedelics
 - a. What has been your history or experience with mental distress?
 - b. What prior form/s of therapy have you tried (e.g. medication/pharmaceuticals, psychotherapy/counselling, etc.)?
 - i. Follow up: What was the overall outcome of these interventions?
 - c. What originally convinced or encouraged you that psychedelics might be worthwhile or beneficial?
 - i. Possible probes: friends, documentaries, reading scientific articles or journalism, social media, Reddit threads, etc.
 - d. What about your personal or cultural background, or your identity, might have led you to take psychedelics?
 - e. In your own words, what exactly did you seek in psychedelics? What were you trying to achieve?
3. The Psychedelic Experience
 - a. What did you do to learn about and/or prepare for using psychedelics?
 - i. Are there any specific resources that you used?
 - b. Please tell me about your experience.
 - c. How, exactly, do you feel psychedelics worked on your distress?
 - d. Probe: What about “psychedelic integration”?
 - i. What does integration mean to you?
 - ii. What were the processes that you underwent?
4. Aftereffects
 - a. Did the therapy “work”? Please explain.
 - b. How did your experience affect you?
 - c. Have you noticed any patterned changes to your lifestyle, thinking, emotions, , perception, values, or behavior?
 - d. Have you noticed any changes to your relationships (e.g. friends, family, children, intimate partners, coworkers)?
 - e. Would you say that you find yourself having new norms, values, hobbies, or desires after your experience?
 - f. Do you see your past “self” differently now? If so, how?
 - i. Probe: What would your current self say to your past self? Or, having had this experience, what would you say to someone who was suffering like you were?

- g. Would, or do you, promote psychedelics to others?
- h. What kinds of persons, places, things, or values would you say that you enjoy, like, or find part of your community? And have these things changed, stayed the same, been enhanced, etc. after your psychedelic experience?
- i. Would you consider yourself a “moral” or “ethical” person? Would you say that your response to that question would have been different *before* taking psychedelics? If so, what has changed?
- j. Have you resumed, quit, or adjusted the treatment/s you were undergoing prior to the psychedelic experience?