

AKADÉMIAI KIADÓ

Journal of Psychedelic
Studies

7 (2023) 3, 161–173

DOI:

10.1556/2054.2023.00270

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COMMENTARY



Psychedelics and critical theory

A response to Hauskeller's individualization and alienation in psychedelic psychotherapy

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Commentary on: Hauskeller, C. (2022). Individualization and alienation in psychedelic psychotherapy. In C. Hauskeller, & P. Sjöstedt-Hughes (Eds.), *Philosophy and psychedelics: Frameworks for exceptional experience* (pp. 107–132). Bloomsbury Academic.

Received: March 17, 2023 • Revised manuscript received: July 24, 2023 • Accepted: July 29, 2023

Published online: September 21, 2023

ABSTRACT

In the monograph *Philosophy and Psychedelics: Frameworks for Exceptional Experience*, Hauskeller raises the important subject of individualization and alienation in psychedelic psychotherapy. Under the prevailing conditions of neoliberalism, Hauskeller contends that psychedelic-assisted psychotherapy appropriates Indigenous knowledges in an oppressive fashion, may be instrumentalised to the ends of productivity gain and symptom suppression, and may be utilised to *mask* societal systems of alienation. Whilst offering a valuable socio-political critique of psychedelics' clinical uptake, we suggest that Hauskeller's view does not adequately acknowledge the ways in which psychedelics offer a challenge to the Western reductive bio-medical understanding of healing and wellbeing. It is contended herein that Indigenous knowledges, in alliance with a range of emerging sciences, offer both an engagement with ethnomedicines in a less harmfully appropriative fashion, and a renewed understanding of the means by which psychedelics achieve therapeutic change. With this understanding, what becomes apparent are the potential ways in which psychedelic medical usage may produce positive feedback upon the oppressive systems in which we are embedded. That is, transpersonal experience through encounters with the ineffable may offer a revisioning of Western psychology and cognitive science. Indeed, if psychedelics are approached with an understanding of the actual means by which they produce therapeutic outcomes—changing mental representations of the self, or self-insight derived through non-ordinary states of consciousness—then psychedelic psychotherapy offers a reimagining of psychiatric nosology, challenging conventional understandings of both pathology and wellbeing through an overturning of specified and discrete deficit models of psychopathology. This may provide both a critique of the prevailing categories used to describe madness and an expansion of our understanding of the mind-body relation, as well as an increased recognition of positive psychology grounded in cross-cultural contemplative traditions. This provides an implicit challenge to the pharmaceutical industrial-complex and its profit motives; and the corresponding neoliberalist, globalising tendencies which Hauskeller seeks to address.

KEYWORDS

psychedelic psychotherapy, critical theory, cognitive science, psychology, ethnomedicine

INTRODUCTION

The emerging current of psychedelic use within clinical settings, termed the 'psychedelic renaissance', arises from an evidence base which, both empirically and anecdotally, supports the value of psychedelic experiences in aiding recovery from a variety of forms of mental illness. These promising studies have generated significant optimism amongst both clinicians and the general populace concerning the potential of this revolution for addressing widespread societal

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ills. Hauskeller & Sjöstedt-Hughes' (2022) volume *Philosophy and Psychedelics: Frameworks for Exceptional Experience* seeks to explore the question: how might philosophy begin to comprehend the exceptional experiences that psychedelics have afforded human beings in various cultures across history? In a related publication we address ourselves to the broader project of this worthy volume (Dowie & Tempone-Wiltshire, 2023). Hauskeller's chapter, responded to here, offers a valuable contribution in addressing itself to this question, by drawing upon critical theory to address concerns of *Individualization* and *Alienation* in psychedelic assisted-psychotherapy. Utilising ideas drawn from Frankfurt School Critical Theory—in particular the central concepts of alienation, individuation and colonization—Hauskeller seeks to critique the scientific and political economy that continues to shape the psychedelic renaissance. She examines what she sees as the ethical problematics present in the clinical use of psychedelics—with particular attention given to the issue of cultural appropriation. Hauskeller places emphasis on questions of the instrumentalisation and appropriation of extraordinary personal experiences and Indigenous knowledge practices to commercial ends. Her concern is that rather than liberating us from the alienation and the disconnected individualization produced by capitalist structures, the cultural appropriation and assimilation of psychedelics into the medical-industrial complex may in fact constitute a form of mystification causing a continued restriction of our collective freedoms—albeit in novel ways.

Hauskeller argues that psychedelic psychotherapy is ethically problematic for a number of reasons. She contends that: (i) psychedelic psychotherapy participates in the alienation and individualism of modern-day capitalism; (ii) the ineffable is distorted through Western acculturation practices; (iii) the ineffable may be problematically instrumentalised under capital; (iv) psychedelics may be medically misconceived as a 'magic bullet' for curing all ailments; (v) there is something intrinsically paradoxical about seeking to cure madness *with* madness; (vi) psychedelic psychotherapy constitutes a problematic form of cultural appropriation of traditional knowledges, and decontextualization of ethnomedicines; and (vii) the institutionalisation of psychedelics is a product of medical function creep negatively impacting covert psychedelic users in society at large by ringfencing legitimate psychedelic use to the clinical space, alone. Whilst we find merit in each of the concerns that Hauskeller raises, we also find that there is too general a dismissal of psychedelics' therapeutic potential. We will examine Hauskeller's arguments in what follows, beginning with what we take to be the most compelling part of her article: the description she offers of the relationship between alienation and psychedelic psychotherapy.

(i) Psychedelic Psychotherapy under Conditions of Alienation

What happens when we ration out exceptional experiences; when exceptional experiences are permissible solely if they occur via prescription and under observation? Hauskeller raises this important question. Drawing on currents within the philosophy of medicine, she calls into question

the promised 'liberatory' therapeutic potential of psychedelics. Her primary concern is that only by submitting to the stigmatized position of 'psychiatric patient' will individuals gain access to psychedelic substances; and only then will psychedelic experience be permitted to them, albeit in a directed way. Hauskeller draws upon the Frankfurt School of Critical Theory to contend that the rising number of individuals affected by mental illness is a consequence of the systemically fraught relationships that exist between: individual and society; nature and culture; instrumental and communicative rationality (Habermas, 1981). Hauskeller argues in brief, that in misconstruing socio-political-cultural malaise as individual illness, the medicalisation of psychedelics may both ignore the systemic problems that lead to individual malaise, whilst simultaneously restricting 'legitimate' psychedelic use to the clinical space alone.

The Frankfurt School suggest that our prevailing economic and social structures are responsible for many of the symptoms of modern-day alienation. Symptoms—including anger, anxiety, sadness and loneliness—are the product of a wider socio-political structure which severs the relational threads of interconnection that are required to sustain human wellbeing. This condition of generalised alienation is generated by contemporary forms of consumer capitalism, while also providing fertile grounds *for* such capitalist consumption, within a feedback structure. That is—a situation in which vulnerable individuals seek comfort and solace in the purchase and fetishization of surrogate forms of gratification. These constitute unconscious means of seeking to temporarily fill the voids of meaning produced by an economic structure that orients towards collective anomie. We are in accord with Hauskeller in contending that the structures resulting in such alienation, and leading individuals to seek psychedelic psychotherapy in the first place, are the very structures that constrain and prevent the liberatory potential of psychedelic substances *more generally*. This is an important concern to raise, as whilst unaddressed the 'psychedelic renaissance' may simply constitute the latest means of bypassing structural problems.

Indeed, Hauskeller raises important questions worth attending to. Given that the history of communal practices involving psychedelic plant medicines spans many millennia—psychedelic use, safekeeping, and integration, has existed across cultural contexts since the beginnings of recorded history—we might ask then, why it should be that psychiatrists decide who receives treatment and under which conditions? It may be supposed that, with an informed understanding of the importance of set and setting, individuals may potentially benefit from psychedelic experiences that occur under an experienced guide or in the company of friends in a self-chosen environment; without the stigmatising and pathologizing clinical rigmarole of seeking prescription, diagnosis, and facilitation from a paid clinician. Hauskeller contends that such questions have gone largely unacknowledged in the rush to clinical application. Such questions do require redress. However, we might well ask Hauskeller why we ought to assume that clinical, cultural and individual mind exploration are mutually incompatible domains which cannot exist in tandem.



Present day research suggests that the psychedelic experience's curative potential for many relates to the expansion of metacognitive views, which then in turn reorganise the psychological structure of the self—including feelings of unity between self, other, and greater environment (Fadiman, 2011; Lutkajtis, 2020; Maté, 2021). Currently in emergence is a new language around the use of psychedelics as agents of insight for raising self-awareness, and epistemic, ontological transformation (Letheby, 2021). There are clear parallels between the curative potentials of such experiential insights and those that underpin the domains of: deep-ecology and nature-connection; Indigenous ritual and ceremonial practices; and Eastern contemplative technologies. Each of these domains have in recent years been drawn into the 'therapeutic' fold, and may be understood in relation to the expansion of advanced metacognitive views connecting to themes of transcendence and the emergence of an ecological self (Curtin, 2014; Naess, 1988).

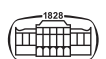
There is, then, an emerging understanding of the role of the *experience* generated by psychedelics, mediated by set and setting, as essential curative mechanisms in psychedelic psychotherapy. *Set*, of course referring to mindset, intentions, belief and expectations; and *setting*, encompassing socio-environmental features such as interpersonal dynamics. Scholars such as Grof (2008, 2013), have demonstrated the profound influence such features have upon the outcome of psychedelic psychotherapy. However, focusing solely on the biophysical 'mechanism of action' by which psychedelics effect change runs the danger of eliding such features in the clinical setting. In this way, the decontextualising and bio-reductive elements of the medical model run the risk of countermanding psychedelics' therapeutic potency. This is not, however, a subject that is explored in adequate depth in Hauskeller's work. As explored by Timmerman et al (2021), the data now demonstrates the way in which psychedelic drugs may induce lasting changes in metaphysical belief structures. The data Timmerman draws upon demonstrates the presence of a marked shift from physicalist or materialist views towards panpsychist or fatalist perspectives, post psychedelic usage. This is a notable finding; yet the way in which psychedelic experience may moderate belief- shifts, causally influencing metaphysical belief structures, is an important subject elided by Hauskeller. Indeed, in some of my own work I examine Indigenous metaphysics, in particular Indigenous processes of knowledge creation and transmission, and how such epistemic and metaphysical belief structures have always been discerned through daily lived relationship between land, spirit and people. In this sense there is nothing revolutionary in the binding of epistemology to participation in a specific landscape embedded within a living culture. However there is significant cultural value in the west in recognizing that Indigenous ways of valuing knowing and being, have always been shaped by cultural activities on Country, and that in this way may offer new understandings for western metaphysics. In particular I draw out this connection by considering the role of custodianship in respectful interaction between living systems, in Aboriginal Australia; the

process-panpsychism and animism present in Indigenous perceptions of cosmos as living Country; the role of embodied-cognition, haptic- and situated- knowledge in Indigenous science; Indigenous holistic reasoning and the mind-body connection; the relational metaphysics embedded in ritual and yarning practice; the knowledge encoded in place-based totemic mythology, lore, and ritual; and Indigenous understandings of complex systems as adaptive, self-organizing and patterned (Tempone-Wiltshire, in press-b). Such subjects, I suggest, play an important role in an understanding of psychedelics as culturally embedded technologies for metaphysical and epistemic belief formation practices. Furthermore, greater attention could have been given to the process by which psychedelics give rise to positive outcomes. For the psychedelic experience to be 'filtered' through a monetized medical system is to subject the experience to the instrumental logic of the institution and its implicit power structures. In bringing psychedelic substances into the medical fold, we are left asking whether the psychedelic experience will be instrumentalised as merely a means of sustaining an alienating system of power.

(ii) Acculturation and the Ineffable

This raises a more foundational query: are there 'ends' to which ineffable experience ought rightly to be directed? This is a timely question, and one that is being looked at across a range of fields; from psychological sciences through to contemplative scholarship. In relation to the instrumentalisation of psychedelics: San Francisco tech executives micro-dosing for increased productivity gains is merely one of the latest instantiations of what has been termed the 'instrumentalisation' of transpersonal or ineffable experience. Recent years have seen critical attention paid, for instance, to the rise of the corporate 'mindfulness' mentality. For instance, Purser's (2019) critique of the 'McMindfulness' phenomenon contends that mindfulness, traditionally oriented towards the Buddhist soteriological goal of awakening, has become in a Western neoliberal context, the new capitalist spirituality. Žižek (2001) famously argues that Buddhism, as such, may in fact establish itself as the hegemonic ideology of global capitalism; providing the most efficient way for us to fully participate in capitalist dynamics while retaining the appearance of mental sanity. Is it plausible that psychedelics may too, offer such a supplement?

Other authors, such as Gleig (2019) in her work *American Dharma*, have explored more broadly the subject of Buddhism and its modernist uptake and acculturation in its movement west. This offers a discussion parallel to our concern as regards psychedelics. In both domains the question arises: what happens when contemplative technologies for raising insight, traditionally utilised for collective and ritualised transcendent encounters, are turned towards foreign goals? The modernisation of Buddhism, in a rapidly changing religious landscape, parallels the dialogue occurring as Indigenous plant medicine use assimilates into the West. The inevitable cultural-exchange surrounding psychedelic uptake creates the potential for: a blurring of boundaries between the religious and secular; the expanding of onto-epistemic assumptions; and the raising of



questions concerning whether psychedelic usage will end up concerningly decontextualised—with critical elements of their traditional usage discarded in the modernisation process—or if there will be a revalorization of traditional elements of plant medicines' ceremonial use, surrounding community ethos, and ethical precepts. As with Buddhism, we are seeing the emergence of new innovative forms of psychedelic uptake. Hauskeller's argument, however, is focused exclusively upon the potentially appropriative elements of psychedelic uptake without offering adequate attention to the emergence of these innovative forms of psychedelic uptake. Her work would have benefited from exploration of the possibilities of this intersection.

The integration of psychedelic technologies into a Western paradigm raises a similar set of questions. We are seeing the rise of highly problematic forms of neo-shamanism, alongside the emergence of discourse surrounding both clinical and self-optimisation oriented psychedelic usage. This may appear, as Cox (2021) suggests, dangerously reminiscent of colonization; that is, the globalised extraction of resources, natural and cultural, from Indigenous peoples. It is important, when meeting the psychedelic renaissance, to be conscious of colonial habits that may risk replicating historic harms and injustices (Ens, 2021; Romero, 2022). However, concern must be taken not to dismiss the emerging dialogue out of hand on account of inevitable acculturation processes. As cultures collide, exchange and 'contamination' occurs, yet not all contamination is harmful. Indeed, as the social anthropologist George Murdoch (1981) famously wrote, at least 90% of a culture's content is 'borrowed' from other cultures. It would be an unsympathetic reading to suggest that the use of psychedelic-assisted psychotherapy for the support of individuals living with the disabling effects of complex trauma constitutes quite as problematic an instrumentalisation as, for instance, the use of psychedelics to induce flow states for stock-broker trading. Yet this nuance can be lost in a totalising critique of Western appropriation.

All projects geared towards human wellbeing, flourishing and collective good may be 'instrumentalised' to alienating purposes—a point well made by Hauskeller in the case of psychedelics. In fact, this may well be a central feature of capitalism: its ability to capture forces of liberation and reify and commodify them so that liberation becomes a means for imprisonment. Nonetheless, it is limiting to presume that such problematically appropriative ends are the direction psychedelic-assisted psychotherapy will inevitably travel in.

We might consider the parable of Dionysus, or Bacchus, the god of wine, fertility and revelry—in brief, ecstasy. Crucially, no prison could hold Dionysus, the god of Ekstasis. Ekstasis, deriving from the Greek words: *ek*, meaning "out," and *stasis*, meaning "standing". Combined, *Ekstasis* can be understood as "standing outside oneself" or "being beside oneself." Psychedelics ought then to be understood in relation to *Ekstatic* states of consciousness that transcend ordinary perception, in which one stands outside oneself. And what prison can contain experiences through which one stands outside oneself? We might question the

assumption that psychedelics may be so readily containable by external discourse; in some ways such an assumption reflects a lack of humility in the face of the power of the Dionysian. Nonetheless, it would be foolish to presume psychedelic experience to be immune to the exploitative conditions of the economic structure it is bounded within. We must therefore, with adequate humility before the force of Dionysus, explore the way psychotherapy and psychedelics may nonetheless be instrumentalised and appropriated under capital.

(iii) Instrumentalisation under Capital

A valuable contribution in Hauskeller's work is the attention she gives to the way in which existential conditions of late phase capitalism and their corollary states of melancholia, discontent and desperation may often go unacknowledged and misdiagnosed as clinical conditions—major depression, or personality disorders for instance (Brüne, 2007). As such psychotherapy, with or without psychedelics, can constitute a means of disciplining individuals into controlling, regulating and indeed constituting their needs in relation to the alienating systems which govern them. Psychotherapy may simply constitute a tool by which we make ourselves amenable to systems of control. It is no mistake that psychotherapy emerged, as it did, at the onset of industrialisation. Under Marx's theory of alienation, attention is given to the way in which workers may become alienated from the means and modes of production, creativity, each other, and even themselves. As such, Hauskeller makes the compelling argument that psychedelic psychotherapy may simply come to serve as a further means by which individuals persist in a state of alienation and false consciousness, victims to a system that, in lieu of meaningful relations, offers empty images of success.

However, contra Hauskeller, it is important to note that the co-option of technologies valuable to human flourishing in service of what is oppressive is not, in and of itself, an argument against these technologies. Instead, it ought to serve as a warning to be aware of and resist the more problematic aspects of appropriation and instrumentalisation. This is perhaps a matter of degree, rather than calling for the adoption of a black and white position. Dreyfus (1976) incisively captured this problem nearly 50 years ago, when he wrote:

The ultimate form of alienation in our society is not repression and exclusion of the truth but rather the constitution of the individual subject as the locus of pathology.... All forms of psychotherapy can at best provide only isolated and temporary cures (p. xxxvii).

This speaks to the fact that there is a general malaise that therapeutic modalities fail to combat, even as they attempt to remedy individual problems. This general malaise is evident in the psychiatric sciences' pervasive failure to counteract the rise in alienation, individualization, and instrumental reason or modes of technological rationality, dominant under modern day capitalist society. As a consequence, there is a genuine risk of a widespread mistaken approach to



psychedelic uptake in such a fashion. This is the danger of offering *individualised* solutions to *global* problems.

In an Australian context, the past decades of neoliberal reforms, privatisation, a stripped back welfare state, a business-structured public service and clamped-down trade unions, have created a situation of increasingly widespread systemic discrimination and class-injustice (Weller & O'Neill, 2014). Yet the economic de-politicization of mental illness has meant these structural issues have been plastered over with cultural narratives that encourage self-pathologization alongside pharmaceutical dependence. This shift has been responsive not primarily to human welfare, but instead the economic interests of pharmaceutical companies. We have seen the regulation of human behaviour, will, and self-conception by a problematic triad—socio-political, biochemical, and market forces. Increasingly, attention is being given to the role of neoliberalism in the commodification of mental health (Esposito & Perez, 2014) alongside a recognition of the mutually supporting relationship between the psycho-pharmaceutical industry and neoliberalism (Davies, 2017). Curtis (2016) depicts this situation poignantly, illustrating how under late capitalism, individuals find themselves in a state of anomie and powerlessness, incapable of shifting the broad-scale conditions of their lives within a socio-political system governed by capital rather than human interest. A similar point, concerning the social and cultural implications of the economic structure, was elaborated much earlier by sociologist Georg Simmel (1903), in particular attending to the impacts of social differentiation and the fragmentation of the social structure shaping the rise of individualism.

To consider what relationship this bears to the uptake of psychedelics, it is worth noting that psychedelics are being optimistically promoted by many as a means for reconnecting humans with the natural world, and cultivating a collective sense of ecological selfhood, which may thereby foster pro-environmental behaviour. The reasonable concern may be raised, however, that seeking 'remedy' through psychedelic psychotherapy is a symptom response that may in fact displace attention from the overarching socio-political and economic realities that are in fact *driving* ecological disconnection. As Månsson (2021) notes, the environmental degradation and socio-political injustices wrought through the unbridled power of corporate megaliths may be side-lined through such misplaced attention. Hauskeller offers valuable attention to the ways in which the medical sciences unwittingly conspire with systems of control to foster the belief that it is the individual at fault, and that wellbeing comes from *disciplining* and *acclimating* oneself to one's existential lot in order to better comply with societal expectations. Nonetheless, as we have illustrated, to discount the medicalised uptake of psychedelics *tout court* proves to be a problematic simplification.

(iv) Medically misconceiving psychedelics as a 'magic bullet' for curing all ailments

Beyond the economic structural critique, it is worth considering the concerns raised by Hauskeller and others

surrounding the clinical uptake of psychedelics. Drawing upon Langlitz et al. (2021), Hauskeller challenges the prevailing framing of psychedelics as a *magic bullet* in biomedical psychotherapy. We are in accord that such a medicalised framing of psychedelics may too easily elide systemic causes of human ailments. There is a compelling need to re-politicise our understanding of mental distress. However, we suggest that there are limitations in her account which are worth expanding on.

For one, as Hauskeller contends, psychedelics have been touted by some as a panacea, capable of curing anything—from cancer to depression, from compromised immune function to interpersonal problems. There is a reasonable argument to be made that the psychedelic quest for medical legitimacy is negatively impacted by exceedingly broad claims such as this (Giffort, 2020). Nonetheless, we believe Hauskeller's project would have benefited from offering a fuller engagement with the emerging sciences that support psychedelics' therapeutic potential; and which offer a new understanding of the means by which psychedelics may achieve these therapeutic aims (Carhart-Harris & Friston, 2019; Schore, 2019). It may well be that psychedelics, in working directly with individuals at the register of subjective experience, can achieve redress of a range of ailments traditionally held solely to be the purview of biomedical physiological interventions (Siegel, 2012). Should this be the case, then psychedelic psychotherapy may come to proffer a meaningful challenge to many of the axiomatic assumptions brought to bear in the medical field, when seeking to understand both ailments and curative factors.

Indeed, we are coming to appreciate, through empirical data and the emergence of new theoretical frameworks, the profound interdependency existing between the various systems of the body. The immune, endocrine, autonomic nervous, and cardiovascular systems are increasingly being understood as intricately interconnected and engaged in a network of bidirectional communication and mutual influence, contributing to the overall functioning and homeostasis of the human organism (Maté, 2005). In brief, we are developing away from the biomedical treatment of the systems of the body as a set of independently functional isolates, and toward an integrated understanding of mind-body as a holism. The emerging systemic sciences, such as psychoneuroimmunology, are leading to a recognition that the disciplinary siloing of immunology, endocrinology, psychology, and neuroscience is a historical artifact that obscures the intersystemic reality. Indeed, as we explore elsewhere, this intersystem approach to the mind-body holism, as in Indigenous onto-epistemologies, has significant and important ramifications for our understanding of both *how* we come to know, and the *nature* of what is known—subjects that are inextricable from the equipment we rely upon in our exploration of reality (Tempone-Wiltshire, in press). In this sense, psychedelics, in participating in the emerging systems science, may contribute to a further transformation in the way we see both the world and what we make of ourselves. In several related pieces we examine the implications of discoveries in



neurobiology *ala* McGilchrist (Tempone-Wiltshire & Dowie 2023b), and how these describe a process account of reality, *ala* Bateson (Tempone-Wiltshire & Dowie 2023a). The potential for psychedelic experience to disclose a fundamental ‘process’ quality of reality’, and the potential socio-political implications of this shift in metaphysics is further examined in our forthcoming work on psychedelics and Imaginaries of Liberation (Tempone-Wiltshire & Matthews, *in press*).

Hauskeller’s critique of the notion that psychedelics are a magic bullet would have benefited from engaging with these arguments in some depth. Indeed, there is an important set of questions untouched by Hauskeller that is currently being posed by the emergence of systems science, alongside the research findings as to the broad-spectrum efficacy of psychedelics. These questions speak to the scientific need for developing a fundamental re-conceptualisation of psychiatric nosology; one which migrates away from the highly detailed symptoms clusters identified in the DSM, to a deeper account concerned with the fundamental process of human consciousness and its neurological substrates. Without such an engagement with these questions, insufficient attention is being given to acknowledging the important paradigm shift occurring in the health domain; a shift reflective of a greater uptake of complexity science and systems thinking, and a move away from reductive physicalist renderings of physiology and wellbeing.

Our broad concern is that, without addressing these questions, the critique Hauskeller levels against psychedelics as a magic bullet may be derived from an outdated bio-medical understanding of the therapeutic process of change, more generally. Indeed, the majority of the bio-medical establishment remain highly sceptical, if not openly hostile, towards psychedelics. This occurs as science, operating within a reductive physicalist paradigm, ascribes little value to processes of therapeutic change that sit within the black box of subjective ‘mystical’ experience. Biomedical science seeks always a physiological basis for change; as if the therapeutic benefit remains suspect without such material reduction (Barrett & Griffiths, 2017). As described, the prevailing medical model has so far failed to integrate the emerging understanding of the mind-body as an interconnected whole. Operating from an outdated understanding of the mind-body relation, and without an adequate systems-science, the medical establishment cannot conceive of the means by which psychedelics produce the desired outcome. This problem generalises, and constitutes what has been termed ‘scientific imperialism’: a narrow, quantitative bias in science which erases alternative ways of knowing (Clarke & Walsh, 2009). This has resulted in a widespread disregard for ethnomedicines and non-Western medical systems as archaic superstitious beliefs, or mere cultural baggage (Fotiou, 2020).

Despite the positive potential of psychedelics for redressing a range of ailments and enriching our understanding of the mind-body relation, there is good reason for scepticism surrounding the quest for seeking chemical magic bullets more broadly. Magic bullets, in the form of mind

alteration through substance use, have been sought throughout history and across cultures—whether we are describing the turn towards synthetic opioids, and the consequent death of a half a million people in the United States, or Freud’s reckless embrace of cocaine in the 19th century. Parallels can be drawn with the sequence of fascinations expressed within the current psychedelic movement for a panacea derived from exotic plants utilised by Indigenous peoples and treated as if it may resolve all problems with its miraculous properties (Caroff & Berkowitz, 2022). This fascination is also suspect on account of industrial cultures’ problematic penchant for relying upon biochemical intervention.

There is also a more fundamental concern which calls for reflection: that is, our cultural attention being fixed upon seeking allopathic cures—that are *consumed*—rather than attention being given to the inner work which we are required to do to regain or maintain our health. The distinction, in brief, is between something we *do* versus something we *take* passively, and allow to happen to us. Indeed, a subject that has recently gained some traction in the mainstream is biochemical ‘sedation’ in response to issues that would otherwise call for personal, therapeutic, or structural, economic redress (Davies, 2021). There is reason to be concerned that as with the cultural bias towards pharmaceutical response, we ought to remain suspicious of a materialist culture’s desire to seek biochemical means to redress all personal and systemic problems. Seeking physiological alteration to resolve issues of mind and mindedness is a product of a physicalist reductionism that renders the mental merely epiphenomenal, as we contend elsewhere (Dowie and Tempone, 2022; Dowie & Tempone, 2023). This thread ought to receive greater attention from future scholars.

(v) Curing Madness with Madness

In Hauskeller’s words, at the core of her argument lies a central question: whether inducing madness to cure madness *can* be sound medical research and, if so, *what* the scientific characteristics of such research are. Hauskeller’s suggestion holds that psychedelic psychotherapy is paradoxical in so far as the clinical science that *defines* madness in turn *induces* states of madness in order for patients to overcome the illness that has been ascribed to them. She contends that inducing madness to cure madness cannot be sound medical research and questions what the scientific characteristics of such research are.

In exploring this charge against psychedelic psychotherapy, we might begin by turning the question on Hauskeller: while she uses the term madness, this is not a current clinical term, so what does she actually mean by madness? Upon considering this question it becomes apparent that there is a real fallacy of equivocation being employed here. Hauskeller’s proposed dilemma—how could we use madness to cure madness?—only emerges out of an equivocation between two senses of madness. The term madness is being used in two very distinct ways. Yet we know that the state of consciousness induced through what



we might typically understand to be *madness*—that is, a psychotic mental health condition characterised by severe, distressing and debilitating disturbances of mind caused by delusions and hallucinations with an absence of insight into their pathological nature—diverges significantly from the temporary, altered states of consciousness induced through psychedelic usage.

Etymologically, there is a meaningful dissonance between the linguistic roots, and consequently we suggest *conceptual implications*, of the words "madness" and "psychedelics". While the word 'mad' derives etymologically from the Old English word 'gemædd' meaning, *out of one's mind* or *insane*—this diverges dramatically from the etymology of the word 'psychedelic'—which derives from a combination of "psyche" (mind/soul) and "dēloun" (to make visible/reveal). While both terms deal with altered mental states, their etymological roots convey a meaningful divergence; 'madness' carries a historical association with mental instability and confusion, while 'psychedelic' refers to the capacity of certain substances to expand perception and reveal aspects of the mind or soul not normally accessible. While madness begins in obscurity, psychedelics carries with it a revelatory character.

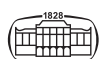
We must unpack, then, the question: in inducing psychedelic states of consciousness is a clinician 'inducing madness' in a client? Perhaps the most significant issue present in Hauskeller's article is the misconception regarding the nature of the therapeutic process of psychedelic experience. Psychedelic experiences are characteristically non-ordinary states of mind—in which the self and world of sensory perceptions are experienced differently. Such states of consciousness systematically disorganise the neural substrates of mind, and thereby disrupt working models of self and reality. This is distinguishable, in terms of character and cause, from the disruptions induced by psychosis. Yet not only does the nature of the disruption induced through psychosis and psychedelics diverge, but as we have suggested, the context of the occurrence of this disruption of mind dramatically influences the outcome of disruption as well.

The 'reparative' or 'revelatory' disruptive experience produced through the influence of intentionally taken psychedelic is not the same as the disruption characteristic of psychosis, as the quality of the hallucinations induced through psychosis is not synonymous with psychedelic states of consciousness in which altered perception—perhaps most importantly altered perception of one's priors, self-conception and consensus reality—proves re-organising. While a lot of work is currently being done exploring and characterising precisely how psychedelic experience affects these curative factors (see [Fadiman, 2011](#); [Letheby, 2021, 2022](#); [Lutkajtis, 2020](#)), Hauskeller fails to engage with this distinction in any meaningful way. We develop on these questions in a parallel vein, in the neuroscientific study of the soteriological ambition of Buddhist practice, that is to achieve 'awakenings', variously described. In the attempt to seek neural correlates for awakening states, akin to psychedelics, there remain many important questions to address,

questions that are paralleled in explorations of the process of change induced through psychedelics. For instance: the potential that the meaning of awakening (or psychedelic experience) is context- and concept-dependent; that awakening (or psychedelic experience) may be non-conceptual and ineffable; and that awakening (or psychedelic experience) when understood in operationalized and secular terms, divorced from soteriological or cultural factors, may lose the cultural embeddedness out of which they arose. In both instances there are problems with decontextualising either Buddhist awakenings (or psychedelic experience) and placing them within scientific naturalistic frameworks ([Tempone-Wiltshire, in press-a](#)). An important related subject, explored elsewhere in our work, is the nature of the epistemic processes of altered states associated with Buddhist contemplative processes. In particular we offer a textual exploration of Candrakīrti exegesis in regards to how we ought to understand purportedly ineffable or nonconceptual insights ([Thakchoe & Tempone-Wiltshire 2019](#)). Naturally parallel questions arise in the study of psychedelic experience.

Moreover, a nuanced exploration is essential to delineate the disparities between psychotic incidents that catalyse mental deterioration, and profound experiences that instigate perceptual breakthroughs into the nature of reality. Seminal groundwork in this area has been laid by scholars such as Stanislav [Grof \(1992, 2008, 2013\)](#), through his comprehensive articulation of Spiritual Emergence, Spiritual Emergency, and Psychosis. Spiritual Emergence signifies an organic progression of spiritual experience and growth. Such 'Emergence' is thought to arrive as a result of the exploration and assimilation of insights derived through both augmented states of consciousness and transformative experiences. Contrarily, *Spiritual Emergency* represents an intensely disruptive or overwhelming experience, often manifesting disorientation, and symptoms akin to psychosis. When appropriately managed, however, such intensely disruptive experiences can precipitate a 'breakthrough', leading to advanced cognitive organization. These concepts differ considerably from conventional experiences of *psychosis*, typically characterized by a deteriorative 'breakdown' of mental functioning that often exacerbates over time. Engagement with such nuanced psychiatric frameworks, developed especially for navigating transpersonal experiences, remains notably absent in Hauskeller's work, and proves critical to a genuine characterisation of psychedelics' relation to madness.

There is a danger in the potential parochialism present in describing psychedelics as inducing madness. We should be wary of such a misconstrual of psychedelic experience, as it was such a misconstrual, alongside broad political factors under Nixon, that led to the severe disruption of the clinical study of psychedelics' application in therapeutic treatment in the first place—a misconstrual which ultimately led to the criminalisation of psychedelic substances in the late 1960s ([Richert & Dyck, 2020](#)). It has only been in recent years that the application of psychedelic drugs in therapeutic settings has recurred, and now only in the context of small clinical trials.



Many scholars have now followed the suggestion of early psychedelic researchers in disavowing such parochialism by viewing psychedelics research as centrally involving engaging with *altered states of consciousness*, rather than madness. Indeed, Grof goes further; he contends that it is better to refer to these states not as 'altered', which has often been used as a pejorative against all states that deviate from the norm, but rather to speak of these as 'non-ordinary' states—states of consciousness which may offer insight into, and transformation of, mind (Grof, 2008, 2013). In the field of transpersonal psychology such non-ordinary states, effected through various means of regression, hypnosis, meditative absorption, or creative acts, are the essential means by which therapeutic change is achieved. The line of transpersonal thought calls for a revisioning and re-enchantment of psychology; alongside a recognition of the range of dimensions of conscious experience and inner exploration (Roger Walsh, 2018; Schroll, Krippner, Vich, Fadiman, & Mojeiko, 2009). Much work in recent years has gone into laying the foundation of modern consciousness research; including the theoretical and empirical foundations of working with non-ordinary states, yet such extensive research goes unexamined in Hauskeller's article. There exists then, in Hauskeller's reference to non-ordinary states as 'sheer madness', the danger of promoting a harmful erasure of the potential for insight or curative features of non-ordinary states of consciousness. Furthermore, there exists a failure to explore the association between these states and metacognitive development. In the Neo-Piagetian literature on post-formal development, attention is only now being given to the way in which non-ordinary states of consciousness prove disruptive when a mind is unable to hold the perceptions and perspectives, and thus calls for reorganisation in order to do so.

Despite these significant issues and oversights, we are of the opinion that Hauskeller's argument, nonetheless, offers value in so far as a critique of medicalised categories of madness is well-warranted—a project first given critical attention by RD Laing in *The Divided Self* (1960), Szaz in *The Myth of Mental Illness* (1961), and Foucault in *History of Madness* (1961) and *Madness and Civilisation* (1961). There are good reasons to believe that the psychiatric categories for distinguishing reason and madness are deeply flawed—as flawed, in fact, as the field is inadequate in its characterisation of extraordinary or ineffable states. This is a point not lost on the field, where considerable efforts are being made to understand madness more clearly leading to rigorous debate in psychiatric nosology. Nonetheless, the emphasis upon the measurable, quantifiable and standardized renders the field of psychiatry, with its naturalist and materialist bias, a poor starting place for any such comprehension of the action potential of psychedelic medicines. While the psychiatric categorisation of madness has proven historically flawed, the psychological sciences are much broader and wider than the deficit models that dominate clinical psychiatry.

Today there is a growing recognition of the merit of positive psychology; a domain that draws insights from

across contemplative traditions, psychologies East, West and Indigenous, and is grounded not merely in a tacit bio-reductionism, but also a recognition of both existential concerns and the importance of psychodynamic approaches to understanding consciousness (Jungaberle et al., 2018). Such a broad perspective is required for conceiving and understanding psychedelics' therapeutic means; as well as inviting a reimagining of psychiatric nosology and the potential undoing of conventional understandings of both pathology and wellbeing, through an overturning of specified and discrete deficit models of psychopathology. There is, indeed, a growing scepticism towards the pathological categories established by the psychiatric association's DSM due to a recognition of their limited aetiological accounting for causes, their symptom-orientation, and the genetic bias implicit in their focus (Thyer, 2015; Yalch, 2020). There is much to be said about the shortcomings of the deficit model of biomedicine, and the relation of its failings to its physicalist orientation. Indeed, engaging with psychedelic psychotherapy may in fact come to pose a significant challenge to the medical paradigm's understanding of pathology and wellbeing.

In brief, it might be argued that progressive, 'integration'-oriented psychological practice, characterised by engagement with complexity, is much better suited to the engagement with psychedelic medicines. Integrative psychology often begins from radically different foundations to the field of psychiatry. That is: anti-diagnosis; opposition to clinical regimes of stigmatization and control; an orientation of clinical intention towards 'insight' rather than 'curing'; reluctance to support the pharmaceutical industrial-complex and its profit motive; and a willingness to engage with wider systems of knowing, such as distinct cultural knowledges, customs and rituals. Whilst Hauskeller offered valuable critiques of the psychiatric institution's deficit approach to mental illness, we believe these provide a poor fit when applied to such integration-oriented psychotherapeutic approaches to wellbeing. It must nonetheless be noted that should psychedelics remain within the remit of the psychiatric sciences, there is merit in Hauskeller's concerns. The questions that require attention are: which theoretical paradigms will inform the considerations that shape the psychedelic encounter in clinical settings? Whilst some scholars are exploring such questions, greater attention is required.

(vi) Cultural Appropriation: Decontextualisation and Traditional Knowledges

Hauskeller is, of course, not alone in perceiving the clinical use of psychedelics in therapy as the latest appropriation, or extraction, of knowledge practices from marginalised and systemically oppressed Indigenous peoples. Indigenous peoples suffer the ongoing impacts of colonization, and cultural appropriation is rooted in these persistent colonialist practices. In lieu of respectful cross-cultural relationship, appropriation occurs when elements of a culture are extracted like resources. This serves the interests of the dominant culture in reinforcing forms of hegemony, by positioning themselves as the ones that control and own the



stories and narratives of Indigenous peoples, in this way removing that culture's independence and sovereignty. There are concerns that Western psychedelic research and its resulting clinical uptake could constitute such an appropriation, on account of the lack of recognition provided to the sacred ritualised role of psychedelic medicines or 'entheogens' in many cultures. What does it mean for Indigenous peoples if a pharmaceutical company 'patents' a traditionally used medicine? Ought we to be concerned that Indigenous perspectives and leadership have been absent from the emergence of Western psychedelic research and clinical practice? There is value in bringing attention to this domain. Yet, there are several important threads to this weave that could use disentangling.

To begin with, while we must not dismiss concerns raised around the cultural appropriation of Indigenous knowledges, it is important to recognise that the most medically-applied psychedelics to date are MDMA, LSD, psilocybin and ketamine—three out of four of which are in no way particular to Indigenous cultures. Furthermore, it is important to acknowledge that, alongside Indigenous peoples, the West has its own long history of psychedelic usage, a fact which goes unaddressed by Hauskeller. The West's historical usage draws back to classical Greece where it is evidenced from Democritus' divine madness, to Socrates' conception of intoxication as the greatest of blessings, to the Dionysian festivals of the ecstatic and the Eleusinian Mysteries (Sjöstedt-Hughes, 2022). This is important as the naïve critique of appropriation involves the parochialist suggestion that psychedelic plants are solely the purview of a particular people; when psychedelics in fact have a usage that transcends any single culture or geographic location.

Thus, while extracting *specific* plant medicines and surrounding practices from a given culture may constitute a mode of appropriation, this does not imply that any specific culture holds proprietary rights over psilocybin or psychedelics more broadly. Nonetheless, recognition of Indigenous communities as custodians of particular plant medicines proves important in light of concerns surrounding corporate profiteering, from which Indigenous peoples receive no benefit or recompense. Such colonial extractivism is already accompanying the psychedelic renaissance. As such, greater attention ought indeed to be given, particularly to the influence of these profiteering organisations at the expense of Indigenous populations (Williams, Romero, Braunstein, & Brant, 2022). We might consider also the endangering of plant medicines as a result of rampant profiteering. An illustrative example concerns the *Bufo alvarius* toad, known for producing 5-MeO-DMT: a potent psychedelic compound. At present, the *Bufo* or Sonoran Desert toad is considered endangered in California. Danger to flora and fauna species' survival as a product of rampant profiteering offers a second set of concerns surrounding colonial extractivism.

When we consider the nature of appropriation, we need to begin by asking: are we concerned with appropriating cultural practices that *traditionally held* the psychedelic experience? Or are we concerned with psychedelic uptake in

the West becoming *decontextualised from* its Indigenous cultural usage? The clinical uptake of psychedelics finds itself in a double bind. On the one hand, the Western application of psychedelics in psychotherapy is condemned for its lack of holism; its poverty of context; and its medicalised and secularised format. On the other hand, if clinicians attempt to engage with utilising cultural rituals of containership, they may be condemned for cultural appropriation. There is a Scylla and Charybdis issue to be confronted here. We will discuss each in turn.

First, we consider questions regarding the appropriation of Indigenous knowledge frameworks for clinical plant medicine usage. Scholars have recently called attention to the limitations of a white-dominant medical framework in approaching the clinical uptake of traditional plant medicines, arguing for the inclusion of Indigenous knowledges (George, Michaels, Sevelius, & Williams, 2020). As such there is increasing recognition that a current limitation in psychedelic uptake is that Western medical contexts have not evolved to provide the cultural frameworks and ritualised containers for supporting the psychical integration of psychedelic experience. Fotiou (2020) amongst others explores the role of Indigenous knowledges in psychedelic science, asking: beyond viewing the double-blind clinical trial as the measure of empirical value, how ought psychedelic science engage with the wisdom traditions and knowledge systems which traditionally held and contained the ritualised use of ethnomedicines? Similarly, how might the ethical principles that guide Indigenous medicine use be drawn upon to guide Western psychedelic research and practice? We then might ask, how could the frameworks necessary for proper facilitation of psychedelics in clinical settings be developed without appropriating these frameworks from Indigenous contexts?

The Deep Ecology movement offers one illustrative attempt to redevelop what might be termed 'perennial' ritual and ceremonial practices for holding, and supporting the integration of, transpersonal experiences. It does this while seeking to develop its own ritual practices rather than extracting the ceremonial practices of Indigenous communities (Naess, 1988). In the clinical sciences, we are yet to see a rigorous framework that seeks to achieve this ideal. When aiming to learn from Indigenous knowledge frameworks with this ambition in mind, it is necessary to acknowledge that the process of cultural exchange is a complex and multifaceted one. What is called for is greater attention to the different aspects of the ritualised containers that have served to facilitate psychedelic therapeutic and transcendent experience across millennia (Celdiwen et al., 2023). From this perspective, rather than opting out of the conversation on account of appropriative fears, we need to seek a richer cultural exchange, a more respectful form of engagement. Hauskeller's argument can then be most sympathetically understood as an argument for cultural humility when meeting with difference and alterity.

Second, we may consider the critique of psychedelic uptake in the West, *decontextualised from* Indigenous cultural usage, as a form of appropriation. A defining



characteristic of modernity, under neoliberalism, is the ongoing cycles of decontextualization, driven by globalisation and industrialisation, for the purpose of monetization (Eriksen, 2014). When something is disembedded, it is moved from a concrete, tangible, local context to an abstract or virtual state. This processes of decontextualization and disembedding is apparent in the goods we consume in supermarkets, the music we listen to on Spotify, the cultural practices we participate in for recreation, and, to our purposes, the spiritual traditions and technologies we import. In stripping context from spiritual traditions and contemplative technologies in this way, we frequently lose the framework that makes these technologies meaningful in the first place—the heart of the tradition (Gleig, 2019). The question is then, is there an ethical, or indeed *functional*, imperative for the uptake of psychedelics to begin through an engagement with the surrounding cultural, onto-epistemic, communal, and ritualised 'deep' context out of which plant medicines are extracted? In response to these questions, a 're-embedding' movement push has occurred within psychedelic science, challenging the decontextualising tendencies of globalization.

It is important to note that the same critique could be applied across a whole plethora of cross-cultural exchanges. It could be levelled, for instance, at the emergent embodiment and mindfulness approaches adopted in therapeutic spaces. In recent years, these movements have imported into the West a wide range of contemplative and internal technologies developed in the East or Global South including meditation, breath-work, and ritualised movement practices such as yoga, tai chi, and qigong. Important critiques have been levelled at this process of acculturation, particularly challenging the rebranding and secularisation of non-Western contemplative technologies (Purser, 2019). Yet, as illustrated earlier, whilst there is a threat of appropriative decontextualising, there is also the potential for a revisioning of assumptions that dominate the bio-medical establishment. As discussed, this would allow for a less parochial understanding of psychedelics' processes for inducing therapeutic change, and increased respect for alternative ways of knowing, garnered through engagement with ethnomedicines.

The need for an approach in the psychedelic research space that is sensitive to the legacy of colonialism is evident. However what this means, in practice, has received insufficient nuancing. An overly generalist perception of the clinical uptake of psychedelics as *merely* extractive is a reductive non-solution. What is lacking from the blanket critique of psychedelic science as appropriating Indigenous plant medicines is a reflection upon how we might in fact bring Indigenous cultural perspectives *forward* in offering a decolonial model of therapeutic psychedelic use, that both honours and extends. Whilst controversies surrounding proprietary relationships with ethnomedicines are taking place and ought to be taking place, the fact is that the cultural exchange *is* occurring. As such, we are already situated in the dialectic between how to guide this cultural exchange with cultural humility, whilst simultaneously achieving the

profoundly transformative ends of psychedelics in Western clinical settings.

Yet, the question ought perhaps to be posed: how might we learn from Indigenous traditions without trying to adopt them? A point often overlooked in the charge that a Western engagement with psychedelics is intrinsically appropriative is that what has driven this process of seeking to adopt the practices of different cultures is a pervasive sense of spiritual impoverishment in the West—shaped as it is by facets of industrialisation, secularism and modernity. This impoverishment has led to our realisation that we lack the unified cosmology and mythology that we might use to navigate the space of psychedelic experiences. It is arguably for these reasons that the ambition, in some cultural sectors, to adopt Indigenous ritualised and ceremonial cultural practices is on the rise. As, first and foremost, these ritualised traditions may be understood as having emerged to provide means for Indigenous peoples to tap culturally-held reservoirs of meaning in order to navigate the inner spaces opened through ineffable experience.

(vii) Psychedelic Psychotherapy and Medical Function Creep

It has been contended that the clinical uptake of psychedelics constitutes merely the latest instance of *medical function creep*. Recent years have seen more and more common human conditions—physical, mental, and developmental—treated as matters requiring medical expertise. Are transpersonal experiences, mediated by psychedelic substances, merely the latest instance of this function creep? This is a valid concern worth addressing. The medical establishment holds great authority as a social institution by virtue of its capacity to determine what constitutes 'health', set against 'illness' or abnormality. Psychedelic psychotherapy 'prescribed' to individuals who have been medicalised—treated as pathological and ascribed a diagnosis—may simply be viewed as symptomatic of medico-industrial expansionism. Consequent concerns arise in attempting to integrate psychedelic experience into a medicalised system governed by the ideology of liberal individualism; an ideology informed by the capitalist model of valuation, according to which psychedelics' worth is measurable solely in terms of their contribution to economic productivity. This subject is gaining attention under the coinage 'psychedelic capitalism' (Devenot, Conner, & Doyle, 2022).

While there is good reason for psychedelic psychotherapy to be understood, as Hauskeller contends, as an instance of such medical function creep—positive feedback effects are still possible. The recent acceptance of these therapeutic technologies, whose curative process involves encounter with the ineffable and an expanded metacognitive perspective, has the potential for generating institutional and societal transformation. It has the potential, indeed, of legitimising the mystical encounter more broadly; by altering public perception, priorities, and ultimately perhaps legal frameworks. The institutionally-acknowledged efficacy of psychedelics may shift the fixed ideological opposition to psychedelic substances provoked by decades of public



misinformation and scare campaigning, thereby shaping political debates surrounding legalisation. This exists, of course, alongside related positive feedback provoking transformations in the Western medical model, resulting from the integration of Indigenous frameworks for understanding the psychedelic experience. In this way, transpersonal experience through encounters with the ineffable may offer a revisioning of Western psychology and cognitive science, as explored throughout this article. Hauskeller's concerns regarding medical function creep may then fail to engage with the positive potential of psychedelic medical integration.

Hauskeller expresses additional concerns regarding the impact of institutionalising usage upon covert psychedelic users in society, writing: “[there is the] realistic possibility that the individual freedom to explore one's mind and consciousness will be restricted and accessible only on prescription.” Whilst critique may be raised concerning the general prohibition against the personal freedom to explore states of consciousness, we might ask: would psychedelics really be ‘ringfenced’ for clinical use, as the author suggests? That is, would clinical legalisation have any adverse impact on the ‘underground’ usage of psychedelics? This is a profoundly questionable assertion. Why would such usage be driven out by institutionalised usage; after all, has this occurred with other plants that have become medications? This has simply been disproven in the instance of Marijuana legalisation. We might ask also if it is remotely plausible that the state could make such plants inaccessible given, for instance, that psilocybin mushrooms grow on many suburban lawns. It seems more plausible that clinical licensing may, in the long term, support the decriminalisation of psychedelic substances. Rather than viewing the admittance of psychedelic substances into therapeutic spaces as the ‘limitation’ of exceptional experiences to the clinical sphere, the institutionalised acceptance of these plants’ medicinal benefit could serve as a stepping stone towards a wider cultural validation and awareness of these substances, leading in turn, to wider acceptance of their use.

CONCLUSION

Hauskeller contributes a valuable engagement with the potential relationship between psychedelic psychotherapy and the socio-political context of alienation and individualism under consumer capitalism. However, as illustrated, there are major shortfalls in her argumentation. She covers a large discursive space in the application of critical theory: she points to dangers of the medicalisation of psychedelics; the perpetuation of systemic injustices and power relations; the commodification of ineffable experience; and the appropriation of knowledges and practices developed in cultures of the Global South. As she suggests, psychedelic psychotherapy, as with psychotherapy more generally, may merely ‘return the ailing individual’ to functionality so they may again serve their role within the machinery of the capitalist economy. Despite the validity of her concerns, in addressing

herself to so many areas her engagement is frequently cursory and one-sided.

Whilst a problematization of the revival of psychedelics in medical settings possesses value, what is required is care in re-engagement and attention to the many positive potentials that exist. In particular, we have suggested that Hauskeller fails to acknowledge the ways in which psychedelics offer a challenge to the Western reductive bio-medical understanding of healing and wellbeing. As has been contended, Indigenous knowledges in alliance with a range of emerging sciences, offer both an engagement with ethnomedicines in a less harmfully appropriative fashion, and a renewed understanding of the processes by which psychedelics achieve therapeutic change. With this understanding, what becomes apparent are the potential ways in which psychedelic medical usage may produce positive feedback upon the oppressive systems in which we are embedded. That is, transpersonal experience through encounters with the ineffable may offer a revisioning of Western psychology and cognitive science. Indeed, if psychedelics are approached with an understanding of the actual means by which they affect therapeutic outcomes—changing mental representations of the self, or self-insight derived through non-ordinary states of consciousness—then psychedelic psychotherapy offers a range of potential benefits. Such benefits include: an anti-diagnostic challenge to the medical paradigm's understanding of pathology and wellbeing; an overturning of the biomedical deficit model; a critique of the prevailing medicalised categories of madness; an expansion of our understanding of the mind-body relation; a movement towards integrative psychological practices; an increased recognition of positive psychological features grounded in cross-cultural contemplative traditions; an implicit challenge of the pharmaceutical industrial-complex and its profit motive; and an overturning of the neoliberalist, globalising tendency to decontextualise and disembed psychedelic technologies from their Indigenous frameworks of meaning, thus offering a decolonial approach to psychedelic research.

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