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**How to Change Michael Pollan's Mind:
A critical analysis of 'addiction', spirituality, and psychedelics**

Max Henderson
Independent Program
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Senior Thesis

Submitted in partial fulfillment of the requirements
for the Bachelor of Arts degree in the Independent Program

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Introduction

Psychedelics have recently become all the rage among ... prestigious, white lab-coat, mainstream academics and researchers. Wait, what? Once the icon of the illegitimate, disruptive, hedonistic counterculture, psychedelic drugs are witnessing newfound interest and respect among reputable circles of scientists. Recent clinical trials at universities such as New York University, Johns Hopkins University, the University of New Mexico, and the University of California, Los Angeles represent psychedelic drugs' foray into the mainstream as these drugs are explored for their therapeutic potential for a wide range of conditions, from depression to addiction to end-of-life anxiety in terminally ill patients. These studies have found significant success in the use of psychedelic-assisted therapies for these conditions (Bogenschutz et al., 2015; Robin L. Carhart-Harris et al., 2016; Roland R. Griffiths et al., 2016; Johnson, Garcia-Romeu, & Griffiths, 2017).

These trials represent not only the burgeoning acceptance of psychedelics into mainstream science and clinical practice, but also the resurfacing of attempts to explore psychological questions of philosophy and subjectivity in the era following the decade of the brain. In contrast to these inquiries, the Decade of the Brain – bestowed by President George H.W. Bush and referring to support for brain research in the 1990s – represented an almost unparalleled praise for reductionism and technological authority in psychology in its emphasis on neuroscience. In 2006, a paper was published in the peer-reviewed scientific journal *Psychopharmacology*, titled “Psilocybin Can Occasion Mystical-Type Experiences Having Substantial and Sustained Personal Meaning and Spiritual

Significance” (R. R. Griffiths, Richards, McCann, & Jesse, 2006) The title conveyed the beginning of the fusion of two distant worlds: “science and spirituality.” (Pollan, 2018, p. 10). Such an attempt to reconcile these two worlds represents a return to the original, and yet still unaddressed, questions and paradoxes of psychology. These inquiries were initially explored by William James yet reliably left unexplored by mainstream psychology since: studying “people in their totality” and searching for scientific truths while also recognizing the messiness of human existence (Grogan, 2013, p. 33). This new field of psychedelic science, often termed the third wave of psychedelics¹, is promoting new frontiers in science such as the legitimizing of the placebo effect with respect to more mainstream therapies (such as institutionalized therapy or pharmacological medicine) through its reframing as “meaning response” – a capacity of the mind to engage in healing through the construction of meaning (Hartogsohn, 2018; Moerman, 2002).

At same time that psychedelic science is flourishing, the overdose crisis continues to increase its death toll, and mass incarceration remains as the dominant public policy promoted by those in power to address drug use (M. Alexander, 2012; Rajagopalan, 2018a). Beyond opioids, ‘addiction’² plagues U.S. society through a myriad of forms including substances such as cocaine, alcohol, nicotine, and meth, but is certainly not limited to psychoactive compounds. ‘Addiction’ is increasingly understood as a generalized

¹ The first wave is known as the thousands of years of psychedelic practice, specifically traditional shamanic use. The second wave refers to the peak of psychedelic use prior to this period, specifically the peak in scientific trials of the 1950s, 60s, and 70s and the media hype of the 1960s counterculture.

² I place ‘addiction’ in quotations to draw attention to the problematic connotations of the word, implications that I highlight in my critiques in Chapter 1. I support the use of people-first language and maintain that substance use disorder is the most appropriate and correct terminology. However, I will continue to use ‘addiction’ throughout this thesis, to draw attention to its flaws and also because ‘addiction’, is still unfortunately the dominant terminology. With that in mind, I place ‘addiction in quotation marks to continually question this dominance.

disorder across a range of behaviors such as gambling, eating, and the acquisition of power or wealth (B. Alexander, 2010b). Such an understanding contrasts with dominant treatments and understandings of substance use disorders, which fixate on substance use itself and are often obsessively concerned with abstinence. The pervasiveness of ‘addiction’ across the United States suggests that ‘addiction’ cannot be merely understood at the level of the individual. Rather than pathologizing unhealthy behaviors in the individual, we should continue to help those suffering while relocating the basis of pathology within society itself.

In Chapter 1, I will explore how the pathologization of the individual is guilty of similar consequences and rests upon the same, flawed, core ideological assumptions as the criminalization model, which has ruined so many lives through mass incarceration and the War on Drugs. For example, Angela Garcia, in her work exploring heroin use along the Rio Grande, examines the paradoxical relationship between the criminal and medical paradigms for addressing substance use in which people who use drugs are caught between the roles of patient and prisoner (Garcia, 2010). Garcia highlights how the medical paradigm removes agency from people who use drugs through either its emphasis on neurobiological determinism or through its moral degradation through the underlying connotations of terms such as “relapse” as indicating a personal failure. Although the medical model is a primary focus of this paper, such a paradigm must be considered in the context of its interaction with the criminalization of people who use drugs, as these two paradigms are intertwined.

Both paradigms depend upon a conceptualization of the atomized, disconnected, independent, entrepreneurial individual. The criminalization paradigm accuses people who use drugs of a moral failing, of *choosing* to ignore standards of behavior. The medical paradigm asserts that people's brains are to blame, yet still locates the realm of concern, the issue to be fixed, within the individual. The field of psychology, operating under the medical paradigm through clinical psychology, has been similarly critiqued for its fixation on the individual and its subsequent disregard for the illuminations provided by broader perspectives (Parker, 2015). Dr. Peter Cohen at the University of Amsterdam convincingly argues that "the concept of 'addiction' is a necessary by-product of the concept of the individual" (P. D. A. Cohen, 2000). "It is, of course, a fiction that individual persons steer themselves ... our 'personal' steering is a socially developed, relational, and cultural ability that allows a few variations" (P. D. A. Cohen, 2000). Cohen highlights how our fixation on these variations overemphasize individual responsibility, control, motivation, and ethical purpose, while neglecting a more interconnected understanding of human behavior, one that is common to not only sociology but also Buddhism.

A critique of the medical paradigm, manifesting in an emphasis on illness as individual pathology, and a discussion of its similarities to the criminalization paradigm is not at all meant to suggest these two approaches are equal in their shortcomings. To even refer to consequences of the criminalization of people who use drugs as "shortcomings" is to underemphasize the horrors that have and continue to occur in the name of "justice." However, we must remind ourselves that the medical paradigm has, too, manifested its own

horrors. The medical paradigm, like the criminalization paradigm, serves to dehumanize people who use drugs and remove their sense of agency over their lives (P. Cohen, 2009).

In contrast to these models, in Chapter 2, I will explore spiritual approaches to ‘addiction’ which incorporate radically different perceptions of the self and approaches to pathology and healing. Definitions of spirituality, throughout the substance use field, can be vague and varied. The spiritual approaches in this exploration will focus primarily on Buddhist understandings. These approaches remain at the center of this inquiry for a variety of reasons. There exists a deep cultural history between psychedelics in the United States and Buddhism, a history which represents both justification for inquiry as well as material to draw upon. Buddhism’s teachings, particularly the Four Noble Truths and the Eightfold Path, also offer insight into our desires and our suffering and serve as tools to cultivating healthier behaviors and relationships with substances. Buddhist principles of mindfulness, self-forgiveness, lovingkindness, and compassion have been incorporated into recovery programs that speak directly to what people who use drugs need and often what the medical model is missing (Oliver, 2014). I believe that Buddhist approaches to ‘addiction’ offer the necessary tools and frameworks for moving forward in progressive approaches to ‘addiction.’ In particular, Buddhism incorporates teachings of non-dual consciousness.

Non-duality is defined by experiences of unity and interconnectedness, as a dissolution of the illusion of separateness (Evans, 2018). That is to say that Buddhism challenges the hyper-individualization and disconnectedness at the heart of the medical paradigm and instead promotes a paradigm of interconnectedness that illuminates much

that the dominant medical paradigm fails to acknowledge. Buddhism also takes a much different approach to pathology and healing, recognizing suffering as an integral part of the human condition and itself a path to greater wellbeing. This understanding is encapsulated in the phrase: “no mud, no lotus” (Nhat Hanh, 2014). Buddhism teaches us to sit with rather than suppress our suffering, and in doing so offers radically different opportunities to not only work through our suffering but also to understand our suffering, particularly its roots. The medicalization of suffering seeks to eradicate it, and in doing so, obscures its causes (A. K. Williams, Owens, & Syedullah, 2016). Upon considering and exploring Buddhist understandings of substance use, pathology, and healing, we must ask these questions: Do these spiritual paradigms seem to conflict with a medical model or are they complementary? Do these paradigms address the flaws and shortcomings of the medical model?

Recent studies in psychedelic science present the perfect opportunity for exploring these inquiries, which I will explore in Chapter 3. The emphasis on mystical experience as a crucial mechanism of action for the treatment of addiction with psychedelic-assisted therapies, in the studies conducted by Johnson et. al (2014) and Bogenschutz et al. (2015), emerges as an opportune point of departure for exploring how these recent developments in the field of psychedelic science relate to spiritual and medical paradigmatic understandings of and treatments for substance use disorders (Bogenschutz et al., 2015; Johnson, Garcia-Romeu, Cosimano, & Griffiths, 2014). The efficacy of these treatments across a range of substance use disorders (from tobacco to alcohol), as well as the prominent role of mystical experience as a mechanism of action, suggests a common component of spiritual

deprivation that is pervasive across substance use disorders (B. Alexander, 2010b; Miller, 2014). I wish to explore the validity of this underlying mechanism as well as its implications for the dominant medical paradigm.

Mystical experience, as a component of spirituality, seems, at face-value, to conflict with the dominant medical model approach to understanding and treating substance use disorders, an approach which rests upon a basis of materialism, pathologization, and individualism. Mystical and material philosophies have long been understood as mutually exclusive and conflicting. Many in the new field of psychedelic science argue that the movement represents a long overdue synthesis of the two. However, can other core elements of these two paradigms, particularly their conflicting approaches to pathology and healing, ever be reconciled in a synthesis of the two? If so, are these trials doing so? If not, which paradigm remains dominant?

Spirituality is, in many regards, in conflict with a medical model approach to illness. Particularly, the pathologizing, stigmatizing, and individualizing of the medical model directly conflicts with a spiritual approach to suffering. To what extent do these studies replicate the shortcomings of the medical model? To what extent do these studies approach the inclusion of a more engaged spirituality? I will seek to answer these questions by examining the ideological frameworks that inform the studies and compare these with my explorations of the spiritual and medical paradigms. My overarching argument seeks to highlight and critique the individualization of medical paradigms (Chapter 1) while praising the interconnectedness, self-empowerment, and potential for social justice of spiritual paradigms (Chapter 2). I then seek to situate psychedelic therapies

within these discussions (Chapter 3), exploring the limitations of these supposed radical medicines under the current mainstream movement to legitimize and legalize psychedelic therapies. I hope to highlight the pervasiveness of medical paradigms of ‘addiction’ and the overall trends of the psychedelic renaissance – that is, the continuation of depoliticized, colorblind, individual approaches to psychiatric conditions. If psychedelics do not challenge the individualization and depoliticization of the dominant paradigms for addiction then they do not offer radical new routes of healing but rather perpetuate systems of oppression that actually exacerbate the causes of ‘addiction.’

In highlighting the capacity for individual agency and self-determination of spirituality, I realize that a paradox arises in that I seem to praise that which I so heavily critique in my first chapter (Ch. 1) on the dominant narratives of ‘addiction.’ I believe there to be some fundamental differences between the secular and spiritual conceptualizations and practices of agency. The secular model is based on a distinction between individual and environment that sees the two as fundamentally separate. Agency is a means by which blame, judgment, and individualization are manifested. In contrast, spiritual practices of agency promotes empowerment and liberation; they are situated within an understanding of interconnectedness that promotes love and understanding, striving towards collective growth. The capacity for our minds to shape our realities is a core component of the teachings of mystical experiences and relates back to the legitimization of the ‘placebo effect’ in its reframing as ‘meaning response.’ We will return to this interaction between our minds and reality throughout this thesis; this

interaction is at the heart of the integrative approach of this thesis that seeks to highlight critical perspectives in conversation with spiritual wisdom.

In this light, I hope to challenge the mystical-material dichotomy that rejects either the materialism of Western science or the mysticism of Eastern and indigenous spiritualities. I maintain that consciousness, the mind itself, is a supernatural entity and we need not move beyond the bidirectional causal relationship of mind-brain (or more accurately, mind-body) to enter the realm of mystics. The mind itself manifests our realities. Seeking to understand the capacity of reality-manifesting practices opens up collective potential for social justice and cultural transformation.

Finally, in my Conclusion chapter, I will conclude with a discussion of what the psychedelic movement should be, what the substance use field needs. The interconnectedness of non-dual philosophies and experiences, as well as the ethical frameworks and practices of Buddhism, a religion centered around non-dual experiences, suggest that non-duality has the potential to inspire a sociological imagination and inform and motivate practices of transformative justice. I will briefly explore the possibility of psychedelic-assisted therapies under a critical psychology framework, as a practice of transformative justice and liberation psychology. A discussion of a politics of love and intersectionality will highlight the limitations of the current, mainstream field of clinical treatment in providing the solutions necessary to truly help people who use drugs, such as inclusive policies and practices of harm reduction including safe consumption spaces – places for people who use drugs to consume substances with medical supervision, without judgment or fear of incarceration.

My interest in these topics is intellectual, personal, spiritual, and political. As someone committed to a future career in social work, the healing potentials of psychedelics, and the progression of social justice demands for equality, this thesis feels intensely personal. Furthermore, my experience in drug policy reform and harm reduction on campus at Vassar College – through Students for Sensible Drug Policy – has shaped and motivated my attempts to support and humanize people who use drugs. I also wish to situate my thesis in my experiences this past summer, when I was working at a nature-based therapy summer camp for neurodivergent children in Oakland and living in a student-based affordable housing cooperative in Berkeley.

The contrast between diverse Oakland and “hippie” Berkeley was exemplified by my experience attending Michael Pollan’s lecture in Berkeley on *How To Change Your Mind*, his new book on psychedelics, while I was also working at this summer camp. He spoke of his experiences and knowledge of psychedelics, using terms such as “love” and “unity” while also referring to himself in a highly problematic phrase: “spiritually retarded.” After attending the lecture, I began to read a copy of his book that I received at the talk. While reading this book written by a formerly “spiritually retarded” white, middle-class cishet male, I was working one-on-one as a social aid to a child of color with autism, actually striving to practice the “love” and “compassion” that Pollan had said he experienced through psychedelics, yet undermined in his derogatory phrase. I began to see the disconnect or limitation between what psychedelics were preaching, and what they actually could accomplish.

Chapter 1:

A sociological critique of medical paradigms of 'addiction'

"Keep Your Brain Healthy. Don't Use Drugs" - quoted from the National Institute of Drug Abuse's Media Campaign (2000)

This chapter will highlight an overview of Western discourses around addiction, including dominant medical and critical approaches. First, I will highlight the individualization that is at the core of secular science and medicine (Section 1.1). I will then discuss the brain-disease paradigm that represents the dominant understanding of medical approaches to 'addiction' (Section 1.2). Such a paradigm is limited in its neurobiological reductionism that reduces complex phenomena to the brain, thereby limiting an understanding of people as social and cultural organisms with lived subjective experiences that influence their realities.

Although neurobiological perspectives on addiction do acknowledge the role of 'environmental' factors in contributing to the pathology of addiction, medical paradigm's emphasis on individual agency depoliticizes the conversations about and treatments for addiction by shifting attention away from sociocultural flaws. Furthermore, the reduction of agency, framed in a medical light as a consequence of disease, limits people who use

drugs in their capacity for self-directed growth beyond self-destructive cycles and enforces anti-democratic language and perceptions of dependency upon medical structures.

I then look to Western medicine more generally to understand the limitations of medicalization (beyond just neuroscientific paradigms), especially within the prevailing context of criminalization that surrounds drug use globally (Section 1.3 and 1.4). I will argue that medical approaches are depoliticized and decontextualized in their promotion of ‘objectivity’ and individualism that in actuality promotes neoliberal conceptualizations and perpetuates colorblind structures of medicine that lack an intersectional approach. These medical approaches perpetuate systems of oppression and fail to more meaningfully incorporate sociocultural and identity-sensitive perspectives into diagnosis, treatment, and policy. Medical paradigms fail to acknowledge and emphasize collective and cultural causes, instead focusing on the level of the individual.

If medical models do not challenge the individualization of addiction paradigms then they do not represent radical and progressive departures from criminalization approaches to addiction. That is to say that medical and criminalization approaches can, and often do, coexist. The intersectional oppression and individualism integral to criminalization approaches are not inherently challenged by medical approaches, which are often seen as promoting alternative, non-criminal approaches to drug use. I will discuss later in this chapter the whiteness of medical and public health approaches to ‘addiction’ that not only coincides with the racist drug war but also perpetuates criminalization structures in that it further separates white policies from those applied to people of color.

In contrast, social and cultural models provide radical, critical, and cultural approaches for conceptualizing ‘addiction’ and highlight limitations of current medical models (Section 1.5). The insights of sociocultural and critical approaches are discussed in this chapter, while the following chapter (Ch. 2) provides direction for incorporating the practicality of medical approaches with the necessary critical insight of socio-cultural approaches. Far from rejecting the dominant brain disease paradigm and its foundational knowledge altogether, critical perspectives that emphasize the social, cultural, and political conceptualizations of addiction must incorporate a “consideration of the physiology, biochemistry, and neurobiology” of addiction in order to transcend the “biology/culture dualism” (Dunbar, Kushner, & Vrecko, 2010, p. 2). Critiques of the dominant medical paradigms of addiction should not dismiss the genuine – if not entirely successful – efforts within medicalization to destigmatize substance use and promote harm reduction.

1.1 - Individualization and Atomization

We can understand the atomization of drug use as rooted in our conceptualization of the individual. Dr. Peter Cohen roots these conceptualizations in the social history of Protestantism which supplanted the power of the Church with notions of individual responsibility as a means of direct accountability to God. Similarly, the individual accountability, morality, and entrepreneurial spirit at the heart of Western, capitalist societies was famously analyzed by Max Weber (Weber, 2013). The conceptualization of the individual promoted by the Protestant Reformation demanded personal responsibility in new ways. “The structuring of right and wrong became more of an individual activity than

ever before,” as one’s reliance upon the Church or priests diffused into personal responsibility (P. D. A. Cohen, 2000). The autonomous individual was born.

Such beliefs about individuality persist, deeply ingrained into the ways we see the world, the ways we design our public policies, the ways we judge and understand the behavior of others. That is to say, that individuality is at the heart of dominant paradigms in the United States. “We have beliefs about individual responsibility, about how we are motivated to act, and to what good purposes individual capacities should be used” (P. D. A. Cohen, 2000). Conceptualizations of the individual promote beliefs about entrepreneurialism and our ability and responsibility to develop “navigational powers that reside *inside* the person, powers we need in order to develop the self in an aggressive and chaotic world” (emphasis added) (P. D. A. Cohen, 2000).

The dominant paradigm within ‘addiction’ studies is known as the NIDA (National Institute on Drug Abuse) paradigm for NIDA’s role in advancing this paradigm in both research and policy. Through its location of ‘addiction’ within the individual brain, the NIDA paradigm fails to question the roots of its underlying assumptions of individuality that are the foundation of the paradigm. These unquestioned assumptions fundamentally undermine the supposed objectivity of its scientific research and claims. As Peter Cohen (2000) points out, these assumptions, rather than stemming from “objective” understandings,

are inherited from the Reformation and its Renaissance roots. It is, of course, a fiction that individual persons steer themselves, as if an inner compass were installed in each of us. Our ‘personal’ steering is a socially developed,

relational and cultural ability that allows a few variations, although for us it seem as if this variation constitutes the summit of individuality. The steering forces that shape men and move them in relation to each other (history, role, climate, economic conditions, etc.) are so inherent to location, cultures of upbringing, and period in which a person develops, that the imprints they make determine human beings at least as much and probably much more than the differences between them. True, no two waves in the sea are the same, but how important are these differences to understand the phenomenon of waves (P. D. A. Cohen, 2000).

Importantly, Cohen does not dismiss entirely the possibility of variation and self-determinism, but rather stresses that the dominant and limited conceptualizations of the individual overemphasize such possibilities, to the point of viewing them as the entirety of the picture rather than a very small part. The possibility of variation, through self-determinism, will re-emerge as an important consideration in later discussions on spiritual understandings of and approaches to addiction. Although the medical model attempts to move beyond the moral baggage of individualism and choice, it nevertheless remains rooted in the individual as the supreme basis of choice, locating limitations to choice primarily within the individual brain rather than external forces. In maintaining a focus on the individual, medical models fail to subvert the moral weight of ‘addiction’ paradigms. Although many advocates of the medical model emphasize that acknowledging ‘addiction’ as a brain disease results in the destigmatization of ‘addiction’ struggles, the inability to move beyond individualist models obstructs progress away from the

moralization of ‘addiction’. We can understand limited or unsuccessful efforts at destigmatization as failures to adequately promote collective understandings of ‘addiction’ that relocate the primary focus of concern outside of the individual.

1.2 - Addiction as brain disease: the NIDA paradigm

The dominant medical model of addiction promoted by the National Institute on Drug Abuse (NIDA) – referred to henceforth as the NIDA paradigm – conceptualizes addiction as a brain disorder (Dunbar et al., 2010). This paradigm, which underlies the NIDA’s research and funding programs, assumes and perpetuates atomistic understandings of substance use that parallel neo-liberal conceptualizations of individualism, rational actors, personal responsibility, and individual autonomy (P. D. A. Cohen, 2000; Hunt, Milhet, Bergeron, & Moloney, 2016; Netherland, 2012). Such atomistic understandings underlie the pathologization of substance use which locate the causes of addiction within the individual. The pathologization of substance use as individual disease located within the brain serves to depoliticize addiction discourse and treatment, decontextualizing people’s substance use from the sources of their suffering, including intersectional oppression and cultural malaise. By doing so, the dominant paradigms of addiction, in their efforts to treat the biological aspects of addiction, actually serve to perpetuate the social, collective causes of the suffering that underlie addiction.

Furthermore, the NIDA paradigm fails to destigmatize and de-moralize addiction and removes agency from and disempowers people who use drugs; the NIDA paradigm, far from the lofty and idealistic goals of medicalization — such as the restoration of basic

dignities to people who use drugs in the eyes of society – functions to dehumanize people who use drugs and acts as a form of social control. The failed potentials of medicalization are discussed later on this chapter in Section 1.4. The dominant medical model of addiction does not rebuke or deny such atomistic understandings of autonomy, but rather seeks to remove the burdens of agency and responsibility by locating pathology in the brain. In doing so, medical models actually undermine the capacity for self-determination and healing from within – capacities that I find emphasized in Buddhist and spiritual approaches, as discussed in the next chapter (Ch. 2) (P. Cohen, 2009). Medicalization seeks to move away from the moralization of choices but still emphasizes the individuality and importance of choice.

The NIDA paradigm is further plagued by its almost exclusive and reductionist reliance upon paradigms of epidemiology, psychiatry, and neurobiology and its uncritical promotion of pharmaceuticalization. The NIDA paradigm emphasizes a loss of autonomy as resulting from neurophysiological changes in the brain and the psychopharmacological cravings stemming from drug use. In doing so, the medical model constructs social realities and personal narratives of relapse that manifest as self-fulfilling prophecies. The consequences of these paradigms centered in biological determinism function to disempower people who use drugs and reinforce the inevitability of relapse (P. Cohen, 2009); even more progressive paradigms of medicalization that seek to promote harm reduction and depathologization – such as therapeutic orientations of pain medicine and psychology – fall prey to the individualization that perpetuates collective causes. I do not

mean to suggest that these functions are whatsoever the aims of medical professionals but rather the consequences of medical paradigms.

The NIDA paradigm is a continuation of atomistic understandings of drug use and personhood through its emphasis on pathologizing addiction within the individual brain. By doing so, the medicalization of substance use, of which the NIDA paradigm is merely the latest iteration, removes agency from people who use drugs akin to the removal of agency from incarcerated people through the punitive criminal justice system. The connections between the medicalization and incarceration of drug use are explored later in this chapter in Section 1.5. “Currently, the neurochemical thinking that dominates addiction produces craving and relapse as the primary objects of explanation rather than other aspects of the addictive experience” (Keane & Hamill, 2010, p. 53). The dominant conceptualizations of addiction fail to incorporate more in-depth understandings of craving and relapse as situated within deeply complex life histories, themselves embedded within sociocultural and historical contexts.

Instead, deterministic models of addiction reduce addicts to their brain; the discourse of the NIDA paradigm emphasizes neurochemical and physiological processes that are viewed as “fundamental and persistent neuroadaptive changes,” in the words of Alan Leshner, former head of the NIDA (Keane & Hamill, 2010, p. 53). Addicts are indoctrinated into addiction paradigms that emphasize the inevitability of relapse by reducing choice to acts of compulsion determined by neurophysiological processes in the brain. Addiction is not a disease that can be simply ‘cured,’ and by reducing relapse to biological processes, addiction paradigms frame relapse as a function of forces beyond

one's control, yet firmly within oneself. The cultural prominence and political power of the NIDA paradigm can be most recently attributed to the rise of neuroscience and the Decade of the Brain which paved the way for an emphasis on the “cellular and molecular mechanisms that mediate the transition from occasional, controlled drug use to the loss of behavioral control over drug-seeking and drug-taking that defines chronic addiction” (Netherland, 2012, p. 16). Such narratives of chronic relapse and loss of control limit the potential for self-determinism and recovery, as witnessed by an emphasis on total-abstinence and a disbelief in the ability for ‘addicts’ to return to non-problematic drug use (Keane & Hamill, 2010, p. 54; Leshner, 2001).³

Rather than destigmatizing and demoralizing addiction through a neural understanding of addiction as “an anomaly in the dopamine reward system, ... neural explanations continue to pathologize drug use and people who use drugs by constructing drugs as agents of disease that inexorably produce brain dysfunction” (Keane & Hamill, 2010, p. 65). Medical paradigms of addiction fixate on neuro-pharmaco-biochemical effects and epidemiological and psychiatric approaches to research and treatment⁴. These

³ Unfortunately, a more thorough exploration of alternative approaches to total abstinence – and a critique of total abstinence – are beyond the scope of this paper. However, we can look to Evo Health and Wellness as an example of one treatment center exploring alternative treatment programs (“About Evo Health and Wellness Addiction Treatment Program - Evo Health and Wellness,” n.d.)

⁴ In anticipation of critique: Even public health perspectives – which some may argue are representative of approaches that counter the arguments I present here – still rely upon the NIDA paradigm for understanding and expressing views/approaches/policies of substance abuse; that is to say that public health approaches acknowledge environmental factors but still emphasize individual choice and behavior (as located and impaired in the brain) rather than social, political, and cultural change. This emphasis is the result of the dominance of individualist paradigms of pathology and maladjustment as well as the limitations of a political arena and society built upon notions of the atomized individual.

intertwined scientific fields – neuroscience, pharmacology, biochemistry – contribute to reductionist understandings of and treatments for addiction “in which the role of the user [(personality, system of beliefs and values, the personal function of the substance)] and the role of the social setting become underexposed” (Decorte, 2016, p. 37; Morgan & Zimmer, 1997; Reinarman, Murphy, & Waldorf, 1994; Zinberg, 1984).

The current biological trends to understand drug use and construct treatments and therapies through neuropharmacology and genetics – as a means of understanding and predicting risk factors – highlight the reductionist paradigms that frame addiction as a brain disease and direct research, health-care, and policy. Decorte and Cohen highlight the inadequacies and blind spots of neuroscientific paradigms:

Human beings are more complex, more subtle, richer and more incomprehensible than the molecules in our brains ... We cannot reduce everything that bears meaning in life (including substances to a user), and the possible problems of the mind or soul, to processes in the human brain. (Decorte, 2016, p. 37)

Neuroscientific paradigms fail to acknowledge that “there is little knowledge of how molecular events translate into cellular interactions and ultimately into complex social behaviors” (Netherland, 2012, p. 19). Neuroscientific knowledge does little to highlight the validity of our concepts of addiction (relapse, craving, self-destructive behavior) but rather operates on the basis of assuming rather than exploring the empirical or lived truth of these concepts (P. Cohen, 2009; P. D. A. Cohen, 2000).

Keane and Hamill note how the molecular biological approaches that underlie the neuroscientific paradigm of addiction as a brain disease represents what Nikolas Rose refers

to as a scientific shift to a “molecular style of thought” (Keane & Hamill, 2010, p. 52). The neuroscientific paradigms establish “what *it is* to explain and what *there is* to explain; it ‘shapes and establishes the very object of explanation’” (Keane & Hamill, 2010). In other words, the neuroscientific or brain disease paradigm of addiction is accepted as fact rather than “belief, ideology, or assertion” (Netherland, 2012, p. 7). Rather than acknowledging the complexity of human beings, this paradigm represents a “molecular style of seeing, thinking, and acting [which] has modified objects such as the brain and the gene so ‘that they appear in a new way, with new properties, and new relations and distinctions with other objects’” (Keane & Hamill, 2010, p. 53; Rose, 2007, p. 12). Nancy D. Campbell in her elaboration on the medicalization and biomedicalization of addiction refers to the work of Jellinek – who ran the Yale Center of Alcohol Studies – who references Immanuel Kant: “A formal definition is one which not only clarifies a concept but at the same time establishes its objective reality” (Jellinek, 1960, p. 35; Netherland, 2012, p. 12). In this regard, we can understand neuroscientific paradigms in the context of power dynamics that shape the ‘truths’ that emerge from empirical science, truths that shape public policy and perceptions.

1.3 - An overall critique of medicalization: non-neuroscientific paradigms and the limitations of medicalization within a context of criminalization

American Studies scholar and licensed psychotherapist Jessica Grogan similarly highlights such a critique as emblematic of the field of psychology — overall and historically – as shying away from the complexities of the human mind, thereby leaving

much left unknown and many false claims of assuredness (Grogan, 2013). Grogan, in her exploration of the Humanistic Psychology movement, notes how reductionist paradigms are fueled by a scientific and political bias towards quantification that are ill equipped “to study people in their totality, seeking to arrive at scientific truths without running away from the full complexity of the human organism” (Grogan, 2013, p. 33). Such an emphasis on quantification is witnessed within pathology-oriented epidemiological models (NIDA paradigm) of addiction that emphasize evidence-based paradigms.

Understanding the pervasiveness of the ideas underlying the shortcomings of dominant addiction paradigms highlights the deeply ingrained paradigms that are at work here. Furthermore, psychology is a particular interesting point of discussion, for mainstream psychology serves as a means of further individualizing addiction through therapeutic treatments. Conceptualizing ‘addiction’ as psychic dependence still emphasizes an understanding of ‘addiction’ and suffering as located primarily within the individual, given the lense of mainstream psychology. In the next chapter (Ch. 2), Buddhism will be discussed for its capacity to center ‘addiction’ in experiences of subjectivity (or psychic dependence), yet through a lense of interconnectedness and a normalizing and destigmatizing understanding of craving and desire.

We can further understand the limitation of medical paradigms – with the NIDA case as the latest iteration -- through the unsuccessful medicalization of addiction within an overarching context of criminalization, the differential applications of medical paradigms, and the disconnect between theory and policy. Keane and Hamill note that, in theory

medicalization can promote therapeutic over punitive responses and can assist in the stigmatization and humanization of ‘addicts’:

The formulation of addiction as a chronic and relapsing brain disease certainly suggests that responses to drug problems should be less punitive and more therapeutic than is the norm (see (Kuhar, 2010)). By couching addiction as a medical disorder rather than a moral failing, addicts are refigured as suffering and vulnerable individuals who have a right to humane and effective treatment. Moreover, by proposing that addiction results from an ecologically necessary capacity of the brain to remember and learn from pleasurable experiences, these theories suggest that losing control over consumptive behaviour is not an experience alien to normal human functioning but a side effect of human evolution (Koob, 2006). (Keane & Hamill, 2010, p. 53)

“Nevertheless, in the neurochemistry of addiction, the molecular is routinely translated back into the familiar figure of the disordered drug abuser” (Keane & Hamill, 2010, p. 53). The former head of NIDA (the National Institute on Drug Abuse) emphasizes the ‘fundamental and persistent neuroadaptive changes’ of drug use, distinctively marking the habitual use of drugs as universally abnormal. “Leshner’s conception of a person with a substance use disorder as a subject marked by an objective, universal and permanent difference from the normal individual reflects a robust pre-existing discourse of addiction as a moral as well as a biological condition” (Keane & Hamill, 2010, p. 53). Leshner portrays a paradoxical image of the drug user in which the initial voluntary consumption of drugs – an intensely morally charged act – is contrasted with neuropharmacological

explanations: “the construction of the addict as a physically, psychologically and morally pathological subject coexists with the molecular discourse of neural anomaly” (Keane & Hamill, 2010, p. 53). Although medical discourse is claimed as promoting the destigmatization and depathologization of ‘addicts,’ such efforts do not challenge but rather exist alongside the intense moral atmosphere of drug use. The pathological and immoral portrayals of drug use are rooted in previously discussed secular conceptualizations of the individual as self-steering and autonomous. Furthermore, the overarching criminal culture, which is certainly still the dominant paradigm for addressing drug use, limits the destigmatization and depathologization of ‘addicts.’ Alongside promoting public health perspectives, Leshner also adamantly argues that such approaches “must be combined with continued efforts to control the supply of drugs, which he describes as the agents in the spread of drug abuse” (Keane & Hamill, 2010, p. 54). Paradoxically, the individualization at the heart of our punitive criminal justice system – that Leshner is promoting through supporting the War on Drugs through the criminalization of suppliers – directly undermines potential collective, public health or community psychology approaches to ‘addiction’

Although the NIDA paradigm represents the dominant paradigm within ‘addiction’ studies and is the driving force in policy and research, I also wish to highlight the reductionism of other medical models, particularly those more involved with actual treatment programs such as pain medicine and psychotherapy. Keane and Hamill contrast the limitations of neuroscientific paradigms of ‘addiction’ with the field of pain medicine which promotes a more therapeutic, psychological approach aimed at reducing suffering

and addressing destructive behaviors (Keane & Hamill, 2010, p. 53). In the case of opioids, pain management approaches emphasize the “low morbidity (compared with other analgesics), a low addiction potential and an ability to enhance quality of life when used appropriately” (Aronoff, 2000; Keane & Hamill, 2010). Pain management perspectives emphasize the capacity of drug use to enable “normal functioning in the presence of intractable and disabling pain,” thereby seeking to provide a destigmatizing lense for understanding and relating to drug use (Keane & Hamill, 2010, p. 58).

Thus, pain medicine carefully separates the physiological and neural changes of long-term drug use from the psychological condition of ‘true addiction,’ which is characterized by the aberrant behavior, craving and loss of control. In a field where the use of opiates is normalized, identification of the addict is based on a global evaluation of conduct, personality, and past history rather than the process of neuroadaptation.

Pain medicine focuses on and accepts the subjective nature of drug use (Seymour, Clark, & Winslow, 2005). The emphasis on psychological manifestation of ‘addiction’ challenges the neurobiological reductionism of brain-based paradigms – which lack a more nuanced understanding of the complexity between neuropharmacological action and psychological manifestation of ‘disorder’ that cannot simply be reduced to the causal forces of neuropharmacology. Furthermore, pain management approaches are supported by findings that demonstrate that “no more than 10 percent of those taking opioids for pain get addicted (it’s less than 1 per cent for those with no history of dependent drug use) and of those who do get addicted, about half quit within four to five years, and almost everyone

quits eventually” (Blanco et al., 2013; Lewis & Shelly, 2017; McKenna, 2016; Vowles et al., 2015). Pain management theory emphasizes the differences between physical dependence – seen not as inherently a problem but a very manageable outcome of long-term opioid pain management – and psychological addiction – seen as problematic, self-destructive, and to be treated. (Keane & Hamill, 2010)

Despite these supposed benefits, pain medicine still operates to stigmatize and marginalize ‘addicts.’ Pain management functions to stigmatize and marginalize addiction by separation ‘addiction,’ thereby “[excluding addiction] from moral concern” (Bell & Salmon, 2009; Keane & Hamill, 2010, p. 60).

By defining pain as an experience that has an intrinsic emotional and affective component, pain medicine legitimizes psychological investigation and intervention as part of its practice. However, it avoids the suggestion that emotional distress, anxiety and depression are *causes* of pain as such claims could easily re-invoke the belief that causes of persistent pain without evidence of organic pathology can be dismissed as imaginary ... Although it endorses an understanding of the psychology of pain as necessary for an effective therapeutic response, its object of concern is physical pain. Although recent research on grief, rejection and exclusion suggests that social pain and physical pain operate through common physiological and psychological mechanisms, the realm of emotional hurt is not addressed in standard pain texts (MacDonald & Leary, 2005). Thus, like addiction science, pain medicine has a complex relationship to the binary categories of the physical and the

psychological, simultaneously disavowing and relying on the dualist distinction.(Keane & Hamill, 2010, p. 61)

We can understand the limitations of pain medicine then, as attempting to address psychological, subjective pain yet remaining committed to an exclusively materialist worldview that rejects the legitimacy of psychological suffering and also fails to acknowledge the material and collective causes of psychological suffering.

1.4 - Depoliticization: neoliberal privatization, colorblind medicine, and a lack of intersectionality

Individualist paradigms – common to Western, secular, medical approaches to ‘addiction’ – obscure collective causes and thereby perpetuate ‘addiction’. To the extent that they recognize the effects of collective causes, they do so in a way that still emphasizes the manifestation of suffering within the individual, stressing the ways in which the individual can navigate these forces rather than challenging the status quo of culture and society. The atomized individual at the heart of our understandings of addiction are inherent to neoliberal conceptualizations, criminal models, and pathology paradigms. The pathologization and even medicalization of substance use firmly locates the basis of illness within the individual, specifically within the brain in the case of the NIDA paradigm. “Contemporary constructions of addiction that locate the causes of addiction pathology within the individual (and often within the individual brain) also reinforce neoliberal ideals about individualism and personal responsibility” (Netherland, 2012, p. xix). Atomized conceptualizations of the individual, rooted in Protestant ideology, persist to this day in the

pervasiveness of neoliberalism. Neoliberal paradigms interact with not only conceptualizations of drug use and ‘addiction’, but also exacerbate drug problems themselves.

The pathologization of substance use not only depends upon neoliberal understandings of the individual but also distracts discourse, treatment, and policies away from questioning and challenging the neoliberal structures and ideologies that exacerbate drug problems. “The neoliberal culture underpinning drug policies contributes to the reproduction and worsening of social deprivation and poverty, which themselves are key determinants of the precarious drug user ... Personal suffering is politically structured often based on puritanically inspired traditions of righteous individualism that define poverty to be a moral failing of the individual.” (Hunt et al., 2016, p. 10). Medical approaches to ‘addiction’ fail to question the systems of power – such as neoliberal capitalism, white supremacy, or heteropatriarchy – that shape our lives.

We can also witness this decontextualization of suffering in the “hegemonic, White U.S. mental health care system,” which is emblematic of the field of medicine overall. The promotion of individualized and ‘objective’ medical understandings systematically fails to grapple with the inherent whiteness at the heart of these conceptualizations and medical structures and the effect of intersectional identities on the manifestation and treatment of medical disorders. There exists “long-standing economic barriers to psychological treatments for minorities and a shameful history of the medical establishment subjecting minorities to significant harm as a direct result of medical research participations” (Katz et al., 2006; Michaels, Purdon, Collins, & Williams, 2018, p. 3; Mojtabai et al., 2011;

Youman, Drapalski, Stuewig, Bagley, & Tangney, 2010). Scholar Harriet A. Washington has discussed the systematic medical exploitation of Black people as a form of “medical apartheid” (Washington, 2006). Like our white medical structures, the War on Drugs is an inherently racist tactic (Diaz-Cotto, 2005; “Race and the Drug War,” n.d.). Public health approaches to ‘addiction’ not only fail to challenge structures of racism and other identity-related oppressions but also promote the criminalization of drug supply. “Although Black Americans are no more likely than Whites to use illicit drugs, they are 6-10 times more likely to be incarcerated for drug offenses” (Netherland & Hansen, 2017, p. 1). Public health approaches that fail to challenge narratives of choice, especially the ways in which such narratives are differentially applied to white and Black people (‘addiction’ vs. criminalization), uphold systems of oppression and thereby perpetuate the causes of ‘addiction’. Netherland and Hansen articulate the racism inherent to the ‘addiction’ treatment and the surrounding drug policy, highlighting

four ‘technologies of whiteness’ (neuroscience, pharmaceutical technology, legislative innovation, and marketing)” [to understand how the] ‘White drug war’ has carved out a less punitive, clinical realm for Whites their drug use is decriminalized, treated primarily as a biomedical disease, and where their whiteness is preserved, leaving intact more punitive systems that govern the drug use of people of color (Netherland & Hansen, 2017)

The decontextualization of medical paradigms of ‘addiction’ can be understood as a tool of white supremacy; in their capacity to decontextualize white ‘addiction’ and treat white people as individuals, biomedical approaches promote an ignorance of the contexts of

racism that perpetuate the War on Drugs and deprive people of color of more humane, medical treatment. It is vitally necessary to consider how our models of ‘addiction’ uphold white supremacist, heteropatriarchal systems of oppression that criminalize people of color for their drug use. Although harm-reduction movements promoting public health approaches to addiction are rooted in white privilege – as white people are offered treatment while people of color are criminalized – our approaches to addiction still significantly affect people of color in that they are informed by and perpetuate the same models of individual choice that are used to maintain systems of incarceration.

Furthermore, the criminalization of people of color under the War on Drugs only further exacerbates the need for more progressive and intersectional treatments for addiction. As Julia Sudbury notes in *Interrupted Life: Experiences of Incarcerated Women in the United States*:

Because the war on drugs has played such a huge role in the boom in imprisonment, strategies to tackle substance abuse and addiction must play a critical role in any abolitionist vision. The recovery movement, a user-led mental health and addiction movement, offers an important alternative to the criminalization of drug and alcohol abuse. (Sudbury, 2010, p. 22)

Although I highlight the role of race in the criminalization of drug use, I also wish to draw attention to the vital necessity of an intersectional approach that acknowledges people’s multiplicity of identities and the compounding effects of marginalization. Patricia Hill Collins and Sirma Bilge define intersectionality as

a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways (Collins & Bilge, 2016, p. 2).

Intersectionality emerged as a paradigm for understanding and articulating the ways in which multiple systems of power, such as white supremacy and the patriarchy, act upon people's lives in ways that cannot be separated – for instance how Black women's concerns, needs, and narratives are often excluded by the anti-racism efforts led by Black men or the feminist efforts led by white women. For the purposes of this thesis, we can also understand intersectionality as an attempt to grapple with the complexity of lived experience in a manner that stands in stark contrast to medical models.

Medical paradigms of 'addiction' lack a systemic critique of the status quo, and instead seek to rehabilitate individuals to fundamentally flawed social structures. The effects of medical paradigms disproportionately affect marginalized groups; the limitations of depoliticization and individualization highlighted throughout this chapter are compounded by intersectional oppressions that limit access to healthcare, trap people of color between medical and criminal structures, and exacerbate suffering (understood as an individualized source of 'addiction'). The comorbidity of mental illness and addiction should be further highlighted in politicized, contextualized approaches that acknowledge the collective causes of mental illness. Although such discussions are beyond the scope of this paper, critical race, feminist, and other critical approaches have emerged that could

serve to contextualize substance use disorders in the lived experiences of intersectional oppression (Parker, 2015; Salter & Adams, 2013). Important to the treatment of ‘addiction’, “the invalidation and avoidance of racial-cultural issues by clinicians has had detrimental consequences on relationships between mental health practitioners and their patients or clients of color” (Michaels et al., 2018, p. 3). Practitioners’ lack of sociocultural sensitivity can actually result in a therapeutic experience that does more harm than good.

1.5 - Social, cultural, and political conceptualizations of ‘addiction’

Social, cultural, and political perspectives engage with alternative conceptualizations of addiction and are highlighted by labelling theory, social models of disability, and socio-somatic and biocultural perspectives. A full discussion of all of these approaches are beyond the scope of this project. The importance of these frameworks lies in their capacity to identify the causes of addiction outside of the individual and to shift away from models of individual pathology to reorient our focuses on social pathology, diagnosing and treating the ways in which society itself is deeply sick and in need of ‘treatment.’ Furthermore, these approaches highlight the power dynamics at play in conceptualizations of and treatments for ‘addiction,’ challenging the objectivity of biological and psychological approaches at the heart of medical models. “In contrast to the brain disease model, historians, sociologists, and anthropologists of addiction have suggested that the classification of certain substances as illicit or licit tells us more about social norms and power relationships than about the psychopharmacological properties of

the substances themselves” (Kushner, 2010, p. 8). Social paradigms of drug use affirm that the effects of drug use are highly contingent upon the contexts of their use (such as race and class), rooted in the exploration of what Peter Berger and Thomas Luckmann termed the “social construction of reality” (Berger & Luckmann, 1966; Kaye, n.d., p. 32). Howard Becker pioneered a labelling theory approach termed the symbolic interactionist approach which “suggests that our experiences are fundamentally shaped by the labels we use to identify those experiences and that by shifting the labels we can profoundly shift those experiences” (Kaye, n.d., p. 32). He famously argued his perspective in his essay “Becoming a Marijuana User” which explored the ways in which the experience of a drug’s effects must be learned and is therefore shaped by predispositions that shape such an experience and influence the construction of personal meaning (Becker, 1963).

Thomas Szasz is likely the most famous advocate of social constructivist approaches to psychiatric conditions. His anti-psychiatry theories rejected psychiatric diseases as real and conceptualized ‘crazy’ people as “simply individuals who lived ‘outside the box’ and who were being oppressed by society’s rigid definitions of normality. Psychiatry here appears as a form of social domination, with the label of ‘disease’ acting as a mechanism of normalization” (Kaye, n.d., p. 33; Szasz, 1961). Szasz’s criticisms question the very nature of maladjustment paradigms of pathologization. Peter Conrad’s work on the medicalization of deviance further highlights how the social construction of addiction is rooted in the pathologizing of non-normative, ‘deviant’ behavior (Conrad, 1975, 1976). .

Although Szasz's criticism holds great significance in affirming the validity of social construction and labelling theory, questioning the claims and assumptions of the medical model, and challenging the hegemonic, normalizing goals of powerful institutions of medicine, we should resist the "trap of cultural determinism" (in the words of feminist Judith Butler) – just as we reject the reductionism of biological determinism (Butler, 1993, p. x). "Questioning the medical model doesn't mean mental illness is a myth. Far from it. People's distress is very real" (Sheikh, 2015). With respect to 'addiction' as a mental illness, there is certainly a material basis of the effects of drugs, rooted in neuropharmacology. "The question then, is not whether or not some sort of material reality exists – generally speaking, 'drugs' have a different action on the brain than does broccoli – but how to conceive of our relationship, as both symbolic and material creatures, with that reality" (Kaye, n.d., p. 33). I would also add we must conceive of our relationship with reality as creatures with free will and agency – of course, within and affected by infinite and often overwhelming external forces/factors.

Kaye, in his chapter in *Critical Perspectives on Addiction* titled "De-Medicalizing Addiction: Toward Biocultural Understandings," highlights the importance of acknowledging the social processes and dynamics of power at play in the social construction of addiction. He refers to Donna Haraway's understanding that "facts are theory laden, theories are value laden, and values are history laden" and her "material-semiotic" approach which describes the synthesis of the "imaginary and the real" into "facts" (Haraway, 1981, p. 477, 1997; Kaye, n.d.). STS (Science, technology, and society) scholars have come to similar conclusions. "All of these approaches essentially

acknowledge that there is such a thing as a real world, but argue that there is no way to say anything about it outside of culture and politics” (Kaye, n.d., p. 34).

Theories of social disability are particularly illuminating when used to further understand conceptualizations of ‘addiction’. The discipline of disability studies is rooted in questions of the medicine and the body and in a commitment to a politicization of these matters. “It is thus not solely the physical condition of the body alone that defines impairment/disability but the interaction of this materiality with a society’s norms and functional demands that create ‘disability’ among those who ‘fail’ in some way or another” (L. J. Davis, 1997; Ingstad & Whyte, 1995; Kaye, n.d., p. 35; Shakespeare, 1998). Gareth Williams, disability theorist, notes that disability is not solely dependent upon or reducible to biology or society but rather is a product of both – an emergent phenomenon that cannot be understood as simply the sum of its parts (G. Williams, 1998). ‘Disability’ provides a framework to understand ‘addiction’ as a failure to conform to societal norms and responses to ‘addiction’ – including medical and criminal policies and interventions – as an attempt to exclude, fix, or punish deviant people. “All diseases and disabilities are thus *socio-somatic* in that they first arise from tasks and norms established by society, and are only then seen ‘in the body’ in terms of a failure to accomplish those (now taken-for-granted) ideals” (Kaye, n.d., p. 36). The pathologization of ‘addiction’ as a biocultural condition can best understood in the contexts of societal norms and the labelling of deviant behavior.

1.6 - Transition into Buddhism and spirituality

Evaluating the significance of these discussions, we can ask ourselves a few questions moving forward in our explorations of ‘addiction.’ In considering Buddhist, spiritual, and psychedelic approaches to ‘addiction,’ we will explore whether they:

1. Challenge us to move beyond – without rejecting – the neurobiological reductionism of the brain-disease paradigm
2. Challenge the underlying ideological frameworks – of choice, individualism, materialism, and moralization – and hegemonic, oppressive consequences of medical paradigms more generally
3. Incorporate social and cultural perspectives while also providing concrete tools for healing

In this next chapter, I will argue that Buddhist approaches to ‘addiction’ offer the necessary tools and frameworks for moving forward in progressive approaches to ‘addiction.’

Chapter 2:

Buddhism and spirituality as offering the conceptual and practical tools to address ‘addiction’

Buddhist thought and practices respond to flaws in medical paradigms. Specifically, Buddhist-inspired recovery practices and Buddhist philosophy address the limitations of medical paradigms: individualization, biological/neuroscientific reductionism, and depoliticization. Buddhist approaches/thought offer insight into the subjective experiences of addiction, rooted in craving, suffering, relief, pleasure, and consciousness. This lense of consciousness provides further insight into biocultural paradigms, highlighting the limitations of secular approaches and the need for transcending not only the biocultural divide but also the mystical-material dichotomy. Engaged and political practices of spirituality, rooted in yet not limited to Buddhism, are discussed as vitally and inherently necessary to honor the lived truth of interconnectedness which lies at the heart of Buddhist philosophy. Buddhist approaches are just one example of how spirituality can address the need to acknowledge both individual and collective suffering, to promote healing at both levels through facilitating awareness.

In response to the questions highlighted at the end of the last chapter, Buddhism is congruent with neuroscience – as demonstrated by the numerous studies exploring the overlap between Buddhist insight into meditation and neurological changes shown through

fMRI's – but emphasizes subjective experience of consciousness that moves beyond the neurobiological and materialist reductionism of brain-based and pain-management paradigms. We can understand Buddhist practices, and spiritual practices more generally, as practices of self-determining liberation that seek to combat deterministic causal relationships with material forces (both external and internal).

Buddhism also challenges the ideological frameworks medical paradigms: choice, individualism, and moralization. Buddhism emphasizes the interconnected nature of everything without reducing the potential for choice. Buddhism holds the capacity for choice within an understanding of the contexts of collective, external forces that are beyond individual control, thereby combatting the moral weight placed upon the actions of people who use drugs yet also providing the tools (cultivation of mindfulness through meditation) to expand the capacity for choice. Buddhism also promotes understanding of interconnectedness and non-duality and emphasizes the role of community (sangha) in spiritual practice . Furthermore, The Buddhist concept of lovingkindness as a deep compassionate understanding of oneself and others emerges as an inherent consequence of the recognition of interconnectedness

Buddhism combats hegemonic oppression and collective suffering through an incorporation of socio-cultural perspectives, anti-oppression work, and healing practices; Engaged Buddhism, as taught by Buddhist monk Thich Nhat Hanh, emphasizes the need to expand Buddhist practice to include insight outside of the traditional Buddhist canon so as to achieve the ultimate goals of Buddhism, to transform suffering. The Buddhist concept of the Hungry Ghost and the Buddhist emphasis on understanding suffering allow us to shift

our pathologization from the individual to society and culture. By expanding our spiritual reach beyond Buddhism, we can look to practices of healing and transformative justice that aim to transform society and culture yet also promote healing in the here and now.

As author, scholar, and activist Ann Cvetkovich notes in her book, *Depression: a public feeling*, “my own aim is to make conceptual space for accounts of depression that can embrace alternative medicine and healing practices as well as alternative ways of understanding depression (including other vocabularies) as the product of a sick culture” (Cvetkovich, 2012, p. 102). She also notes that spiritual approaches offer “another holistic perspective on feelings as the intersection of mind and body, and nature and culture,” thereby challenging the mystical-material dichotomy. (Cvetkovich, 2012, p. 104).

First, in Section 2.1, I will discuss the interconnectedness at the heart of Buddhism teachings. Then, I will discuss Buddhist-inspired approaches to ‘addiction’ in Section 2.2. Section 2.3 includes core teachings of Buddhism, which I then relate to understanding and treating ‘addiction.’ Section 2.4 discusses the Buddhist practices of Meditation and mindfulness, which are integral to Buddhist-approaches to ‘addiction.’ Section 2.5 discusses the restorative justice implications of the Buddhist recognition of interconnectedness – lovingkindness and non-judgment. I then contextualize Buddhism as situated within practices of community – sangha – in Section 2.6. Section 2.7 includes a discussion of efforts to adapt Buddhism to address the suffering of the contemporary world. Finally, I conclude in Section 2.8 with a discussion of spirituality more generally as a politicized practice of interconnectedness which stands in direct contrast to the depoliticized, individualized practices of medical approaches.

2.1- Interconnectedness and non-duality: emptiness, interbeing, nonself, and interdependent co-arising

My focus on non-duality (non-separateness, interconnectedness) stems from the potential for the dissolution of the illusion of separateness to challenge the hyper-individualization and disconnectedness that I, and many others, find at the heart of our collective suffering and instead promote paradigms of interconnectedness that illuminate paths towards liberation. The interconnectedness of non-dual experiences and practices suggest that spiritual practices and teachings rooted in non-duality have the potential to inspire a sociological imagination and inform and motivate practices of transformative justice.

Thich Nhat Hanh describes our interconnectedness through the Buddhist liberation teaching on emptiness. He notes that “emptiness is not a philosophy, it is a description of reality” (Hanh, Hanh, & Lion’s Roar Staff, 2016). Rather than a metaphysical belief, the Buddhist teaching of emptiness is a grounded and accessible reflection of the nature of reality. Hanh describes interconnectedness with the simple yet profound statement that the entire universe is present within a flower, for a flower cannot exist separate from the forces of the universe that give rise to it.

When we look into a beautiful chrysanthemum, we see that everything in the cosmos is present in that flower – clouds, sunshine, soil, minerals, space, and time. The flower can’t exist by itself alone. The glass, the flower, everything inside us

and around us, and we ourselves are only empty of one thing: a separate independent existence. (Hanh et al., 2016).

This Buddhist teaching of emptiness is also known as interbeing, in the sense that all things that exist are in existence together with one another in the fabric of reality and cannot be separated from that fabric. Hanh notes that the nature of emptiness is also called nonself. Nonself does not deny the existence of a self, but rather challenges the notion that this “self” exists as autonomous and separate from everything else that is.

The interconnectedness of all things is further conveyed by the teaching of interdependent co-arising which both describes the causal nature of all things yet also critiques the unidirectional understanding of causal relationships. “According to the teaching of Interdependent Co-Arising, cause and effect co-arise (*samutpada*) and everything is a result of multiple causes and conditions” (Hanh, 1999, p. 206). I perceive the Buddhist teaching of Interdependent Co-Arising as seeking to understand and communicate the interconnectedness and *complexity* that is the truth of reality. In this regard, the Buddhist Teaching of Interdependent Co-Arising seems highly resonant with intersectionality as well as the core sociological concept of the sociological imagination and the famous political slogan of 1960s feminists: “the personal is political” (Crow, 2000; Wright Mills, 2001). This resonance will be discussed later on this chapter in an elaboration upon the inherent collective and political implications of a Buddhist understanding of existence as interdependent. Hanh gives this example to illustrate the teaching of interdependent co-arising:

For a table to exist, we need wood, a carpenter, time, skillfulness, and many other causes. And each of these causes needs other causes to be. The wood needs the forest, the sunshine, the rain, and so on. The carpenter needs his parents, breakfast, fresh air, and so on. And each of those things, in turn, has to be brought about by other conditions. If we continue to look in this way, we'll see that nothing has been left out. Everything in the cosmos has come together to bring us this table. Looking deeply at the sunshine, the leaves of the tree, and the clouds, we can see the table. The one can be seen in the all, and the all can be seen in the one. One cause is never enough to bring about an effect. A cause must, at the same time, be an effect, and every effect must also be the cause of something else. Cause and effect inter-are. (Nhat Hanh, 1998, pp. 206–207)

The Buddhist teaching of interdependence highlights the interconnectedness of all things, urging us to consider 'addiction' as merely one component of infinite phenomena. We are therefore drawn away from fixating on the single phenomenon of 'addiction,' but rather compelled to understand the complex web that surrounds 'addiction.'

2.2 - Buddhism and addiction: cycles of suffering and craving

Beyond challenging the individualization inherent to medical paradigms, Buddhism also offers insight into 'addiction' itself. Buddhism can be understood as a practice of suffering, in contrast to a medical model which can be seen as a practice attempting to eliminate suffering. Rather, Buddhism teaches us how to sit with our suffering, how to intimately know and face our suffering and thereby open the door to transforming our

suffering into liberation and joy through understanding. In this regard, Buddhism embodies an inherent curiosity in its approach to addiction, a humanizing curiosity that seeks to understand lived experiences of addiction in personal narratives of suffering. As Buddhist monk Thich Nhat Hanh says:

For forty-five years, the Buddha said, over and over again, “I teach only suffering and the transformation of suffering.” When we recognize and acknowledge our own suffering, the Buddha — which means the Buddha in us — will look at it, discover what has brought it about, and prescribe a course of action that can transform it into peace, joy, and liberation. Suffering is the means the Buddha used to liberate himself, and it is also the means by which we can become free. (Nhat Hanh, 1998, p. 3)

If you have experienced hunger, you know that having food is a miracle. If you have suffered from the cold, you know the preciousness of warmth. When you have suffered, you know how to appreciate the elements of paradise that are present. (Nhat Hanh, 1998, p. 4)

Hanh’s description of Buddhism, as practices of suffering and joy, relates directly to the Buddhist-inspired approach to addiction *Refuge Recovery*⁵ which notes that recovery entails finding “healthy ways to enjoy life” and recovering from the suffering of ‘addiction’ and

⁵I would like to acknowledge the accusations of sexual misconduct against Noah Levine, the author of *Refuge Recovery* and founder of Against the Stream Buddhist Meditation Society (Abrahams, 2018a, 2018b, 2018c). It is my stance to always support survivors and place faith in their stories. I agree with the opinion expressed online Buddhist publication *Lion’s Roar* who state that their publication of an article outlining his work “does not constitute an endorsement of Noah Levine as a teacher” (Levine, 2014b).

learning “to appreciate and enjoy the simple joys of sobriety” (Levine, 2014a, p. 14).

Although *Refuge Recovery* advocates total abstinence, I believe that Buddhist approaches to ‘addiction’ offer space for non-normative recovery routes in which recovery is framed more so in terms of one’s psychological relationship to craving and drug use, rather than only in terms of drug use vs. abstinence. Buddhism’s emphasis on holding space for the negativity in life as significant opportunities for learning, growth, and reflection further challenge the notion put forth by medical models of the totality of relapse as failure rather than as potentially a step along one’s spiritual path.

The work of Buddhist monk Thich Nhat Hanh provides us with distillations of essential Buddhist teachings that prove useful in reconceptualizing addiction outside of medical paradigms. Refuge Recovery interprets struggles with ‘addiction’ as responses to suffering fueled by cycles of craving. Yet, importantly it is not “craving itself that’s the problem. [Craving] is just a natural phenomenon of the conditioned heart-mind. No, the problem lies in our *addiction* to satisfying the Craving. We all experience craving” (Levine, 2014a, p. 94). Medical paradigms fixate upon eliminating or only addressing the addicts experience of craving without developing an in depth understanding of what craving means in the context of our experiences of consciousness and suffering.

Of concern to the ‘addict’ is not craving itself but their relationship to craving. Buddhism teaches us to be honest with ourselves about our craving, and then teaches us how to resist the urge through our meditation practice. Furthermore, by centering a Buddhist understanding of craving and suffering at the center of addiction, these approaches achieve greater strides in achieving the destigmatizing goals of medicalization.

“We all experience craving. When we have a pleasant experience we crave more of it – we wish for it to increase or at least to last. When we have an unpleasant experience, we crave for it to go away. We feel the need to escape from pain, to destroy it and to replace it with pleasure ”(Levine, 2014a, p. 94). Buddhist understandings of addiction as rooted in a universal human propensity for craving are also supported by the recent expansion of addiction studies into gambling, food, sex, and video games. Understanding ‘addiction’ as rooted in consciousness further highlights the reductionist flaws of the brain disease paradigm which emphasizes the neuropharmacological action of drugs and subsequent neurological changes as the primary causal factors, designating the subsequent subjective experiences *and our relationship to* these experiences as secondary considerations, if at all.

To understand and develop this relationship one must understand the object of craving and the root of that craving: suffering. In the words of Ram Dass, “in meditation we can watch the itch instead of scratching it.” Importantly, Buddhism is not only a practice in suffering but also a practice in joy and pleasure. “It is true that the Buddha taught the truth of suffering, but he also taught the truth of ‘dwelling happily in things as they are’ (*drishta dharma sukha viharin*)” (Hanh, 1999, p. 22). Buddhism also teaches us how to resist grasping onto pleasurable, positive experiences, how to simply be present in them without developing an unhealthy relationship to them. The teachings of Buddhism and the practices of mindfulness and loving kindness offer us the conceptual and practical tools for addressing our capacities for addiction.

2.3 - Core teachings of Buddhism: The middle way, the four noble truths and the eightfold path

Thich Nhat Hanh describes three original or core teachings of the Buddha as encompassed within the sutra on the *Discourse on Turning the Wheel of Dharma*. The first teaching is that of the Middle Way

The Buddha wanted his five friends to be free from the idea that austerity is the only correct practice. He had learned firsthand that if you destroy your health, you have no energy left to realize the path. The other extreme to be avoided, he said, is indulgence in sensual pleasures – being possessed by sexual desire, running after fame, eating immoderately, sleeping too much, or chasing after possessions. (Nhat Hanh, 1998, p. 7)

I find that the Buddhist teachings of mindfulness and the Middle Way highlight a paradox of drug use. Buddhism emphasizes mindful appreciation of the present, for the present moment is all our lives will ever be. Drug highs and intoxication can paradoxically be an impetus to focus on the present moment, in a myriad of different and complex ways. Yet, ‘addiction’ can be a painful struggle that removes one away from mindful appreciation of the present through craving and suffering. The Buddhist teaching of Middle Way, in my opinion, challenges total abstinence approaches as the only valid approaches by highlighting the potential for healthy relationships with pleasurable experiences as a middle path. I do not mean to reject total abstinence approaches, for they certainly are beneficial and appropriate for some, but rather highlight the validity of other approaches, particularly in the context of the failures of total-abstinence approaches for many people in recovery.

Although Buddhist teachings, specifically the Fifth Precept, emphasize sobriety, a Tibetan Buddhist nun – who has been practicing for decades under the guidance of Venerable Khenpo Kalsan Gyaltzen at the Tsechen Kunchab Ling, the seat of His Holiness the Sakya Trizin, third in the Tibet Buddhist hierarchy (which is led by the Dalai Lama) – recently told me that such directives are mostly intended for those engaged in Buddhist monastic life and that Buddhism as a spiritual practice has different applications for lay people. Nuanced perspectives on the Fifth Precept are also expressed in *Zig Zag Zen* in relation to Buddhist practice and the use of psychedelic drugs (Badiner & Grey, 2015). The Fifth Precept can be understood as emphasizing abstinence specifically from drugs that disrupt one spiritual journey, yet certain drugs – such as psychedelics – can be seen as congruent with such a path. Moving beyond the Middle Path, Thich Nhat Hanh introduces us to the core Buddhist teachings of suffering and liberation.

The second teaching is that of the Four Noble Truths, not only a teaching but also a practice of suffering.

The First Noble Truth is suffering (*dukkha*). We all suffer to some extent. We have some malaise in our body and our mind. We have to recognize and acknowledge the presence of suffering and touch it. To do so, we may need the help of a teacher and a *Sangha*, friends in the practice.

The Second Noble Truth is the origin, roots, nature, creation, or arising (*samudaya*) of suffering. After we touch our suffering, we need to look deeply into it to see how it came to be. We need to recognize and identify the spiritual and material foods we have ingested that are causing us to suffer.

The Third Noble Truth is the cessation (*nirodha*) of creating suffering by refraining from doing the things that make us suffer. The Third Truth is that healing is possible.

The Fourth Noble Truth is the path (*marga*) that leads to refraining from doing the things that cause us to suffer. The Buddha called it the Noble Eightfold Path. (Nhat Hanh, 1998, pp. 9–11)

The Four Noble Truths of Buddhism highlight the universality of suffering. Thich Nhat Hanh notes two common misunderstandings or misinterpretations of the Buddha's teachings on suffering: the notion that Buddhism teaches that all life is suffering or the claim that all of our suffering is caused by craving. "The Buddha taught us how to recognize and acknowledge the presence of suffering, but he also taught the cessation of suffering. If there were no possibility of cessation, what is the use of practicing?" (Hanh, 1999, p. 11). Far from an esoteric tradition aimed at transcending the body and rejecting the material world, Buddhism is a deeply grounded practice that is engaged with the very real healing and suffering in the here and now. Furthermore, Buddhism recognizes the myriad roots of suffering, not just craving but also "anger, ignorance, suspicion, arrogance, and wrong views" (Hanh, 1999, p. 21). We must move beyond understanding 'addiction' as merely resulting from the craving to escape from suffering but also understand the many other roots of suffering.

The third teaching of the Buddha is one of active engagement with the world, known as the Eightfold Path. "The teachings of the Buddha were not to escape from life, but to help us relate to ourselves and the world as thoroughly as possible" (Hanh, 1999, p.

8). Buddhist approaches to suffering and addiction are inextricably intertwined within a social justice context, for Buddhism seeks to not only recognize the sources of suffering and the potential for liberation within ourselves (our minds, our consciousness) but also within the world. The Eightfold Path includes Right View, Right Thinking, Right Mindfulness, Right Speech, Right Diligence, Right Concentration, and Right Livelihood. (Nhat Hanh, 1998)

The Four Noble Truths of Buddhism and the accompanying practices of the Eightfold Path seem quite resonant with modern psychotherapeutic methods of inquiry into the root of suffering, such as therapeutic treatments for addiction. Despite many parallels and points of agreement, Buddhism differs in a few regards. First, Buddhism recognizes the capacity for suffering and craving as inherent in all people⁶, thereby challenging the pathologizing or maladjustment paradigms of medicine. Buddhism sees the potential for addiction in all of us, as rooted in the universality of suffering, and thereby blurs the lines between “addict” and “non-addict.” Furthermore, Buddhism stresses that one practice the Four Noble Truths and commit to the Eightfold Path *in community* with a sangha, challenging the individualized modes of care common to medicine. Buddhism as a source of community and in relation to community psychology will be discussed later on in comparison with the Oxford House approach to addressing ‘addiction.’ Finally, The Eightfold Path is an ethical path of engagement. Buddhism is not healing for the sake of isolated refuge or blissful escape. For instance, Engaged Buddhism and the tradition of *Radical Dharma* acknowledge that the path to liberation from one’s own suffering is

⁶ for the purposes of this thesis, I will be focusing on humans and will not discuss Buddhist, Western, or ethical orientations towards other life forms)

intertwined within collective systems and cycles and thereby stresses one's own liberation in the context of engaging with the world (Hanh, Hanh, & Lion's Roar Staff, 2017; A. K. Williams et al., 2016).

2.4 - Meditation and mindfulness

Meditation, both sitting and off-session (in everyday life) is a core component of Buddhist practice. *Refuge Recovery* highlights the integral role of meditation practice for people in recovery. A full discussion of meditation and its benefits – both in the eyes of Eastern teachings and Western science – is beyond the scope of this paper. I would, although, like to draw aspect to the two aspects of Buddhist meditation discussed by Thich Nhat Hanh: *shamatha* and *vipashyana*. He notes that

We tend to stress the importance of vipashyana – ‘looking deeply’ that can bring us insight and liberation us from suffering and afflictions. But the practice of shamatha (‘stopping’) is fundamental. If we cannot stop, we cannot have insight ... We have to learn the art of stopping – stopping our thinking, our habit energies, our forgetfulness, the strong emotions that rule us. When a emotion rushes through us like a storm, we have no peace. We turn on the TV and then turn it off. We pick up a book and then we put it down. How can we stop this state of agitation? How can we stop our fear, despair, anger, and craving? We can stop by practicing mindful breathing, mindful a waking, mindful smiling, and deep looking in order to understand. When we are mindful, touching deeply the present moment, the

fruits are always understanding, acceptance, love, and the desire to relieve suffering and bring joy.” (Hanh, 1999, p. 23)

Thich Nhat Hanh so beautifully and succinctly illustrates the powerful potential of simply stopping to appreciate and take note of the present. His teachings of mindfulness and meditation are expanded upon in his book *No Mud, No Lotus: The Art of Transforming Suffering* (Nhat Hanh, 2014). The Buddhist concepts of habit energies, volition, and shenpa – “getting hooked” – are worth consideration for further exploration into Buddhist practices of mindfulness and intentionality and their relation to ‘addiction’ (Chödrön, 2009; Chödrön, Chödrön, & Lion’s Roar Staff, 2017). We must not, however, conceive of meditation as an individualized practice but rather return to the Buddhist teachings of interconnectedness to fully understand and incorporate meditation into our lives.

2.5 - Lovingkindness and non-judgment

The Bodhisattva vow is a fascinating component of Mahayana (lay-person) Buddhism. The Bodhisattva vow states that “I vow to attain full enlightenment for the sake of all beings.” The vow “means that we recognize our own liberation is intertwined with the liberation of all beings without exception. It means that, rather than seeing other beings as adversaries, we must see them as colleagues in this endeavor of freedom” (Salzberg, Salzberg, & Lion’s Roar Staff, 2018). The Bodhisattva vow emerges out of the Buddhist aim of liberation combined with the teachings of interconnectedness. Integral to such a collective path of liberation is lovingkindness, the perception and practice of non-judgment and love. “Developing the heart of loving-kindness is not about straining, not about

gritting your teeth and, though seething with anger, somehow covering it over with a positive sentiment. Loving-kindness is a capacity we all have. We only have to see things as they actually are” (Salzberg et al., 2018). Lovingkindness emerges out of the acknowledgement of interbeing and nonself, perceptions cultivated through the practice of mindfulness. Thich Nhat Hanh, in his book *No Mud No Lotus*, highlights the capacity for mindfulness to allow us to dwell in the present moment and thereby facilitate unboundless love (Nhat Hanh, 2014). “When we take the time to be quiet, to be still, we begin to see the web of conditions, which is the force of life itself, as it comes together to produce each moment” (Salzberg et al., 2018). Salzberg urges us to return to the teachings of interconnectedness and non-duality, as elaborated upon earlier in this chapter.

Seeing this vision of vastness, gives rise to loving-kindness. We look at a tree and set it not as a seemingly solitary, singular entity but as a set of relationships – of elements and forces and contingencies all connecting in constant motion: the seed that was planted, and the quality of the soil that received the seed; the quality of the air, and the sunlight, the moonlight, the wind. That is the tree. In the same way each of us in every moment is a set of relationships. That is lovingkindness. *It is a view rather than a feeling. It is a view that arises from a radical perception of nonseparateness.* (Salzberg et al., 2018)

Buddhist practices of love and non-judgment fundamentally challenge the stigmatization (rooted in individualization) of ‘addicts’ by promoting a radical sense of interconnectedness to contextualize people’s experiences, behaviors, and actions. Importantly, however, Buddhism’s radical understanding of interconnectedness does not

reject accountability, responsibility, or agency, but rather seeks to cultivate these through meditation and mindfulness.

2.6 - Buddhism as community: the sangha

Sangha is the Buddhist word for one's spiritual community which is an integral component to Buddhist practice. Thich Nhat Hanh highlights how a sangha is essential for developing accountability, for providing wisdom, for achieving clarity of ourselves (self-awareness), and for seeking refuge (Nhat Hanh, 1998). The efficacy of community-based treatments for the treatment of 'addiction' can be witnessed in the Oxford House model (Polcin, 2009). Oxford Houses are housing cooperatives that are democratically run by people in recovery. The therapeutic efficacy of these houses is integrally tied to the balance of self-responsibility and empowerment combined with collective expectations and support; the act of trying to remain sober in community with others highlights the lived experiences and therapeutic efficacy of interconnectedness in relation to 'addiction.' More thorough discussions of the Buddhist practice of community and of the Oxford House model for 'addiction' are beyond the scope of this paper but remain a consideration for future inquiry and research. I merely wish to highlight that, unlike individualized medical treatments, community is a core component of Buddhist practice.

2.7 - Contemporary Buddhism

Many have sought to apply Buddhist teachings and wisdom to not only make sense of but also to heal the deep and widespread suffering of our contemporary world. Two projects in particular come to mind: Engaged Buddhism as developed by Thich Nhat Hanh and *Radical Dharma: Talking Race, Love, and Liberation*, co-authored by Rev. angel Kyodo williams, Lama Rod Owens, and Dr. Jasmine Syedullah.

Thich Nhat Hanh discusses the phenomenon of hungry ghosts – with large bellies and skinny throats – to describe the collective psychological condition of American culture, of displacement, disconnection, and alienation (Hanh, 2004). These psychological experiences are highlighted in the contexts of ‘addiction’ and American society in a number of works, including *The Globalization of Addiction: A Study in Poverty of the Spirit* by Dr. Bruce Alexander, *In the Realm of Hungry Ghosts: Close Encounters with Addiction* by Dr. Gabor Maté, and *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande* (B. Alexander, 2010b; Garcia, 2010; Maté, 2010).

We need not limit Buddhist thought to exploring our own individual suffering but rather can also include, in our cultivation of mindful awareness, the societal sources of suffering alongside our practice of the 4 Noble Truths and our recognition of the possibility for healing. How can we conceive of social structures as contributing to our own suffering, as obstructing our paths to liberation? How can we use the Buddhist practices of healing to heal our society? For instance, we can understand the whitewashing of histories of racism as obstructing the Second Noble Truth which seeks to explore the roots of suffering. Intergenerational and critical race perspectives on mental health in Black

people stress a historical perspective that is obstructed by the narratives of white supremacy such as post-racism narratives of the United States following the Civil Rights Era of the 1960s. *Radical Dharma* explores the persistence of racism and whitewashing in Buddhist communities in the U.S. and discusses Buddhist practices for the purposes of dismantling systems of oppression and promoting collective healing and liberation. I believe that Buddhism, unlike medical approaches even traditional psychotherapy, offer us tools to explore the depths of our collective psyche, of collective suffering, and collective traumas rooted in intersectional oppression. I wish to highlight the ways in which Buddhist practices – of sitting with suffering – hold the capacity to foster conversation and awareness of the ways in which suffering is rooted in systems of oppression. The first precept of Engaged Buddhism, as taught by monk Thich Nhat Hanh, states: “Do not be idolatrous about or bound to any doctrine, theory, or ideology, even Buddhist ones. Buddhist systems of thought are guiding means; they are not absolute truth” (Hanh et al., 2017). I do not restrict my understandings of non-dualistic spirituality to only formally labeled non-dualistic religions, extending my source of insight into dualistic and non-religious bodies of practice and theory, such as Judaism or ecology (“About Tikkun,” n.d.; Barash, 2012).

2.8 - Spirituality as consciousness transformation and practices of interconnectedness

“Our suffering is a thread that weaves us all together.” (von Bujdoss, 2018)

In an ideal society, spirituality can simply be the practicing of an awareness of and maintenance of that spirituality. In contrast, in an individualist, oppressive, stratified society, spirituality must be about restoring that balance, about achieving a harmonious interconnectedness through healing and transformative justice. Conceptualizing spirituality as an experience, a perception, and a practice allows one to recognize the components of a non-dualistic spirituality: experiencing the embodied truth of interconnectedness, undergoing a shift in perception or transformation of consciousness to reflect that truth, and practicing interconnectedness through community building, healing, and transformative justice. These components are not mutually dependent upon one another; a mystical experience does not reliably facilitate/produce a shift in consciousness, a shift in consciousness need not depend upon an experience but rather can result from the educational insight provided by the realization of interconnectedness as truth, and the practicing of interconnectedness is often divorced from experiences and perceptions of “love,” “unity” and “interconnectedness”, as highlighted by the New Age spirituality movement.

For the purposes of this thesis, I define the collective experience of spirituality as the experiencing of the unity and interconnectedness that underlies Buddhist notions of interbeing, emptiness, and nonself as well as Western progressive politics of love and anti-oppression. A spiritual experience is one that is awake to collective suffering yet also attends to one’s own suffering as a practice of healing. The individual component of spiritual experience attends to the liberation from suffering in one’s own mind, yet is necessarily intertwined with the collective realities of both suffering and liberation. The

subsequent, or even concurrent, transformative effects of such an experience lie at the heart of connecting the experience of spirituality to the practice. Such an experience extends, or even dissolves entirely, the boundaries of one's in-group, challenging one to push their boundaries of love, acceptance, and non-judgment. Concepts of ego dissolution and 'oceanic boundlessness' (2 of the 5 core components of the Altered States Questionnaire) within psychedelic, Buddhist, and psychological terminology describe the spiritual experience as one in which the typical boundaries of the self dissolve, giving way to an experience of unity (Vollenweider, 2001). Rather than a distinct, almost exotified, consumeristic notion of the "non-self experience", in the words of Michael Pollan, spiritual practice entails interpreting this experience as truth, more fully understanding its implications and depths, and applying interconnectedness as truth to everyday life to achieve the spiritual goal of liberation from suffering.

The truth of interconnectedness is intimately connected to an awareness of our relationship to each other and attention to the obstructions that impede our collective wellbeing. Interconnectedness as truth is certainly not limited to spiritual understandings but can be found throughout bodies of knowledge. Interconnectedness is fundamental in biopsychosocial understandings of health that acknowledge people as individuals in constant interaction with complex systems in bidirectional cause-effect relationships. The concept of the sociological imagination, coined by sociologist C. Wright Mills, highlights the "awareness of the relationship between personal experience and the wider society," a relationship fundamentally understood by marginalized groups and individuals and

embodied through the 1960s feminist slogan: the personal is political (Wright Mills, 2001). Unique to spirituality is the affective, embodied experience of interconnectedness as truth.

At the core of this truth is suffering. Such an awareness of suffering can be cultivated through the practice of mindfulness, outlined previously for its usefulness in cultivating the skills necessary for addicts to resist craving. Importantly, mindfulness should not be promoted as simply an individualistic healing tool, for doing so divorces the practice from the ethical intentions of Buddhism, as described by Thich Nhat Hanh.

“Mindfulness is the capacity to dwell in the present moment, to know what’s happening in the here and now” (Nhat Hanh, 2014, p. 17). A vital component of mindfulness, of remaining aware of the present, is becoming aware to the ways in which “the suffering of each of us affects others,” of our interdependence in our paths towards liberation from suffering (Nhat Hanh, 2014, p. 17). As Rev. angel Kyodo williams Sensei, co-author of *Radical Dharma*, notes: “you can’t possibly come to know the depths of suffering and then have any wish other than to not only be free of your own suffering, but to have others be free of their suffering” (A. K. Williams et al., 2016, p. 156). A spiritual experience entails not just a meaningful recognition of suffering, but rather a deep embodied experience of the depths of suffering as a phenomenon. Such an experience extends far beyond the cognitive recognition of suffering but is deeply affective, moving, and, hopefully, paradigm-shifting. The experiencing of interconnectedness in a genuine and political way necessitates understanding and addressing suffering on a collective level.

In the attempts to remain truly open to the present, to practice mindful awareness of the world we live in, we may undergo a spiritual awakening, a transformation that shifts

our understanding of and relationship to social and political realities. At the heart of spiritual experience is a transformation of consciousness, manifested by mindful attention to the present, to the time that we exist in, and to our interconnectedness. Anzaldúa describes *el conocimiento* as this transformation process:

Trying to make sense of what's happening, some of us come into deep awareness (*conocimiento*) of political and spiritual situations and the unconscious mechanisms that abet hate, intolerance, and discord. I name this searching, inquiring, and healing consciousness '*conocimiento*' (Anzaldúa, 2015, p. 16) ... *El conocimiento* [is the spiritual knowledge] that we're connected by invisible fibers to everyone on the planet and that each person's actions affect the rest of the world. (Anzaldúa, 2015, p. 15)

Spirituality can be understood through Anzaldúa's framework of "*el conocimiento*" as a practice of individual and collective consciousness-raising to the reality of interconnectedness. Spirituality extends far beyond just the experience of unity and interconnectedness and strives to incorporate such experiences into lived practice and political action.

Grounding spirituality in practice rather than the philosophy or experience of interconnectedness remains vital to the goals of spirituality – to reduce suffering and promote equality, interconnectedness, and unity. The "universal values" espoused by spiritual philosophies – such as peace, justice, and solidarity – are often superficially implemented into daily life, and the superficial claims to experiences of interconnectedness devoid of spiritual practice to addressing collective suffering is at the heart of such

superficiality (Saade, 2014; A. K. Williams et al., 2016). We can look to New Age mysticism, the appropriation of yoga and mindfulness, and many psychedelic communities as prime examples of the ways in which philosophies and experiences of spirituality can be easily co-opted and divorced from spiritual practice that is engaged in anti-oppression work (Loy & David, 2017). Universal values of spirituality are “often interpreted in the most narrow way, providing emotional and spiritual comfort to those ‘inside’ while confining their care for those ‘outside’ to acts of charity rather than acts of transformation” (Tikkun Staff, 2014). *Radical Dharma* highlights these shortcomings in the context of the disconnectedness and depoliticization of Buddhist communities in the United States that maintain oppressive structures of patriarchy and white supremacy through not only their ignorance of such issues but also their commitment to remaining detached from such conversations (A. K. Williams et al., 2016).

As Grace Lee Boggs notes about suffering around the world, we must develop a “compassionate recognition” of the interconnectedness of our wellbeing and suffering (Boggs 2). “Each of us needs to stop being a passive observer of the suffering that we know is going on in the world and start identifying with the sufferers” (Boggs 2). An experience of interconnectedness is one that is awake to the suffering of others. Spiritual practice, rooted in interconnectedness, seeks to reduce our individual and collective suffering. Thich Nhat Hanh insightfully points out that contemporary US society is plagued by a collective denial of suffering (Nhat Hanh, 2014, p. 38). Instead of attending to our suffering and its causes, our structures of healing and medicine instruct us to “medicate the pain away,” reducing systems of oppression and deep societal distress to

simply individual biochemical malfunctions (A. K. Williams et al., 2016, p. 65). Although, since the goal of spiritual practices is to reduce suffering, psychopharmacological treatment should not be discouraged for those who need such treatment. However, we must not become ignorant or complacent to the causes of suffering in our attempts to treat it. Spiritual experiences and practices are those in which we hold the weight and truth of suffering without attempting to suppress it.

In highlighting the experience of interconnectedness, the accompanying transformation of consciousness, and the political and social realities of attending to such an awareness, we are drawn towards how to put such understandings into practice. The practice of spirituality is highlighted by the Radical Dharma critical paradox as articulated by Rev. angel Kyodo williams, Sensei: “Without inner change, there can be no outer change, without collective change, no change matters” (A. K. Williams et al., 2016, p. 89). Acknowledging the role of individual responsibility and accountability in the context of an interconnected, sociological, political understanding remains fundamental to spiritual practices. Far from giving people an out, spiritual practices require that individuals engage in necessary spiritual work to act more moralistically, to treat people better – starting with themselves. Spirituality should not be mistaken for an interconnected understanding of reality that is deterministic, removing agency and blame. Far from doing so, spiritual practices emphasize agency and responsibility *within the context of external forces*. That is to say that spiritual practices highlight both the power of agency and the power of external forces in determining the course of our lives and actions.

It is in this paradoxical space that we must hold ourselves accountable and responsible for ourselves in order to strive for spiritual growth and to reduce suffering, yet also practice non-judgment, love, and acceptance in our awareness of the conditions that give rise to our actions and thoughts. Radical feminist bell hooks refers to M. Scott Peck's definition of love, rooted in the work of Erich Fromm, as "the will to extend one's self for the purpose of nurturing one's own or another's spiritual growth" (Hooks, 2018). In our extension of compassion, of understanding, of boundaries, we can not only facilitate spiritual growth of others, but actually engage in spiritual transformation ourselves through the act of loving others. Integral to the practice of love is holding space – practicing compassion for and cultivating awareness of – our inner demons, our individual and collective capacities (latent potentials) for hate, anger, and destruction. Love is a spiritual practice in that it recognizes the interconnectedness of our actions and seeks to promote positive growth through understanding and compassion – rooted in interconnectedness as truth – rather than individualization through judgment and blame.

Anzaldúa describes our inner demons that we must battle against in our path towards liberation as "our desconocimiento, our sombras – the unacceptable attributes and unconscious forces that a person must wrestle with to achieve integration. They expose our innermost fears, forcing us to interrogate our souls" (Anzaldúa, 2015, p. 16). To avoid the difficulty of spiritual practice is to appropriate these practices for the pursuit of comfort rather than to sit with and look into discomfort and suffering. Such an avoidance is known as "spiritual bypassing – using spiritual practice to escape difficult or painful emotions" (Lion's Roar Staff, 2015; Trungpa, 2002). We must not only attend to our own difficult

paths of growth, but we must collectively attend to the growth needed of our communities, our nations, and our world. In the following chapter (Ch. 3) I critique the mainstream conceptualization of psychedelic therapies as mystical experiences. I understand these medicalized administrations of ‘spirituality’ as a form of collective spiritual bypassing – the use of psychoactive substances and spiritual experience to avoid discussing the collective components of mental health struggles, specifically ‘addiction.’

In the words of Gloria Anzaldúa, “Besides dealing with my own shadow, I must contend with the collective shadow in the psyches of my culture and nation – we always inherit the past problems of family, community, and nation” (Anzaldúa, 2015, p. 10). The authors of *Radical Dharma* – Rev. angel Kyodo Williams, Lama Rod Owens, and Dr. Jasmine Syedullah – illustrate the consequences and inadequacies of spiritual practices that fail to address societal oppression (A. K. Williams et al., 2016). In an oppressive, stratified society, — a society of suffering – to work towards interconnectedness we must first acknowledge our disconnectedness rather than superficially claiming love and unity. “We long for community but do not know how to sit with difference” (A. K. Williams et al., 2016, p. 22). We must recognize the lived experiences of duality, separateness as a lived experience and social reality held up by oppressive systems of power before we can ever hope to honor the truth of non-duality. Claims of non-duality that are lacking in social justice frameworks can obscure difference and thereby perpetuate oppression.

Non-judgmental awareness and love are at the heart of such politicized practices that seek to dismantle systems of oppression. Practicing non-judgment allows me and others to wake up without causing more suffering, more damage, without discouraging me

or others from continuing to engage in the work; however non-judgmental awareness is not meant to be a convenient strategy but rather a practice stemming from the the lived truth as my actions, thoughts, and emotions as conditioned. “Looking without judgment, we can understand, and compassion is born. Transformation is possible” (Nhat Hanh, 2014, p. 38).

Once we understand spirituality as inherently connected to political action as an avenue to cultivate interconnectedness and reduce suffering, we can begin to explore healing justice, transformative justice, and community building as potential collective, social justice practices of spirituality. Healing justice addresses the need for spiritual practices to be healing – grounded in love and compassion — yet also promote social justice. Healing justice paradigms acknowledge that social justice movements can perpetuate oppressions – for instance, through a lack of intersectional approaches and exclusion of groups and individuals in liberation movements. Furthermore, structures and practices of healing, such as medicine, psychology and psychiatry (as discussed in Chapter 1), can be excessively individualized and depoliticized, thereby obscuring the social causes of suffering. Healing alone can be no more than a flawed attempt at restorative justice, at rehabilitating individuals to conform to sick societies. By locating pathology in the individual and failing to question the hegemonic roots of their structures and ideologies, atomized models of health (medical paradigms) often obscure the pathology of society.

The key to both healing and social justice thereby lies in a combination of the two. As Gloria Anzaldúa states: “The healing of our wounds results in transformation, and transformation results in the healing of our wounds” (Anzaldúa, 2015, p. 19). The healing justice movement arose out of the work of Cara Page and the Kindred Southern Healing

Collective in their engagement with the Black Lives Matter movement (“Healing Justice,” n.d.). Healing justice as a spiritual practice recognizes the political realities that must be transcended (the structures of oppression that must be upended) in order to reduce suffering and the healing that is necessary to maintain an embodied connection to the truth of interconnectedness.

We can look back to the words of Rev. Dr. Martin Luther King Jr. to witness the continuity of deep spiritual and intellectual insight among Black radicals in acknowledging the need for healing justice. MLK Jr. in his Riverside Church Speech, “Beyond Vietnam: a Time to Break Silence,” on April 4, 1967 addressed the need for social justice efforts to not only provide the compassion and love integral to spiritual practices, but also to radically transform society itself in order to reduce suffering.

On the one hand we are called to play the good Samaritan on life's roadside; but that will be only an initial act. One day we must come to see that the whole Jericho road must be transformed so that men and women will not be constantly beaten and robbed as they make their journey on life's highway. True compassion is more than flinging a coin to a beggar; it is not haphazard and superficial. It comes to see that an edifice which produces beggars needs restructuring. (King, 1967)

Dr. MLK Jr.'s work was deeply grounded in spiritual practices of community building and Christian religious rituals that acknowledged the necessary political components of collective spiritual transformation. Charles Johnson, African-American scholar and author, refers to Martin Luther King's “beloved community – “his vision of a healed society” – as a “sangha by another name,” highlighting the shared goals and understandings at the heart

of both the civil rights movement and contemporary Engaged Buddhist practices (Ethelbert Miller, n.d.).

The practice of community building can be understood as a spiritual practice of collective liberation from the disconnectedness and isolation of society. Community building is an act of meaning making, of love making (employing bell hooks' sense of the verb) in efforts to reduce suffering through social connections. Community building is a deeply embodied practice of interconnectedness through grassroots efforts to tend to people's material and psychological needs. The meaning-making or purpose-fulfilling component of spirituality remains outside of the scope of this paper, at the center of future inquiry, and integrally connected to the meaningful social connections built through community.

This chapter has explored spiritual, specifically Buddhist, teachings and practices of interconnectedness that contrast the individualization of medical models. Furthermore, they provide space for sociocultural and critical perspectives while also acknowledging the need for individualized practices of healing and accountability. It is not the presence of individualized healing practices in medical models that I critique, but rather the total reliance upon these methods their situation within an overarching framework of individualization rather than the community of Buddhist practices and the interconnectedness that underlies Buddhist practices of meditation and mindfulness. In the following chapter (Ch. 3), I will discuss the development of psychedelic therapies for the treatment of 'addiction,' drawing attention to the role of 'mystical experience' in the context of the conversations about spirituality and social justice discussed in this chapter.

Chapter 3:

The psychedelic renaissance as depoliticized, individualized transcendence

This chapter will center on a critique of the psychedelic renaissance, specifically with respect to the limitations of the mystical theory of psychedelics for the treatment of ‘addiction.’ I will focus upon the conflicts between psychedelics and Buddhist or spiritual approaches to addiction. I recognize Buddhism as a spiritual tradition with a deep history of engaging to (or at least providing the tools for) the dual tasks of healing justice and spiritual activism. I also believe that Buddhist teachings directly speak to some of the critiques of psychedelics that I will outline and offer alternative approaches. Importantly, (many, most, if not all of) these alternative approaches are not at all exclusive with psychedelic use but stand in contrast to how psychedelics are currently being utilized.

The limitations of psychedelic-assisted therapies in specific clinical trials will be discussed as well as the overarching ideologies of the field of psychedelic-assisted therapy. If psychedelics do not challenge the individualization and depoliticization of the dominant paradigms for addiction then they do not offer radical new routes of healing but rather perpetuate systems of oppression that actually exacerbate the causes of ‘addiction.’ The previous chapter outlined Buddhist and spiritual models for addiction, demonstrating the importance of spiritual models and viability for promoting a more sociological, political,

intersectional approach that addresses limitations or flaws in medical paradigms. I argued that the teachings of Buddhism provide a framework that (1) offers tools to directly address the need for individual healing of 'addiction' and (2) is congruous with political approaches through an emphasis on interconnectedness that challenges individualization. That chapter therefore stands as a point of comparison from which to evaluate psychedelic therapies in their potential or failure to challenge medical paradigms (or at least promote more integrative and holistic models).

The previous chapter is meant to illustrate a genuine spiritual approach that promotes practices of social justice – providing a praxis, to reference Marx, for interconnected, transformative justice approaches that call into question the status quo and challenge the collective factors of 'addiction' (Rubinstein, 2013) In this chapter I highlight the reductionism of psychedelic therapies that resembles the medical model and an appropriation of Eastern spirituality rather than a genuine incorporation of its wisdom and intentions. Discussions of mystical experience and ego-dissolution are vital to these explorations for in Buddhism they offer a path towards a consciousness transformation and subsequent civic engagement and political practices of interconnectedness. Whether or not psychedelics offer this same potential is at the center of my inquiry (and their apparent failure is my critique).

This is not to say that every Buddhist institution or community or Buddhist is deeply and successfully engaged in civic engagement, radical questioning of the status quo, transformative justice. There are, however, certainly progressive projects grounded in Buddhism, and the core tenets of Buddhism facilitate these progressive projects. Anyone

can abuse a religion. Mindfulness, for instance, has been appropriated encouraging the submission of wage laborers in capitalist economics, just as psychiatry was initially funded by Gilded Age industrialists in the early 19th century to suppress the liberatory concerns of organized workers (Carr, 2018; Loy & David, 2017). However, I believe such a use directly conflicts with the core ideologies of Buddhism and therefore is not truly representative of Buddhism.

My inquiries explore the functions of psychedelics and their underlying ideologies, understanding that the use of technologies reflects dominant cultures, social relations, and dynamics of power (Winner, 1980). Are psychedelics relying upon ideologies, like genuine Buddhism, that facilitate a radical interconnectedness? Or are psychedelics relying upon ideologies and practices that co-opt non-dual traditions into a medical paradigm of individualism? Are they functioning as a source of radical change or as a way to maintain the status quo? I ask these questions in the same vein of intersectionality in that I am more concerned with what psychedelic therapies actually *do* and less so with what they say they are.

I also wish to highlight the ideas and cultural power of some of the big names in the field, from researchers to authors to non-profit executives to non-profit organizations. The pervasiveness of their ideas and influence throughout the field highlights the limited nature of the psychedelic renaissance. These ‘pioneers’ are mostly rich, white men whose perspectives are frustratingly lacking in sociological, intersectional, critical, and systemic analyses. I am referring, for instance, to the Multidisciplinary Association of Psychedelic Studies (MAPS), its founder and executive director Rick Doblin, Michael Pollan (author of

now well-renowned book *How To Change Your Mind*), Walter Pahnke, William Richards, Stanislav Grof, Roland Griffiths, Matthew Johnson, and Charles Grob.⁷ These individuals yield immense cultural power within the field of psychedelics. Walter Pahnke, William Richards, and Stanislav Grof were some of the first researchers in psychedelics to focus on the therapeutic role of spiritual experiences. (Grof, Goodman, Richards, & Kurland, 1973; Kurland, Savage, Pahnke, Grof, & Olsson, 2009; Pahnke, Kurland, Unger, Savage, & Grof, 1971; Pahnke & Richards, 1966). Two of the primary scales used to measure mystical experience in psychedelic research are the 5-Dimensional Altered States of Consciousness Scale (5D-ASC) and the States of Consciousness Questionnaire (SOCQ), which contains 43 items of the *Pahnke-Richards* Mystical Experience Questionnaire (MEQ) (Roland R. Griffiths et al., 2011; R. R. Griffiths et al., 2006; Pahnke, 1969). A complete discussion of these scales is beyond the scope of this paper yet warrants further inquiry; specific elements will be elaborated upon later in this chapter.

MAPS also represents a source of authority in the field of psychedelic science as the primary organization fundraising and organizing psychedelic studies; Michael Pollan has been the most prominent voice of psychedelics within mainstream news; and the other names listed here all converge in their promotion of the mystical theory of psychedelics. Charles Grob, for example, “describes psychedelic therapy as a form of ‘applied

⁷ I approach these critiques from a sociological perspective in that I do not mean to emphasize the fault of these individuals but rather highlight their role in shaping conversation and directing research. This thesis is primarily a critique of the individuals mentioned, for that would perpetuate the individualism that I take such issue with. First and foremost this discussion is meant as a critique of the systems and ideologies that these individuals represent or express. To the extent that these critiques are levied against individuals, I would much rather view them as an attempt to call-in rather than call-out – to include these individuals in progressive conversation rather than shame them for their shortcomings, which indeed we all have in abundance.

mysticism.” (Pollan, 2018, p. 334) Throughout his book, Pollan repeatedly attempts to demystify psychedelic experiences, noting that “the sense of ‘sacredness’ that classically accompanies the mystical experience can be understood in more secular terms as simply a heightened sense of meaning and purpose” (Pollan, 2018, p. 351). Critical feminist and queer author, activist, and professor Ann Cvetkovich cautions against such secularization of the mystical in her book, *Depression: a public feeling* (Cvetkovich, 2012).

On the other hand, although many researchers leading the discussions of psychedelic mystical experiences do not at all shy away from but rather fully embrace the sacredness of spirituality, I will argue in this chapter that their frameworks of mystical experience represent a form of depoliticized, individualized transcendence. Rather than understanding the experiences of interconnectedness as a spiritual reality with connections to our material world and social justice concerns, I believe that the mystical theory of psychedelics does not go nearly far enough in connecting spirituality realities to our everyday realities – our daily lives as inherently political. By treating mystical experiences as a plane of interconnectedness to be accessed rather than an inherent truth of everyday life, researchers in the field misunderstand the true nature of spiritual experience. Pollan repeatedly secularizes the fruits of mystical experience, reducing love and interconnectedness to their therapeutic benefits: “To situate the self in a larger context of meaning, whatever it is – a sense of oneness with nature or universal love – can make extinction of the self somewhat easier to contemplate” (Pollan, 2018, p. 351). Although the researchers in the field acknowledge and promote experiences of love and interconnectedness as truth, they do not have nearly enough of a grasp on the practice of

love compared to, say, Audre Lorde or bell hooks who hold the power of love simultaneously within an awareness of social injustices and cultural flaws (Hooks, 2018; Lorde, 2012). Michael Pollan describes one participant as experiencing an epiphany as love as truth: “Love as the meaning and purpose of life, the key to the universe, and the ultimate truth” (Pollan, 2018, p. 353). Such a statement is all well and good except that it lacks an in-depth exploration of what love means and of how to practice love. Such empty statements remind me of New Age and Buddhist circles that promote love and interconnectedness while also upholding systems of oppression in their inability to understand the political nuances and restorative justice practices – accountability, self-awareness – of love, as discussed in *Radical Dharma* (A. K. Williams et al., 2016).

3.1 - Psychedelics for the treatment of addiction

I will first briefly discuss the therapeutic efficacy and research overview of classical psychedelics⁸ for the treatment of addiction to contextualize my later critiques and highlight their medical value, so as not to seem as if I am dismissing the therapeutic efficacy of these treatments for those who are suffering. I wish to highlight two studies which specifically make use of classical psychedelics for the treatment of addiction. Garcia-Romeu, Roland Griffiths, and Matthew Johnson (Garcia-Romeu et. al 2014) conducted a study in which psilocybin, the active chemical in magic mushrooms, was administered to 15 participants with cigarette addictions in 2 or 3 doses alongside Cognitive Behavioral Therapy (CBT), resulting in an 80% abstinence rate at the 6-month

⁸ Classical psychedelics, including LSD and psilocybin, refer to their mechanism of action – as 5-HT_{2A} serotonin agonists – as well as their historical and cultural relevance

follow-up. (Garcia-Romeu, Griffiths, & Johnson, 2014). A long term follow up study was later conducted “to assess long-term effects of a psilocybin-facilitated smoking cessation program at ≥ 12 months after psilocybin administration” (Johnson et al., 2017). After 12 months, 67% (10) of the participants remained smoking abstinent. Mystical experience was considered paramount to therapeutic efficacy; those who remained abstinent after the study were also those who scored significantly higher on measures of mystical experience. 73.3% (11) of the participants had received at least a Bachelor’s degree and 93% (14) of the participants were white, with one Asian participant.

A study conducted by Michael Bogenschutz et. al (2015) at the University of New Mexico found that cognitive behavioral therapy – “designed expressly to treat addiction” – had little effect on the drinking behavior of ten alcoholics, but drinking decreased significantly following psilocybin administration and these effects were sustained for the 36 weeks of follow up (Bogenschutz et al., 2015; Pollan, 2018, p. 369). The researchers note that “change in drinking was correlated with the mystical quality of the experience,” in addition to the intensity of other acute drug effects measured under the Hallucinogen Rating Scale (HRS) (Bogenschutz et al., 2015, p. 294).

The components of these studies, particularly their emphasis on mystical experience, and the prominence of the researchers will serve as the connection between these studies and my later critiques. I will then move on to analyze how these studies are portrayed in the popular literature and cultural mainstream through a critique of Michael Pollan’s *How to Change Your Mind*. Although Pollan does not speak on behalf of these researchers, his book was written with direct collaboration and quotes from many who were either

conducting or participating in these studies. His book also stands apart from these studies and can be critiqued in and of itself because it serves as the primary means by which those outside of the movement are learning about psychedelic therapies (Bissell, 2018). With that in mind, although I cannot equate Pollan's views with those of the researchers, I do not at all believe them to be disparate from another, especially in the areas that are of most concern to this thesis.

In the following sections, I also wish to draw upon the broad literature of psychedelic science more generally to acknowledge the frameworks that underlie these two studies and are emblematic of the field overall. Through these two approaches – specific research cases using psychedelics to treat ‘addiction’ and general psychedelic research – I hope to highlight the pervasiveness of medical paradigms of ‘addiction’ and the overall trends of the psychedelic renaissance – that is, the continuation of depoliticized, colorblind, individual approaches to psychiatric conditions. The insistence within the field upon common underlying mechanisms and widespread efficacy of psychedelics for treatment across a range of conditions (depression, end-of-life anxiety, trauma, addiction) allow me to analyze research that exist outside of the specific context of addiction in ways that are nevertheless relevant to my critical inquiries into ‘addiction.’

In beginning his discussion on ‘addiction,’ Pollan references the Earthrise photo – the first photo of Earth from the moon – and its ego-dissolution, boundary-eliminating, politically motivating consequences, noting that the photo “helped to inspire the modern environmental movement” (Pollan, 2018, p. 359).



(Y. Smith, 2015)

This photo is referenced throughout the psychedelic literature, also appearing at the beginning of the popular self-directed harm reduction guide to psychedelics written by Dr. James Fadiman – pioneer of psychedelic microdosing – titled *The Psychedelic Explorer's Guide* (Fadiman, 2011). Interestingly enough, the existence of the *Earthrise* photo was inspired by Stewart Brand's psychedelic experience on LSD that urged him to pressure NASA to take such a photo (Brand, 1977). Pollan notes that upon seeing the sight of Earth from the moon, the astronauts had a profound spiritual experience of ego dissolution and

shift in perspective: “The sight of the ‘pale blue dot’ hanging in the infinite black void of space erased the national borders and rendered Earth small, vulnerable, exceptional, and precious” (Pollan, 2018, p. 358).

I find that the fact that this photo re-emerges time and time again with the psychedelic movement absolutely fascinating and utterly telling. Needless to say, the Earthrise photo did not inspire mass collective change in the direction of open border activism – as explored by John Lennon in his song *Imagine*. The fact that that environmental activism consequences of the Earthrise photo are stressed within the context of the psychedelic movement is unsurprising to me, given the whiteness of the environmental activist world and common criticisms levied against Green movements for neglecting other social concerns. My close friend, Kristy Drutman, a Filipina-American environmental activist, in her podcast titled *brown girl green* speaks directly to these issues. Unfortunately, the connections between the environmental and psychedelic movements are beyond the scope of this thesis, yet fascinating and worth exploring in future endeavors. The inability to connect the spiritual experiences induced by the Earthrise photo to more radical politics parallels the shortcomings of the psychedelic renaissance in connecting love and interconnectedness to social justice movements, as highlighted in spiritual approaches in the previous chapter (Ch. 2.)

In speaking about psychedelics and addiction, Pollan repeatedly individualizes ‘addiction,’ in a vein similar to that of medical models. “Psychedelic experience had given many of them an overview effect on the scenes of their own lives, making possible a shift in worldview and priorities that allowed them to let go of old habits, sometimes with

remarkable ease” (Pollan, 2018, p. 360). In that psychedelics restore a sense of agency to people who use drugs without also acknowledging the limitations of agency in sociocultural contexts, psychedelic therapies for ‘addiction’ perpetuate the moral weight of medical ‘addiction’ narratives that emphasize individual choice. Pollan notes the experience of one of the participants in the smoking cessation study directed by Matthew Johnson (Roland Griffiths): “The universe was so great and there were so many things you could do and see in it that killing yourself seemed like a dumb idea. It put smoking in a whole new context. Smoking seemed very unimportant; it seemed kind of stupid, to be honest” (Pollan, 2018, p. 362). Pollan further echoes the individualizing sentiments of Peter Hendricks, a researcher out of the University Alabama conducting a study exploring the therapeutic use of psychedelics for cocaine addiction. Hendricks notes, with Pollan agreeing:

“People who are addicted know they’re harming themselves – their health, their careers, their social well-being – but they often fail to see the damage their behavior is doing to others.” Addiction is, among other things, a radical form of selfishness. One of the challenges of treating the addict is getting him to broaden his perspective beyond a consuming self-interest in his addiction, the behavior that has come to define his identity and organize his days. (Pollan, 2018, p. 373)

Pollan repeatedly emphasizes the need for individual change, noting that psychedelic experiences manifest feelings of “awe” that bring a “renewed sense of connection and responsibility” to ‘drug addicts’ (Pollan, 2018, p. 374). Although Pollan discusses the *Rat Park* experiments conducted by Bruce Alexander that demonstrated that “the propensity for

addiction might have less to do with genes or chemistry than with one's personal history or environment," he fails to understand one's environment and sense of isolation as situated within sociocultural realities, instead focusing on the capacity for psychedelics to wake 'addicts' up to the harm they're imposing upon others (B. Alexander, 2010a; Pollan, 2018, p. 372).

Psychedelics can, however, emphasize the importance of self-determination, as discussed in the previous chapter in the context of spiritual practices. Matthew Johnson, one of the lead researchers in the cigarette smoking study, notes that "these sessions deprive people of the luxury of mindlessness" and that "addiction is a story we get stuck in, a story that gets reinforced every time we try and fail to quit: 'I'm a smoker and I'm powerless to stop.'" (Pollan, 2018, p. 364). Although psychedelics in the context of addiction operate, in part, through a restoration of mindfulness and meaning in ways similar to Buddhist meditation practices mentioned in the previous chapter, they fail to do so within collectivist frameworks and thereby limit the capacity for critical discussions of the causes of 'addiction' — suffering and craving— as rooted in social injustices and cultural flaws. Admittedly, Johnson does question individualist narratives noting that:

"So much of human suffering stems from having this self that needs to be psychologically defended at all costs. We're trapped in a story that sees ourselves as independent, isolated agents acting in the world. But that self is an illusion ... At the systems level, there is no truth to it ... Wherever you look, you see that the level of interconnectedness is truly amazing, and yet we insist on thinking of ourselves as individual agents" (Pollan, 2018, p. 367)

Although Johnson challenges the validity of individualist narratives, I don't believe that he does so sufficiently but rather is still operating within the inherent individualism of Western secularism and medical paradigms. In an article co-authored by Johnson and fellow psychedelic researcher Ben Sessa, people who use drugs are described as "helpless, needy victims of adverse psychosocial circumstances," thereby undermining their capacity for self-determination and employing victim terminology, expressing the power dynamics of psychotherapeutic and medical structures (Sessa & Johnson, 2015)

Johnson, in my opinion at least, fails to understand and articulate the far reaching implications of interconnectedness for every aspect of our society, such as mass incarceration and 'addiction'. Herein lies the paradox at the heart of psychedelics that many have witnessed and critiqued in the New Age spirituality movement: people seem to be experiencing the truth of interconnectedness yet lack the sociocultural perspectives and knowledge to meaningfully connect such truths to the roots of suffering and the necessary political change. Although Johnson is willing to frame people with substance use disorders as "victims of adverse psychosocial circumstances," never does he critique or even acknowledge the systems or cultures that lead to such circumstances, instead focusing on the manifestation of individual dysfunction (Sessa & Johnson, 2015).

Johnson's limitations in interpreting the significance of psychedelic experiences can be, in part, explained by his background as a behaviorist, studying under Roland Griffiths – another big shot name in the field of psychedelics and spirituality. Johnson, according to Michael Pollan, limits his thinking to individual behaviors:

Michael Johnson believes that psychedelics can be used to change all sorts of behaviors, not just addiction. The key, in his view, is their power to occasion a sufficiently dramatic experience to “dope-slap people out of their story. It’s literally a reboot of the system – a biological control-alt delete. Psychedelics open a window of mental flexibility in which people can let go of the mental models we use to organize reality” (Pollan, 2018, p. 366).

Although I do not disagree with Johnson’s view, I believe it falls short of the potential of psychedelics, such potential that is drastically necessary in these times of great strife and social decline. What about cultural flexibility or our social narratives, such as the idea that we live in a post-racial, colorblind society – as critiqued by Eduardo Bonilla-Silva (Bonilla-Silva, 2017)? Furthermore, stressing the capacity for psychedelics to allow people to rewrite their narratives must be articulated alongside an in-depth understanding of how sociocultural effects shape those narratives in the first place. Psychedelic therapies, at least mainstream medical trials, fail to incorporate an acknowledgment of the underlying mechanisms of spirituality into a societal and cultural critique.

3.2 - The Mystical Theory of Psychedelics: the perennial philosophy and cultural appropriation of non-duality ⁹

The mystical theory underlying the psychedelic renaissance is witnessed in the numerous articles focused specifically on the general therapeutic efficacy of mystical experiences across psychedelic treatment for a range of conditions as well as the emphasis

⁹By cultural appropriation I mean incorporating non-duality into a western, colorblind framework rather than respecting the original teachings – co-opting non-duality for depoliticized neoliberal medical uses

of trials for specific conditions (depression, anxiety, addiction) on mystical experience as one of the most significant determinants of therapeutic efficacy (R. R. Griffiths et al., 2006; Roseman, Nutt, & Carhart-Harris, 2018). The spiritual beliefs underlying this research stems from perennial philosophy, popularized by Aldous Huxley and witnessed throughout the psychedelic literature (R. R. Griffiths et al., 2006; Huxley, 2014). As Jules Evans – the policy director at the Center for the History of the Emotions at Queen Mary, University of London – notes, “the idea that psychedelics predictably lead to a unitive experience beyond time, space, and culture is itself culture-bound – it’s the product of US culture, and the perennialism of Huxley, [Ram] Dass, Ralph Waldo Emerson, and others” (Evans, 2018). Evans goes on to critique the hierarchy of perennialists in which “all religions are one, but some are more one than others” (Evans, 2018). Perennialists’ hierarchy dismisses dualist religious traditions, such as Christianity, Judaism, Islam, and Shamanism, while praising Buddhism, Hindu, Mysticism, and Taoism. “The psychedelic research at John Hopkins follows this theological ranking. It uses the Hood Mysticism scale to rate people’s psychedelic experiences – unitive experiences are scored as higher and more ‘complete’ than dualist experiences. In *Sacred Knowledge*, Richards writes that dualist experiences are the ‘foothills surrounding the mountainous peak of mystical consciousness’.” (Evans, 2018; Richards, 2015, p. 79)

In the vein of intersectionality, we should ask ourselves not just what these paradigms are but also, if not more so, what they *do*. In the previous chapter, I explored how Buddhism provides us both with the tools for our own liberation from suffering – thereby functioning as radical self-empowerment to combat oppressive forces of power –

as well as the insight and wisdom necessary to understand the interconnectedness of our collective liberation. In the latter half of the last chapter, I demonstrated how Engaged Buddhism attempts to grapple with the task of intersectionality, asking not what Buddhism is but what it does. In contrast, we can understand the perennial philosophy underlying the mystical theory of psychedelics as hegemonic oppression, committed mostly by highly educated white men through the cultural and political power of medical and academic structures.

The perennial philosophy and its hierarchy of religious experiences operates as a form of racism and colonialism in which white-washed non-dual psychedelic experiences are presented as superior to dualistic spiritual traditions – for instance of Christianity – thereby discounting the numerous liberatory projects rooted in Christianity such as Afro-Pentecostalism, Rev. Dr. MLK Jr.’s civil rights movement, or the liberation theology movements of South America. Ismail Ali, psychedelic activist, makes an important distinction between recognizing the oppression of religious institutions and praising religious communities:

“I do not intend to invisibilize the oppression religious forces have caused: religion has often served as the vehicle for state corruption and as a motivation for some of history’s greatest tragedies. I am not advocating for the dismissal of criticism toward any institution, Godly ones included. That said, a reductive approach that fails to differentiate between religious institutions and religious communities is short-sighted and unnecessarily adversarial, and fails to recognize an opportunity for collaboration. A cooperative approach between psychedelic and religious

communities could have tremendous positive impact in the hearts, mind, and spirits of people all over the world.” (Ali, 2016)

Asking not what these paradigms seek to represent but rather what they do, we see how many spiritual movements rooted in duality have actually made great strides towards social justice and interconnectedness through attending to social issues while the psychedelic renaissance promotes a false conceptualization of non-duality that is white-washed and not nearly as attentive to oppression and collective suffering. Buddhism, too, has been employed for violent and oppressive means, as illustrated by histories of violence and numerous cases of sexual assault (Agsar, 2019; Cooper & Varvaloucas, 2013; Hay, 2018). The previous chapter, rather than ignoring these very real challenges to Buddhism’s liberatory potential, presents an ideal form of Buddhism, a practice of spirituality that necessitates and assumes accountability and self-awareness.

With that in mind, the understanding of non-duality at the heart of the mystical theory of psychedelics represents a misunderstanding of the teachings of non-dualistic spiritual traditions such as Buddhism. The psychedelic mystical experience is understood as one of “unitive, non-dual consciousness, in which all is one” (Evans, 2018). The “Oceanic Boundlessness” component of the ASC scale, commonly used throughout psychedelic trials and strikingly similar to the MEQ, illustrates this conceptualization (Roseman et al., 2018). The 4 sub-scales of Oceanic Boundless are “insightfulness,” “blissful state,” “experience of unity” and “spiritual experience” (Studerus, Gamma, & Vollenweider, 2010). Rather, a Buddhist understanding of non-duality distinctly doesn’t make the claim that we are all one. The title of an article published in the Buddhist journal *Tricycle* aptly sums up this

point: “We Are Not One” (Bhikkhu, 2016) “Ironically, dependent co-arising is often interpreted in modern Buddhist circles as the Buddha’s affirmation of Oneness and the interconnectedness of all beings. But this doesn’t take into account the Buddha’s own dismissal of Oneness, and it blurs two important distinctions. The first distinction is between the notions of Oneness and interconnectedness. That we live in an interconnected system, dependent on one another, doesn’t mean that we’re One” (Bhikkhu, 2016). Such claims of oneness remind me of colorblind or post-racism ideologies, as explored by Eduardo Bonilla-Silva in his book *Racism without Racists*, and as embodied by people who respond to the prophetic and liberatory rallying cry that “Black Lives Matter” with the statement that “All Lives Matter” (Bonilla-Silva, 2017).

Oneness erases difference and thereby erases inequality. Oneness romantically paints the oppressor and the oppressed as unified in a cosmic wave of energy, matter, causality, life, and death, in ways that are fundamentally contrasted by the realities of lived suffering. Oneness attempts to unify through erasure of difference, rather than through an erasure of boundaries in material realities. Ego dissolution may entail feelings of unity, but the psychedelic renaissance falsely frames Oceanic Boundlessness by mistaking ‘being at one with the universe’ as feelings of interconnectedness. I am reminded of the attempts of encounter groups in Esalen in the 1960s to alleviate racial tensions among Black and white people, and of their inevitable failure due to their ignorance of historical, material, and social realities (Grogan, 2013).

The mystical theory of psychedelic mistakes commonality for sameness, a distinction made clear by the work of Gloria Anzaldúa exploring the idea and practice of

“spiritual activism.” Anzaldúa’s radical interconnectivity urges us “to move beyond the binary-oppositional frameworks we generally use in identity formation and social change” yet in way that still attends to the realities of identity-based oppressions (Keating, 2008, p. 60). Anzaldúa refers to herself as a “citizen of the universe,” noting that she is “tired of borders” and “tired of walls”. Anzaldúa understands that “conventional models of identity” “occur within a restrictive framework that marks, divides, and segregates human beings based on narrow, dualistic models of difference” that stand in the way of coalition work and community building (Keating, 2008, p. 61). Anzaldúa employs terminology similar to that used within these psychedelic trials – using the metaphor of the ocean to refer to feelings of unity – yet with marked differences in meaning and intended applications.

Anzaldúa

defines each person as part of a larger whole – a ‘cosmic ocean, the soul, or whatever.’ By so doing, Anzaldúa can insist on a commonality shared by all human beings, a commonality we share despite the real differences among us. For Anzaldúa, this ‘common factor’ goes beyond – *but does not ignore* – identities based on gender, ‘race,’ or other systems of difference (Keating, 2008, p. 62)

In Anzaldúa’s work, “‘commonality’ and ‘sameness’ are not synonymous” (Keating, 2008, p. 63) In contrast, the psychedelic experiences promoted by the resurgence of research can be understood as aimed at transcending the self and difference rather than promoting experiences of interconnectedness while still attending to identity-based oppressions (see transpersonal psychology). In this regard, these experiences conflict with the goal of Buddhist traditions and the aim of Anzaldúa’s spirituality to sit with difference rather than

eliminate it, thereby obstructing the concerns of intersectional activists, such as Grace Lee Boggs, to acknowledge the complexities of lived experiences and develop relational coalitions (Boggs, n.d.).

Rather than challenging systems of oppression and promoting politically engaged conceptualizations of spirituality, the perennial philosophy that underlies the mystical theory of psychedelics actually perpetuates those systems by failing to acknowledge the importance of identity within collectives. By doing so, psychedelics fail to challenge the homogeneity of medical individualism – perennial philosophy doesn’t attend to the need for social, cultural, and political perspectives by engaging with the complexity of intersectional, lived experiences. The perennial philosophy and misunderstanding of non-duality mistakes commonality for sameness and thereby undermines the potential for psychedelic therapies to engage with politicized spiritual practices and liberatory efforts. Rather, the perennial philosophy fails to fundamentally investigate and practice the experiences of interconnectedness as truth — through for instance, intersectional, critical race, or sociological perspectives – instead treating mystical experience as a contained, peak experience or promoting the dismissal of materialism.¹⁰ In so doing, psychedelic therapies fail to challenge the individualism or depoliticization at the heart of the critiques of the medical model highlighted in Ch. 1, and promote a detached mystical worldview that denies material realities – such as the material realities that underlie suffering, oppression, and ‘addiction’.

¹⁰ In contrast, as highlighted in the previous chapter, the Buddhist practice of interconnectedness is fundamentally connected to the practice of lovingkindness and the Bodhisattva vow.

3.3 - Mystical Reductionism

The perennial philosophy underlying the mystical theory of psychedelics claims that “different religions use different terms for ultimate reality, but all mystics are really having the same non-dual experience. This is the theory of the ‘perennial philosophy’, promoted by Huxley and other perennialists. It’s known in religious studies as the ‘universal core of religious experience’ theory” (Evans, 2018) The universality of non-dual mystical experiences promoted by the reductionism of psychedelic research paradoxically ignores the complexities of subjective experience. Reducing mystical experiences to quantified scales can ignore the interpretation of and relationship to experiences of non-duality. This is reminiscent of the reductionism of medical models which fails to fundamentally incorporate historical and critical perspectives of one’s lived experiences and life history to shape a nuanced understanding of one’s relationship to substance use.

Furthermore, the mystical theory of psychedelics promotes experiences of non-duality as the supreme goal of our existences, treating them as peak experiences akin to the Humanistic Psychologists of the 1960s; we can similarly understand the limitations of these frameworks then by understanding critiques of Humanistic Psychology as individualized. Roger Walsh, in *Zig Zag Zen*, notes that

numerous traditions converge on the idea that the *unio mystica*, described by mystics and saints, constitutes the supreme states of consciousness – *and in fact is the highest achievement of human existence*. In these states, the mystic transcends the usual boundaries of ego and feels at one with the universe (emphasis added) (Badiner & Grey, 2015, p. 20).

Here we can see an expression of the individuality and experience-grasping that underlies the mystical theory of psychedelics. Rather than understanding experiences of non-duality as insights into the interconnectedness of life and motivators towards promoting social justice and liberation from suffering (as the highest achievements of human existence), the mystical theory of psychedelics views mystical experience itself as the ultimate goal. This conceptualization is at the root of my critiques of the psychedelic renaissance as partly a manifestation of New Age escapist spirituality. Committed spiritual practice stands in contrast to individual mystical experiences: In contrast to isolated mystical experiences, “the contemplative has acquired a belief system that provides an explanation for the experience, a discipline that can cultivate it, a tradition and social group that support it, and an ethic that can guide its expression” (Badiner & Grey, 2015, p. 23). Spiritual experiences do not necessarily lead to a lifetime of spiritual practice, which relates back to my discussion in the previous chapter regarding the multiple elements of spirituality, consisting of experiences, transformation, and practice.

For those people who are graced with the mystical experience – whether induced spontaneously, contemplatively, or chemically – the crucial question is what to do with it. It can be allowed to fade; it can be ignored or even dismissed, or perhaps clung to as a psychological or spiritual trophy. Or it can be consciously used a source of inspiration and guidance to direct one’s life along more beneficial directions” (Badiner & Grey, 2015, p. 25).

I believe that psychedelic therapies are lacking in proper integration of mystical experiences in ways that would mobilize and empower people to address the political and sociocultural roots of their suffering.

3.4 - Individualized spirituality - where's the sangha and the Bodhisattva vow?

Despite the fact that interconnectedness is stressed throughout the psychedelic literature as a core component of psychedelic therapies, these medicines still operate within individual medical modes of treatment. Carhart-Harris et. al proposed that connectedness is the key mediating factor underlying the broad therapeutic efficacy of psychedelics across a variety of conditions including depression, addictions, anxiety, and obsessive-compulsive disorder (R. L. Carhart-Harris, Erritzoe, Haijen, Kaelen, & Watts, 2018). The researchers note that “a renewed sense of *connection* or *connectedness*” was universally referenced among the 17 patients who reported that the administration of psychedelic to be effective in treating their depression during the 6-month follow-up after the study (R. L. Carhart-Harris et al., 2018). The researchers include a quote from one of the participants who remained in remission for 3-months post-treatment

‘This connection, it’s just a lovely feeling ... this sense of connectedness, we are all interconnected.’ (male, aged 52). (R. L. Carhart-Harris et al., 2018)

The interconnectedness promoted by Carhart et. al, who note that “a sense of *disconnection* is a feature of many major psychiatric disorders” (Karp, 2016), strikes me as a dystopian understanding of interconnectedness as a form of individualized, pharmacologically-produced virtual reality, akin to a contemporary manifestation of *Brave*

New World's 'soma.' This individualized form of connectedness administered in a pill directly contrasts the community integral to Buddhist spiritual practice. "While psychedelic use is all about altered states, Buddhism is all about altered traits, and one does not necessarily lead to the other" (Badiner & Grey, 2015, p. 5). The lack of spiritual community, in Buddhism known as the sangha, within psychedelic therapies obstructs the potential of psychedelics to catalyze the development of committed spiritual practice or social change. "The aftereffects of drug-induced experiences are different, less beneficial, and less long-lasting than those of contemplatives. [Huston] Smith put this point eloquently, noting that if 'drugs appear to induce religious experiences, it is less evident that they can produce religious lives.'" (Badiner & Grey, 2015, p. 22).¹¹

3.5 - 'Beyond Materialism' as reality-denying: the wrong paradigm shifts

The interpretation of mystical experience witnessed throughout the psychedelic renaissance parallels the New-Age spirituality movement, conceptualizing individualized unitive experiences as transcendental rather than interconnected in an escapist fashion that seeks to promote 'inner peace' while ignoring obstructions to collective liberation. Gloria Anzaldúa's framework of spiritual activism provides a useful framework for critiquing institutionalized psychedelic therapies and providing an alternative route for incorporating spirituality into social justice work. AnaLouise Keating, describing Anzaldúa's work notes that:

¹¹ Huston Smith was the author of the most reprinted article published in the *American Journal of Philosophy*, "Do Drugs Have Religious Import?" (H. Smith, n.d.).

although spiritual activism begins at the level of the personal, it is not solipsistic; nor does it result in egocentrism, self-glorification, or other types of possessive individualism. Rather, spiritual activism combines self-reflection and growth *with outward-directed, compassionate acts designed to bring about material change*” (emphasis added) (Keating, 2008, p. 58).

Anzaldúa insists that self-change should not be an end in itself; instead, this ‘recreation of the self’ must be part of a larger process requiring both intense self-reflection and back-and-forth action on individual and communal levels” (Keating, 2008, p. 59)

As psychedelic activist Ismail Ali points out, religious communities have a history of engagement with civic life and sociopolitical issues (Ali, 2016). In comparison, I find the psychedelic community lacking in such engagement but more closely paralleling the escapism of New Age communities, such as the avoidance of tackling white supremacy in the context of Buddhist communities as discussed in *Radical Dharma* (A. K. Williams et al., 2016).

The emphasis within the psychedelic renaissance upon shifting from materialist paradigms towards more spiritual paradigms represents a false dichotomy and the promotion of a reality-denying, escapist paradigm. We can understand efforts to move beyond materialism¹² as a misguided attempt to address the reductionism of neurobiological understandings and treatments. I critiqued neurobiological reductionism in

¹² A reference to the book titled *Beyond Physicalism* (Kelly, Crabtree, & Marshall, 2015; Kelly, Kelly, Crabtree, Gauld, & Grosso, 2007)

Chapter 1 for its depoliticizing and individualizing consequences. Rather than challenge these consequences, efforts to reject materialism (neurobiological reductionism) in psychedelic science are similarly obstructive to progressive political efforts in that they erase difference and ignore the material realities of collective suffering.

Gloria Anzaldúa's conceptualization of spirituality, rather, tries to grapple with both our self-determined (mystical) and determined (materialist) realities. "Spiritual activism as a transformative process is a difficult, complicated endeavor, filled with uncertainty and unanswered questions" (Keating, 2008). Anzaldúa attempts to integrate materialist and spiritual perspectives, a much more difficult and worthwhile endeavor.

Anzaldúa does not deny the violence, pain, and other forms of suffering that so often occur in this world. She addresses the injustice without downplaying or in any other way denying its significance. By doing, she confronts the paradox of personal agency and structural determinacy. Rather than ignore, diminish, or attempt to resolve this paradoxical situation, she chooses the more difficult pathway and decided to inhabit the contradiction.

I can't reconcile the sight of a battered child with the belief that we choose what happens to us, that we create our own world. *I cannot resolve* this in myself. I don't know. I can only speculate, try to integrate the experiences that I've had or have been witness to and try to make some sense of why we do violence to each other. In short, I'm trying to create a religion not out there somewhere, but in my gut. I am trying to make peace between what

has happened to me, what the world is, and what it should be. (Keating, 2008, pp. 59–60)

Rather than rejecting Western materialist perspectives as entirely reductionist, Anzaldúa recognizes the influence of external factors, of ‘objective reality’ in determining our experiences. Furthermore, Anzaldúa tries to incorporate such an understanding with the insight provided by alternative healing practices, often grounded in Eastern or indigenous wisdom, of the ability of our minds to shape our realities, of the nature of our experiences as manifested by our minds rather than a unaltered reflection of an ‘objective reality’ that our consciousness merely perceives.

In so doing, Anzaldúa’s construction of spiritual activism can be seen as congruent with the concern of intersectionality: asking not what these paradigms *are* but what they *do*. “Fully acknowledging the suffering, as well as the ambiguities, paradoxes, and unanswered questions, Anzaldúa confidently insists on the political effectiveness of her relational worldview” (Keating, 2008, p. 60). In contrast, the psychedelic renaissance emphasis on rejecting the reductionism of materialism functions to promote a distinctly New Age submission to more mystical theories of reality that are similarly reductionist and problematic. The paradigm shift away from materialism represents the wrong paradigm shift, one that seems just as individualized and depoliticized as its predecessor. Rather than engaging with political dialogues, the current clinical use of psychedelics seems to strictly promote their medical use – treating the individualized manifestations of collective suffering, intersectional oppression, and cultural malaise in the form of psychological disorders such as ‘addiction’.

In *Zig Zag Zen* (the foremost authority on debates about psychedelics and Buddhism), in the introduction the editor Allan Badiner states that “abuse of dangerous drugs is less of a legal issue than a medical one” (Badiner & Grey, 2015, p. 3). Badiner fails to express a nuanced understanding of the ways in which medical approaches to ‘addiction’ operate within an overarching criminal framework, or of the limitations of medical approaches to addiction. He also states that “the problems caused by cocaine, heroine, methamphetamine, and other consciousness-constricting drugs are indisputable and nowhere defended in this book” (Badiner & Grey, 2015). Here we can see how the psychedelic movement contributes to limited and stigmatizing conceptualizations of “addictive drugs” in efforts to distance psychedelics from other highly stigmatized and politicized substances, just as pain medicine approaches distance themselves from ‘addiction’ as discussed in Chapter 1. This separation is problematic for it promotes the legalization of psychedelics while failing to question, even affirming, the criminalization of other substances; given the racist and gendered oppression incurred by the War on Drugs, the promotion of psychedelics, at the cost of further stigmatizing other substances, functions as a form of white, elitist hegemonic oppression.

3.6 - *High Maintenance* vs. *Outer Peace*: Psychotherapy as hegemonic maintenance

The title of this section is in reference to two recent artistic works. *High Maintenance* is the name of a show on HBO, depicting a man living in NYC (a graduate from Vassar nevertheless) who earns his living by delivering marijuana to people on his bike. Think “Humans of New York” told through stories of drug dealing and ‘dope’

smoking. The show depicts how residents of New York City cope with the stresses of contemporary life in one of the most expensive, crowded, stressful places in the world through their use of weed. I do not mean to limit drug use to merely self-medication, but rather highlight the show's portrayals of self-medication. The show, particularly its title, illustrates the use of illicit substances to maintain. Maintaining is not mutually exclusive with joy or happiness, but maintaining does not mean radical collective change leading to the liberation of the masses. The show, as well as the perspective I'm highlighting, does very little to engage with the issues of mass incarceration, white supremacy, racism, or sexism, as they relate to marijuana – such as record expungement campaigns (“Expungement for New York,” n.d., “Marijuana Reform in New York,” n.d.; Hyman & Gonzalez, 2019). Although this thesis centers on psychedelics, marijuana serves as an important example to consider: for its historical and cultural association with radical political movements, its role in racist drug wars, and its contemporary white-washing through capitalist profit motives and use as an alternative healing medicine.

Outer Peace refers to the most recent album by biracial (Filipino and African American) musician Toro y Moi. The album, among many other things, includes sociological examinations of the psychological effects of collective changes or contextualized understandings of people's lived experiences. For instance, he reflects upon the disruption that ride-sharing services have caused in the San Francisco Bay Area — inundating streets and highways with traffic, undermining public transportation and thereby exacerbating the struggles of working people (Madden, 2019). In referencing these two examples, I do not at all maintain that *High Maintenance* is a show explicitly about

high maintenance in the way that I discuss it, or that *Outer Peace* challenges notions of inner peace in the same political way that I strive to do. Each of these works of art, though, do contain elements within them that refer to their titles in the ways that I elaborate upon here. They serve as contemporary works of art that connect to the discussion at hand.

The recent resurgence of psychedelic therapies, specifically the underlying mystical theories, fails to incorporate an acknowledgment of the underlying mechanisms and implications of spirituality into a societal and cultural critique striving towards ‘outer peace’ but rather operates as a form of drug-induced individualized psychotherapy aimed at achieving inner peace: ‘high maintenance’. For instance, two theories have been discussed as potential explanations for the efficacy of mystical experience: awe and connectedness (R. L. Carhart-Harris et al., 2018; Hendricks, 2018; Pollan, 2018). Neither connect to the idea that we are deprived of meaning (awe) or connection in our white-supremacist, heteropatriarchal, late-capitalist society or attribute such deprivations to cultural flaws such as consumerism and the decline of public space. The therapeutic efficacy of mystical experience could serve as a wake up call to that which we are deprived of, as a guiding light towards the radical change that is needed. Instead, spiritual experience is simultaneously legitimized as a therapeutic tool and delegitimized as a matter of political concern. As paralleled by the limitations of medical paradigms in Ch. 1, the medical legitimization of psychedelics has equated to depoliticization and diffusion of political sentiments and societal critiques. In the words of psychedelic activist David Nickels,

psychedelic therapies represent a form of “systematic symptom management” (Nickles, 2018).

The limitations of psychedelic therapies, in this regard, can be understood through critical psychology critiques of psychotherapy as individualizing. Although psychedelic therapies can be seen as a progression away from the biological reductionism of brain disease paradigms of addiction, psychotherapeutic models, as medical models, are similar burdened by secular individualism. Critical feminist and queer activist Ann Cvetkovich in her book *Depression: a public feeling* claims that psychotherapy is still “too closely tied to modern medical models” to represent a radical departure away from the limitations of medical paradigms (p. 102). David Nickles critiques the individualization of psychotherapy in the context of psychedelic therapies.

While psychedelics may ‘effect true healing’ of the individual, the mere treatment of the individual – without engaging the material conditions (e.g. housing, healthcare, policing, etc.) that contribute to the causes of their illness – offers little more than systematic symptom management, rather than a ‘cultural cure.’ The notion that we can expect psychedelics to ‘cure’ people who are systematically brutalized by the coercive, destructive, and traumatizing systems of dominant culture, without simultaneously working to change those systems is every bit as symptomatically-oriented as current psychiatric regimens.” (Nickles, 2018).

Susan Starr Sered and Maureen Norton-Hawk, in their book *Can’t Catch a Break: Gender, Jail, Drugs, and the Limits of Personal Responsibility*, emphasize the importance of

addressing the material conditions that exacerbate ‘addiction’ through the narratives of women living through the realities of social inequality (Sered & Norton-Hawk, 2014).

In contrast, in psychedelic therapies, participants are encouraged to don eye masks and focus on their ‘inner journeys,’ illustrating the individualized focus of these medicines that make distinct one’s inner journeys from the waves of forces that shape our society. Dr. Madsen, in a chapter titled “Psychotherapy: agents of change or maintenance men?”, notes that psychotherapy operates “as a place where the consequences of human exploitation are sent, and then reprogrammed to adopt to the same societal conditions they came from” (Madsen, 2015, p. 226). Although I agree with Madsen’s argument, I would also like to challenge the notion that psychotherapy *only* addresses the psychological consequences of ‘exploitation,’ for I believe that this viewpoint presents an overly conspiratorial claim that all human suffering is the result of oppressive exploitation. I would challenge us to include the manifestation of human suffering as also potentially the result of cultural flaws (nature deprivation, ‘total noise,’ consumerism), which in ways extend across (although are certainly exacerbated by) lines of identity. I believe including these sources of human suffering is necessary for addressing the many unnecessary causes of suffering as well as serves as a potential source for coalition-building.

Madsen highlights how psychotherapy attempts to achieve individual healing (‘inner peace’) yet is ill-equipped to address collective issues: “On the individual level, [psychotherapists] are entrusted agents of change when the outcome of therapy is efficacious. Yet on a societal level, psychotherapy may unwillingly function as an allying conservative institution for forces adrift in late capitalism” (Madsen, 2015, p. 226).

Through the lense of critical psychology, I understand psychedelic therapies as simultaneously radical — in their administration of stigmatized and illegal substances – and conservative – in their inability or rather unwillingness to promote progressive change in other aspects of psychotherapy for fear of risking the legitimization of psychedelics. My goal is to highlight the ways in which psychedelic therapies fundamentally fail to challenge the limitations of medical approaches to ‘addiction’ as highlighted in Chapter 1 while still offering unprecedented therapeutic benefits.

3.7 - “Psychedelics and Race: Why is the Psychedelic Movement Whiter than the Tea Party?”

The title of this section refers to an event hosted by Alchemist Kitchen – a bohemian, hipster-chic alternative healing store in Manhattan, NY (Noorani, 2016). I believe that the lack of inclusion of people of color in the psychedelic movement reflects the inadequacies of psychedelic science in failing to attend to the sociopolitical dynamics of psychological conditions. The lack of consideration of identity with the frameworks of these studies also suggests that psychedelic therapies are perpetuating the notion that dominant models of mental health treatment are universal, rather than understanding their inherent whiteness and addressing the need for culturally sensitive approaches as highlighted throughout critical psychology (Adams & Salter, 2011; Cvetkovich, 2012; Leary, 2005)

Unfortunately, psychedelic science is really, really white.¹³ Although psychedelics have experienced a resurgence in interest among the scientific community, such interest has not coincided with developments in critical psychologies exploring the need for culturally sensitive healing modalities. Psychedelic therapies – replicating the models of universality of mainstream psychology – ignores “the unique presentation of psychopathology in [non-white] population[s]”. (Michaels et al., 2018). Michaels et. al describe the frustrating lack of inclusion of people of color in psychedelic trials:

Of the 18 studies that met full criteria (n=282 participants), 82.3% of the participants were non-Hispanic White, 2.5% were African-American, 2.1% were of Latin[x] origin, 1.8% were of Asian origin, 4.6% were of indigenous origin, 4.6% were of mixed race, 1.8% identified their race as ‘other,’ and the ethnicity of 8.2% of participants was unknown.” (Michaels et al., 2018)

The lack of inclusion of people of color in psychedelic research directly conflicts with the *NIH Revitalization Act of 1993*, “which mandates that minorities and women be included

¹³ As Bett Williams – author of upcoming memoir *The Wild Kindness* chronicling her experiences growing magic mushrooms in New Mexico – pointed out to me, the discussed whiteness of psychedelics can function as a form of propaganda in which the argument to include people of color functions to increase publicity for MAPS and other mainstream science-based approaches to psychedelics (B. Williams, 2018, 2019). I appreciate her taking the time to bring to my attention that many people of color outside the mainstream psychedelic movement disagree with the narrative that people of color do not have access to psychedelics. Bett pointed me in the direction of the work of Kai Wingo and Kevon Adrian Simpson, whose work I look forward to learning about (Harvey, 2016; Simpson, 2018).

That being said, my argument is meant to critique mainstream structures rather than imply that people of color do not have meaningful relationships to psychedelics, especially given their historical ties. I seek to draw attention to how mainstream medicine is limiting access to people of color and perpetuates the white supremacy of the drug war. The criminalization of drug use, particularly within communities of color, certainly must limit non-mainstream communities in their capacities to use and organize around psychedelics. I also want to acknowledge the limitations of mainstream medicine as a privileged system of healing, particularly in a country that provides little to no healthcare or socio-culturally sensitive approaches for low-income communities and communities of color.

in representative numbers for all studies conducted or supported by the NIH” (Michaels et al., 2018, p. 4; National Institutes of Health, 1994). Michaels et. al note that despite absolute increases in minority participation in NIH funded research, “on a relative basis, participation rates for people of color have been relatively stagnant, representing 36.7% of all enrollment in 1995 and 37.2% of all participants in 2016” (Michaels et al., 2018, p. 4). The authors recognize that although most of the psychedelic studies in the United States are privately funded, “the NIH mandate reflects the importance of this issue and should serve as a benchmark for non-government funded research within the U.S.” (Michaels et al., 2018, p. 4). The lack of inclusion of people of color in psychedelic research is further highlighted in the context of the recent “Statement on Open Science” signed and supported by key researchers, organizations, and names in the field of psychedelic science (Chacrana.net, 2018).

Although this statement represents the anti-capitalist, collaborative atmosphere of those conducting the research, its presence combined with the absence of a similar statement declaring psychedelic research’s commitment to inclusion of people of color and other marginalized groups represents a distinctly white phenomenon: the prioritization of class concerns over other forms of oppression. Although, inclusion efforts are not without their own critiques. As Tehseen Noorani writes:

When stubborn drives for inclusion and connection in the present betray a racially divided past, psychonauts may be able to attend to histories of exclusion, separation and disconnection in order to deepen our understanding and engagement in the present. (Noorani, 2016)

I maintain that the psychedelic renaissance, in its attempts to legalize psychedelics, is perpetuating the political nature of psychology that remains far too detached and neutral from historical and contemporary considerations of identity and oppression. In the words of Desmond Tutu: “if you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality.” In a critical analysis of psychotherapy, Dr. Ole Jacob Madsen notes the absence of commitment within psychotherapy to acknowledge the sociopolitical causes of psychological suffering:

the Hippocratic Oath basically obliges psychotherapists to give individual consolation to anyone who crosses their doorstep. An equivalent professional reflex for looking beyond the individual’s problem is virtually non-existent. Cushman (1990) has reasoned that it looks as if psychotherapists’ job descriptions simply do not permit them to question the sociopolitical conditions under which their clients live. (Cushman, 1990; Madsen, 2015, p. 226)

Psychedelics, operating under the limitations of psychotherapy, fail to live up to the goals of spiritual activism put forth by Anzaldúa in their failure to incorporate sociopolitical frameworks as integral to exploring and addressing psychological conditions such as ‘addiction.’

3.8 - Integration

Insofar as psychedelic therapies are out-of-touch with political and material realities, they fail to challenge the atomized foundations of medical paradigms but

paradoxically promote non-dual experiences within individualized contexts. Psychedelic therapies fail to promote interconnectedness as lived truth and political reality but rather as a distinct experience, legitimate primarily for its therapeutic benefits. Psychedelic therapies therefore fail to promote a broader understanding of addiction that contextualizes the therapeutic efficacy of mystical experience within lived political and social realities of suffering. Furthermore, the whiteness of psychedelic therapies parallels the racist and identity-blind structures and practices of medicine that underlie ‘addiction’ therapies. As discussed in Chapter 1, the medicalization of addiction overwhelming ignores political realities such as obstructions to treatment or factors that exacerbate substance abuse. The failure of psychedelics to incorporate sociocultural, identity-specific approaches to therapy is in line with the depoliticization that is characteristic of medical paradigms. A thorough discussion of other areas of concern in psychedelic science – capitalist dynamics, reformism over radicalism, problematic promotion of normative family dynamics in the male-female therapist structure, power dynamics of the client-practitioner relationship, the inequalities of healthcare systems – is beyond the scope of this thesis but remain as vitally important areas for future inquiry, particularly psychedelic science’s detachment from these issues (“It’s time to debunk prohibitionist narratives and calls for monopolies within psychedelic science,” 2018).¹⁴

¹⁴ I would briefly like to mention the controversies over COMPASS, a for-profit venture to produce psychedelics backed by billionaire Peter Thiel. COMPASS, through its association with Thiel, “has ties to the fracking industry, military contractors, multinational banks, and big pharma” (Nickles, 2018). As David Nickles asks, do we really want the people leading the medicalization of psychedelics into global society to have connections to a corporation that has a \$41 million ICE contract?” (“It’s time to debunk prohibitionist narratives and calls for monopolies within psychedelic science,” 2018). Even Michael Pollan stated “capitalism is a good way to scale things up” at the Horizons conference on psychedelics in New York City (“It’s time to debunk prohibitionist narratives and calls for monopolies within psychedelic science,” 2018).

The promotion of medical paradigms for the treatment of addiction is witnessed throughout the psychedelic world and can be understood as both a form of realpolitik – in which those pursuing radical research in psychedelics do not want to also engage in an unpopular challenging of the medical model, lest they risk jeopardizing the progress of psychedelic therapies – as well as limitations in their understandings of addiction and the pervasiveness of medical paradigms. The pervasiveness of oppressive ideologies as well as the widespread ignorance of those in powerful positions come together with a genuine interest by researchers and medical practitioners to promote the legitimization (mainstreaming) of psychedelics through a medical model that, likely unbeknownst to them, relies upon depoliticized, individualized solutions to collective problems. In this process, a genuine and heartfelt desire to medicalize (and thereby mainstream) psychedelics becomes the hegemonic act of suppressing dialogues and solutions that are collective, politicized, and subversive in nature.

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Conclusion:

The potential role for psychedelics in radical politics and healing

Every day
I wake up and fill my dreaming cup a new
I couldn't find
What the others will see

Everywhere I look
There's more reasons to be feeling free
But still I have to keep myself
From leaving

But please don't ever turn your face
From the real world
It's such a psychedelic place
The real world

I took a trip
Inside a book that's written on the tip
Of your mind
And what's living

I knew I could slip
Right between the scenes and live inside my dreams
But now I see
What you are giving me

And please don't occupy your mind
With illusions
I know that someday you can find
What you're losing

– Drugdealer, “The Real World” (Drugdealer, 2016)

I maintain that consciousness is a supernatural entity and we need not move beyond the bidirectional causal relationship of mind-brain (or more accurately, mind-body) to enter the realm of mystics. Psychedelic therapies offer opportunities for radical reconstructions of the self and our lived realities by offering insight into the impermanence – or constructed nature – of the self which creates our subjective experiences. These insights are also offered by Buddhist perspectives. In the words of Ram Dass, “if you keep examining your mind, you’ll come to see that thoughts of who you are and how it all is are creating the reality you’re experiencing.” Psychedelics temporarily shatter this illusion and offer the ability to reconstruct our self narratives (Gerrans & Letheby, 2017). In this regard, psychedelics also offer the opportunity to fundamentally alter self-destructive narratives, such as the internalization of blame or oppression, towards a more social imagination and thereby opens up opportunities for empowerment, liberation, and self-determination. The mind itself manifests our realities. Seeking to understand the capacity of reality-manifesting practices opens up collective potential for social justice and cultural transformation. The question then becomes whether we limit this capacity to individual realities or if psychedelics are utilized to reconstruct collective narratives and manifest change on a societal level.

This thesis has been, up to this point, admittedly negative in its attention to critical analyses. To conclude this project, I would like to focus on the positive potentials for psychedelics; not in their therapeutic, medical value which I briefly mentioned but rather in their political, liberatory potentialities. Although last chapter I discussed the ways in which psychedelics represent an escapist mentality centered around peak-experiences,

psychedelics also offer opportunities for re-enchantment with the everyday. As the song at the beginning of this chapter illustrates, we need not get lost in the illusions offered by psychedelic mystical experiences but can rather employ psychedelics to become enamored and enchanted with the everyday, finding experiences of awe in the real world. Such potential parallels radical Black, feminist, and queer liberatory and spiritual projects seeking to find and articulate ways in which people can find liberation in the here-and-now rather than constantly being forced to wait for some false promise of an ideal future.

Psychedelics have a long history of association with countercultural communities that resist the status quo. Many argue that these medicines hold great potential for inspiring collective politics.

Psychedelically-inspired actors opposed the war in Vietnam, provided food, clothes, and medicine to people in their communities, experimented with communal forms of living, and otherwise attempted to subvert the oppressive, hierarchical systems of what some of today's psychedelic communities might term 'the default world' ... LSD, and psychedelics more generally, factored into a significant amount of political engagement, including the anti-war movement, the civil rights movement, environmentalism, the push for nuclear disarmament, Students for a Democratic Society (SDS), the Diggers, and the Student Nonviolent Coordinating Committee (SNCC), to name a few. (Nickles, 2018)

As 'expanded states of consciousness,' these experiences promise fresh energies for tired times. As 'mystical experiences,' they promise access to something pure and

questionably positive in a moment when we are becoming suspicious of how our very desires are complicit with systems that entrap us. (Noorani, 2016)

I have become particularly fascinated with the notion of “Acid Corbynism,” emerging from the unpublished work of the late Mark Fisher titled *Acid Communism* (Fisher, 2018; Gilbert, 2017; Milburn, 2017)

[Acid Communism] was Mark’s term for a utopian sensibility shared by the political radicals and psychedelic experimentalists of the counterculture of the 1960s and 70s. It rejected both the conformism and authoritarianism that characterised much of post-war society and the crass individualism of consumer culture. It sought to raise the consciousness of individual and society as a whole, be that through the creative use of psychedelic chemicals, aesthetic experiments in music and other arts, new kinds of household arrangements, radical forms of therapy, social and political revolution, or all of the above. (Gilbert, 2017)

Acid Corbynism seems to promote a nuanced view of both the radical and conservative potentials of psychedelics;

Techniques of self-transformation like yoga, meditation, or even psychedelic drugs, in theory, might have some kind of radical potential if they are connected to a wider culture of questioning capitalist culture and organising politically against it. By the same token, they can easily become banal distractions, ways of enabling individuals to tolerate ever-intensifying levels of exploitation and alienation. (Gilbert, 2017)

In this light, psychedelics can be a force for progressive political approaches to addiction if mystical experiences of interconnectedness motivate inclusive politics that seek to alleviate the social and political causes of substance abuse. Ismail Ali notes that psychedelics offer potential in dismantling systems of oppression but that those in the psychedelic community must be held accountable for engaging in critical conversation and intersectional work:

Acknowledging the challenge that psychedelic consciousness presents to the status quo is only part of intersectional engagement. The status quo includes a pervasive, systemic, and interrelated web of restrictive, exploitative, and violent dynamics that seep into everything we do. Even and especially in the world of psychedelic consciousness, an ongoing critical dialogue about these oppressions is crucial for the movement to have a meaningful impact beyond the spaces in our minds. For true liberation, these dynamics must be dismantled, and their reproduction must be avoided. (Ali, 2016).

It is vitally necessary to consider how our models of 'addiction' prevent us from progressing further in our liberatory efforts. Although harm-reduction movements promoting public health approaches to addiction are rooted in white privilege – as white people are offered treatment while people of color are criminalized – our approaches to 'addiction' still significantly affect people of color in that they are informed by and perpetuate the same models of individual choice that are used to maintain systems of incarceration. The criminalization of people of color under the War on Drugs only further exacerbates the need for more progressive and intersectional treatments for 'addiction.'

Psychedelic therapies offer unprecedented therapeutic efficacy for the alleviation of suffering. In this regard, they can serve as radical tools of reparation, as the healing of collective wounds incurred by oppression. Given the comorbidity between mental illness and ‘addiction’, psychedelics could be an anti-subordination healing modality by alleviating the suffering incurred by oppression that exacerbates the suffering and cravings that lead to ‘addiction.’ However, in so far as they advance individualist and pathology models of wellbeing, they also obstruct pathways to alleviating the internalized manifestations of the collective causes of addiction and suffering. Furthermore, without an incorporation of intersectional and critical race perspectives rooted in history and lived experiences, psychedelic therapies as a potential tool of anti-subordination – in the context of the whiteness of mainstream medicine – risk operating as a form of white-washing, of covering up the past through putting a bandaid on the contemporary manifestation of hundreds of years of oppression.

Recognizing the sociocultural conditions that give rise to ‘addiction,’ our efforts to tackle crises of ‘addiction’ should expand far beyond individual treatment – such as psychedelic therapies – but should rather focus on collective solutions, including a robust social welfare state, the decriminalization of all drugs (not just psychedelics), and the implementation of safe consumption spaces (“Drug Decriminalization,” n.d., “Drug Decriminalization in Portugal: Learning from a Health and Human-Centered Approach,” 2019, “It’s Time for the U.S. to Decriminalize Drug Use and Possession,” 2017; Frederique & Saunders, 2018; Goulão, 2015; Rajagopalan, 2018b). I, do, however imagine the capacity for the love and interconnectedness of mystical experiences to inspire such a

politics of ‘addiction.’ Acknowledging that the alleviation of our ‘addiction’ crises necessitates widespread and far-reaching social change, psychedelics could engage with other social justice movements, like the counterculture of the 1960s. Rather than existing as depoliticized, individualized transcendence, psychedelics — through the imaginary potential of mystical experience to disrupt the status quo of our minds and potentially society at large — could very well connect to radical utopian projects, such as the Public Feelings Project, the political work of Alexandria Ocasio-Cortez, or the liberatory projects of prison abolition and queer futurities (Cvetkovich, 2007; A. Y. Davis, 2011; Muñoz, Chambers-Letson, Nyong’o, & Pellegrini, 2019).

I don’t believe in The Rapture
 Don’t want to go flying through the air
 Leaving my friends all here behind
 Turning my back on humankind.
 Why don’t we stay here and try to make things work?

– Gretchen Phillips, “In Case of Rapture” (Phillips, 2009)¹⁵

¹⁵ I came across these lyrics and song while reading *Depression: a public feeling* by Ann Cvetkovich (Cvetkovich, 2012).

Afterword

Despite the length and depth of this project, my work here still feels quite unfinished. I am limited by the scope of an undergraduate thesis and my short time left here at Vassar College. I would briefly like to mention my thoughts for continuing this work, including a list of authors and topic that I believe have much to add to these discussions. I would also like to highlight the potential for continuing this work in other forms; critiquing the dominant narratives also necessitates a critique of the dominant narratives of language and academia that are entirely inaccessible to many. In that vein, I envision creative projects in the visual arts – such as a zine – to further expand upon this work and potentially represent these discussions in other formats. In improving upon this project, I wish to further explore the work of liberation psychologist Ignacio Martín-Baró, Terence McKenna, Chogyam Trungpa, William James, and adrienne marie brown. I have also read and wish I had more time to incorporate the work of Angela Garcia and Dr. Carl Hart. I recognize that this thesis is missing a discussion or mentioning of more organizations involved with this work, such as the Drug Policy Alliance or harm reduction organizations. I failed to expand upon conceptualizations – and their implications – of ‘addiction’ found in the DSM (Diagnostic Standard Manual) or the limitations of psychedelic neuroscience. In the future I wish to expand upon critical analyses of mental health, specifically depression, in conversation with psychedelic therapies. The Buddhist concepts of shenpa and tanha also fascinate me and would certainly be relevant to these conversations. The client-practitioner / guru-disciple / guide-voyager dynamics of

psychotherapy, Buddhism, and psychedelics are also missing from this thesis and certainly warrant further investigation. Shamanism and indigenous spiritualities are areas that I admittedly know far too little about, and I look forward to seeking education on these topics.

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