

"No Magic Pill"

*An anthropological study on psychedelic integration
among psychedelic users in Denmark*



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Needless to say, any errors, diminutions, and flawed analyses are entirely my fault and responsibility.

Formalities

All quotations from my interlocutors are written in *italics* and "double quotation marks" and (...) indicates that some words have been left out. Quotations of more than four lines in length are indented and in a freestanding block. To distinguish, quotations from academic work are merely put in "double quotation marks". Theoretical concepts and names of organisations are introduced in *italics* and 'single quotation marks' indicate a word often used in my field.

I have translated most quotes from Danish and given most of my interlocutors pseudonyms to protect their anonymity, apart from a few who asked to be quoted with their own names.

Abstract

This master's thesis is an ethnographic exploration of psychedelic-assisted healing among psychedelic users in Denmark. The past two decades have witnessed a tidal wave of public and scientific interest in the use of psychedelic substances for therapeutic purposes. Contemporary researchers have announced the onset of a 'psychedelic renaissance'. After more than 30 years of standstill since the extensive psychedelic research conducted between the late 1940s and early 70s, these substances are again a prominent research focus. A fast-growing number of studies show that psychedelics, when rightly used, can alleviate a long line of ailments – notably with regards to mental health and addiction – meaning that a growing number of people are pursuing the psychedelic experience with a hope to heal their sufferings. Despite these optimistic tendencies, the transnational psychedelic milieu increasingly expresses the concern that they might also lead to fairy-tale framings of the psychedelic experience as a 'magic pill' that instantaneously and painlessly treats any problem. The idea of *integration* has become central in relation to this concern. By this notion, psychedelic therapists and practitioners signify the period and practice that follows *after* the immediate psychedelic experience and its psychological and neurobiological processes. Integration hereby concerns the task of making sense and use of the psychedelic experience in the context of one's everyday existence.

Based on material generated from periodic anthropological fieldwork in seven months between November 2020 and June 2021, the present thesis examines how psychedelic users in Denmark practise and understand integration of their psychedelic experience(s). It further discusses what notions of healing and self emerge from these personal and collective integration pursuits. Hereby, the thesis aims to contribute to the interdisciplinary field of psychedelic research, adding novel qualitative and longitudinal perspectives on the lived reality of psychedelic-assisted healing. The broader impetus of the thesis is to explore the therapeutic potential of psychedelics beyond their acute, individual, and neurochemical effects and approach psychedelic-assisted healing as an extended, gradual, and relational process.

The introduction section situates my focus on integration within psychedelic research and presents the scholarly work, theoretical inspirations, and analytical framework that provide the foundation for my arguments. It further presents the project's methodology which I discuss with respect to the notion of *shared experience*. Hereafter, the thesis provides an analysis of the ethnographic material. This is

separated into three chapters, respectively exploring how psychedelic integration in my field is 1) practised and experienced phenomenologically, 2) responded to and managed socially, and 3) interpreted and framed culturally.

The first chapter approaches integration as a psychedelically instigated process of self-transformation where the user heals by gradually altering her experiential orientation. This approach leans on Thomas Csordas' comparative model of healing. Based on the analysis of four individual cases, the chapter offers a dual typology of such self-related integration. Drawing on anthropological studies on narrative and self-formation, I propose the notion of *narrative integration* to capture the process by which my interlocutors used discursive, interpretive, and narrative techniques to integrate insights from their psychedelic experience(s) and to de- and re-stabilise their self-understanding. Complementary, the chapter then presents and discusses the notion of *experiential-somatic integration*. This notion concerns the process by which modes of being and experiencing from the acute psychedelic experience is prolonged and re-cultivated in the user's daily existence by means of somatic and emotional attunement and amplification. This proposal takes inspiration from Maurice Merleau-Ponty's notions of the *habit body* and *own body* and anthropological work on embodiment and healing that allow me to theorise my interlocutors' integrative self-ordering as a *bodily* facilitated transformation of self.

The second chapter explores the relational dimensions of psychedelic integration and shows how it is interpersonally affected and anchored. Engaging theoretical perspectives on cultural and social healing, I open the chapter by mapping out the distinct, relational fabric of my interlocutors' integration endeavours. I show how their broader cultural and more intimate social settings were generally characterised by a lack of acknowledgement of the psychedelic state as a valuable and potentially therapeutic state of consciousness and that this compromised their integration. I then proceed with an analysis of how my interlocutors coped with this lack of integrative support by mobilising, what I term, *experiential communities* of healing. That is, interpersonal spaces constituted around a shared reverence towards and familiarity with the psychedelic experience and a recognition of its therapeutic potential. My argument contrasts with classic anthropological studies on ritual healing and more recent studies on the relationality of ayahuasca-assisted healing. These studies depict how healing support is predicated upon the individual's inclusion into a shared symbolic structure and cosmovision. In contrast, the experiential communities I witnessed were based on a recognition of the therapeutic value of each idiographic and unique psychedelic experience.

The third chapter aims to outline the specific cultural templates of healing and self prevailing in my field. I argue that my interlocutors' views and practices of psychedelic-assisted healing and integration were imbued with Romantic ideas of authentic selfhood, cosmic unification, affective expression, and connectedness. I show how some of my interlocutors experienced and viewed healing with psychedelics as a question of actively approaching, amplifying and/or going through their suffering and cultivating a more somatic-emotionally intensified mode of being. This perspective seems to differ from traditional biomedical notions of healing that often stress passive removal of symptoms or stabilisation of difficult emotions.

In entirety, the three chapters portray integration as a continuous process of *connecting* – with the psychedelic experience, with the self (including one's life trajectory, body, and emotions), with others, with inner and outer nature, and the conditions of human existence. The thesis aims to contribute to anthropological discussions on self, authenticity, and healing, and more particularly to discussions on processual and relational healing through altered states of consciousness in a Western, postmodern context. The thesis also carries a more practical hope. Based on an ethnographic locale, it aims to provide anthropological perspectives that might inform the development of protocols for psychedelic-assisted healing in a Danish or culturally similar context. The thesis stresses the implementation of integration in such treatment.

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Prologue

Mathias texted me after I had made a post in a closed Facebook group of psychedelic users. He was curious to know more about my project on psychedelic integration and offered his time to do an interview. I later learned that in meeting with me, he recognised an opportunity to engage with his difficult psychedelic experience, confront his social anxiety, and proceed with his strenuous integrative work. Six months prior to our meeting, he had attended a 10-day ayahuasca¹ retreat in Portugal. At the age of 30, after years of having struggled with heavy social anxiety, depression, and what he described as “*a trauma from the fluidity of reality and my identity and the mysterious and incomprehensible vastness of time and space*”, Mathias had pinned his remaining, though negligible, faith on psychedelics to help him ease his suffering and escape the gateway of suicide which seemed to him the other way out. The retreat took place amid the southern European heat of July. Everyone had to observe full silence and apart from four ayahuasca ceremonies, three kambo² sessions, and the daily ingestion of minor psychedelic ‘dream-plants’, participants followed a strict salt and sugar-free diet of rice and beans. No doubt, a testing rite of passage for most.

During the third night, Mathias and the other participants were awakened and led to the first ayahuasca session. He described the happenings accordingly: “*I drank and sat back, waited for the substance to work. Suddenly, I see something red that pulls reality away underneath me. I am caught by surprise and resist the experience. Time passes. I am disappointed, impatient, and decide to drink a second cup [of ayahuasca]. The experience returns and reality is almost taken from me, but I resist again and it stops. I go back to my tent, lie down to sleep and, bang, it hits me. A big white space opens from the back of my head and I stumble my way out of the tent. I need help, I cannot sit with this alone*”. In between the anxiety-catalysing, unfolding experience, Mathias attempts to find someone from the retreat staff to come to his rescue. As this fails, he eventually stops fighting the experience: “*I allow it to engulf me. It feels as if I am eaten by ants from behind and my body and I dissolve piece by piece. It is frightening. A female figure appears in my thought-space and begins peeling off my identity, layer after layer, like an onion. First, she takes*

¹ A psychoactive brew

² The bioactive secretion of a poisonous frog

off the feeling of Mathias, then of being a man, and finally, I exist only as experience, my body is there but there is no identity. She reaches for the core of my feeling-of-I. Something grips my body; I get the sensation that I cannot let go of this as well. There is anxiety. But I see it now as separate from me, I can let go of it. I think I have allowed her to take the last component, I feel liberated, blissful. I see all my problems in my thought space, separate from me, bricks that suddenly all fit together.”

Although Mathias told me that this experience was incredibly numinous and the first time he ever felt unburdened from and in full comprehension of his suffering, his anxiety and trauma escalated during the remainder of the retreat. Upon his return to Denmark, he had to go on sick leave. As he explained to me, “*psychedelics are no magic pill, but a tool to help you reveal what you need to work on to get better, what your problem is. Integration is the biggest part of the journey. You can be served the ingredient list, but you still need to cook the dish*”. Over the course of our relation, I was fortunate to bear witness to a positive progression in Mathias’ state. While he still had days when coming to terms with the ayahuasca experience seemed impossible, he did not regret his trip. Though not instantly, he felt it had helped him heal.

Introduction

This thesis is an ethnographic exploration of a group of people in Denmark who, like Mathias, have consumed psychedelic substances in the hope of healing. More precisely, this thesis concerns what goes by the name *integration* among psychedelic practitioners, users, and researchers; that is, the period and practise that comes *after* an ingested psychedelic is no longer neurobiologically active in the body and the user is faced with the task of making sense and use of the experience in the context of her everyday existence. Examining how psychedelic users in Denmark practise and understand integration through personal and collective endeavours, this thesis attempts to portray the lived, and sometimes lengthy, reality of psychedelic-assisted healing.

This thesis thus taps into the current upsurge of scientific and public interest in the use of psychedelics for healing purposes (Giffort 2020; Langlitz 2012). Research has shown that full-dose psychedelic interventions can alleviate ailments such as major and treatment-resistant depression (Carhart-Harris et al. 2018c; Sanches et al. 2016), “suicidality” (Argento et al. 2017), end-of-life psychological distress (Gasser et al. 2014; Griffiths et al. 2016; Grob et al. 2011; Ross et al. 2016), alcohol, tobacco, and opioid addiction (Bogenschutz et al. 2015; Johnson et al. 2014; Noorani et al. 2018; dos Santos et al. 2017), cluster headaches (Andersson et al. 2017), and improve general mental wellbeing (Griffiths et al. 2006; Haijen et al. 2018). These research results have been accompanied by a thriving psychedelics industry, tourism, and a rocketing amount of organisations, businesses, citizens’ initiatives, and media coverage trying to either ride, profit from, or steer the wave (Chabloz 2009; Psychedelic Invest 2022; Steinhardt & Noorani 2020).

However, there might be an unintended drawback to the scientific optimism and public hype. Led by its seeming panacea-like quality, more and more people are seeking the psychedelic experience with high expectations of finding instant treatment and enduring relief from their sufferings. Psychedelics are slowly, but expectedly, caught up in capitalist logics and the persevering ‘quick-fix’ ideology of the pharmaceutical industry (cf. Noorani 2020). As a counterpoint to this narrative, the title of this thesis reflects a spreading trope in both my field specifically and the transnational psychedelic milieu more broadly, asserting that psychedelics are indeed “*no magic pill*”. With a focus on integration, this thesis sets out to chart the meaning and lived experiences of this saying. The main idea and contribution of the thesis to research on psychedelic-assisted healing is thus that “after the ecstasy, the laundry” awaits, to borrow the title of Jack Kornfield’s spiritual

bestseller (2000). Rephrased, the ethnography presented in this thesis shows that when considering the therapeutic potential of psychedelics, we ought to pay more attention to the aftermath of the psychedelic experience and not overestimate the scope and persistence of its immediate effects. For some people, doing the laundry, i.e., integrating, might be just as decisive for healing as the acute experience itself.

Such was the case with Mathias. While his ayahuasca experience had catalysed what he considered a healing process, it had neither taken him to the final ‘cured’ destination nor given him any clear-cut manual on how to get there. Transmuting his acute psychedelic *peak experience* (Maslow 1968) into a long-term *transformational* experience required some integrative after-work of grounding the experience into the everyday, pondering what occurred, converting its content into repetitive, pragmatic action, and thereby step into a prolonged process of more incremental healing. This aspect of psychedelic-assisted healing being a form of gradual approximation was fairly consistent among the people I met during fieldwork. While their psychedelic experiences had indeed been life-changing, they did not seem to cause a *quantum change*, i.e., an immediate and enduring personal metamorphosis (Miller & C’de Baca 2001; Miller 2004). Instead, my interlocutors often told me that “*the real work begins after the experience, with integration*”. There was, however, far less consensus with regards to the content of this ‘work’. Some used writing, reading, podcasts, conversations, integration circles, and therapeutic consultation. Others opted for meditation, movement, socialising, rituals, breath-work, painting, music, microdosing, and contemplation in nature. And yet others seemed to integrate by changing their material circumstances, quitting or reviving their job, and re-ordering their relations. Rather than being characterised by a single action or something which can be covered by one or a few talk-therapy sessions³, this thesis suggests that integration among psychedelic users in Denmark is better grasped as a process of healing that involves continuous practise and an attitude of *connecting* – with the psychedelic experience, the self, others, the conditions of human existence, and the natural world.

The thesis works from the problem statement: *How do psychedelic users in Denmark practise and understand integration of their psychedelic experience(s) and what notions of healing and self emerge from this?*

³As is the proposal of some protocols for psychedelic-assisted therapy (Compass 2022; Guss et al. 2020; Lophora 2022)

Context: interdisciplinary & anthropological psychedelic research

In exploring this question, this thesis adds to the growing, interdisciplinary field of research on psychedelics. More specifically, it engages with the ongoing discussion of the mechanisms behind their therapeutic action. While psychoactive substances have been celebrated for their healing potential by indigenous cultures for centuries (Labate & Cavner 2014; Labate et al. 2017) and most probably been used by humanity for millennia (Samorini 2019), the first scientific interest in their therapeutic potential appeared around the mid-20th century. Between the late 1940s and early 70s, more than 1000 articles were published on psychedelics and their therapeutic applicability. Although the scientific enthusiasm was strong, psychedelic research faced an abrupt closure in the early 70s as the compounds were caught in political turmoil and moral panic linked to the 60s countercultural movement (Giffort 2020). Today, after a 30-year hiatus, research is burgeoning again (Reiff et al. 2020). While the discussion on exactly *how* psychedelics exert their therapeutic effects remains inconclusive, important contributions have separated into two explanatory strands – each recognising the valence of the other and their liaison (Hartogsohn 2018; Nutt et al. 2020). The first features the neuropharmacological properties of psychedelic ingestion and links its therapeutic action with the neural correlate of the psychedelic experience (e.g., Carhart-Harris & Nutt 2017; Carhart-Harris & Friston 2019; Madsen et al. 2019). These studies document how therapeutic effects are mediated via 5-HT_{2A} receptor stimulation resulting in a neuroplastic window where predictable patterns of brain activity are altered and global brain connectivity is increased. The second explanatory strand gives weight to the subjective qualities of the acute psychedelic experience. Such studies show how experiences of e.g., ego-dissolution, awe, connectedness, emotional breakthrough and catharsis mediate positive therapeutic response (Belser et al. 2017; Lebedev et al. 2016; L. Roseman et al. 2018). Underlying these two strands, it is well-established how both the neuropharmacological effects and the experiential configuration are dose-dependent and reliant on the internal and external conditions of the psychedelic ingestion – what is often referred to as *set* and *setting* (Carhart-Harris et al. 2018b; Hartogsohn 2017; Leary et al. 1963; Zinberg 1984). *Set* covers both the user's more longstanding psychological traits, beliefs, and level of drug pre-experience and her immediate, pre-intake mental state, mood, intentions, and expectations while *setting* refers to the physical, social, and cultural context in which the ingestion takes place (Studerus et al. 2012). Combined, the research approaches the therapeutic mechanisms of psychedelics as determined by several pharmacological and extra-pharmacological variables.

Yet, such multivariate appreciation is rarely accompanied by a *multiphasic* sensitivity – i.e., the sequential pre, acute, and post periods of psychedelic ingestion. The tendency to concentrate on the *acute* experience when searching for the therapeutic action of psychedelics is quite strong within academic discourse. Focus is mainly on decontextualised, clinical, and quantitative research, such as controlled placebo trials (e.g., Palhano-Fontes et al. 2019; Ross et al. 2016), neuroimaging studies (e.g., Carhart-Harris et al. 2016, 2017; Sanches et al. 2016), and clinical psychological research using mental health scales to chart the acute experience (e.g., Osório et al. 2015; L. Roseman et al. 2019). While these studies are critical for understanding the individual and immediate neurological or psychological effects, they shed little light on longitudinal, contextual, social, and bodily aspects of psychedelic-assisted healing. Although psychedelic practitioners frequently mention the post-intake process of integration as part and parcel of ensuring lasting therapeutic change (Bourzat & Hunter 2019; Richards 2015, 2017; Saunders et al. 2000) the phenomenon has, to my knowledge, not yet been targeted explicitly in empirical research.

This project contributes to this gap in the literature by considering the therapeutic action in extenso *beyond* the acute experience. Recently, researchers have suggested that the broad therapeutic applicability of psychedelics has to do with their ability to facilitate a sense of *connectedness* with the *self*, *others*, and the *world* (Carhart-Harris et al. 2018a; Watts et al. 2017). The overall argument of the present thesis builds on this line of thought and investigates how such a sense of connectedness is sustained and/or impaired in the post-ingestion phase. My ethnography further affords reflections on how psychedelic integration is a relational process that ties into a social and cultural context. In so doing, the study contributes to classic ethnographies on the use of altered states of consciousness for healing which have established how such states are shaped and interpreted according to their socio-cultural context (Furst 1976; Harner 1973; La Barre 1938; Mooney 1896; De Rios 1975, 1984). In including perspectives on the body in my analysis, I am inspired by recent anthropological work on ayahuasca that shows how various user-groups situate the brew's healing property in bodily, purgative practices such as vomiting, crying, and sweating (Fotiou & Gearin 2019; Sanabria 2020; Talin & Sanabria 2017). While these studies mainly focus on the acute experience (see also Dupuis 2020; Shanon 2002; Tramacchi 2000), this thesis brings novel perspectives on how the body and cultural ideas of healing and self also circulate in and influence the post-experiential phase. It further adds to a growing collection of ethnographies on contemporary psychedelic use in non-indigenous,

Western contexts (Gearin 2015; Høifødt 2018; Steinhardt 2018) while being the first comprehensive portrayal of the Danish psychedelic milieu.

Empirical context: A psychedelic wave in Denmark

The *psychedelic renaissance* (Sessa 2012) has also begun to take roots in Denmark – although not without hesitancy. The caution is reasonable in the light of the devastating LSD research conducted in Denmark, mostly at Frederiksberg Hospital, back in the 1960s and 70s. Here, around 400 patients were given fairly high doses of LSD, sometimes several times a month and for periods of up to three years while left alone in a clinical basement. Two committed suicide after the trials and 151 patients received compensation for grave aftereffects (Larsen 2017, 2021). The trials have been criticised heavily for unethical research practice and indefensible set and setting conditions (Erritzoe & Richards 2017) and they represent a dark chapter in the history of psychedelic research. Today, Danish researchers have joined the renaissance. Recent publications include studies that use mixed methods to explore the influence of psilocybin on the brain (Madsen et al. 2021; Stenbæk et al. 2021), an article on microdosing in Denmark (Petersen 2021), and two projects on the use of psilocybin to combat alcohol addiction (Alkoholforskning 2022) and OCD (DFF 2022) are in process.

Psychedelics and their ostensible power to heal have also become a hot topic of Danish popular culture. Let me give a few examples of the, at least, 38 larger media contents since 2016.⁴ In November 2020, the Danish public service broadcaster cleared the best viewing time and showed a reportage on the therapeutic potential of psychedelics (DR 2020a). A month earlier, one of Denmark's famous comedians, Casper Christensen, known to live a “crazy-Rockstar-coke-life”, announced how he had reorganised himself and his life with MDMA-assisted therapy (DR 2020b). The ripples of his confessions (he was baptised too), the “Casper-Christensen-effect” (Weekendavisen 2020), caused a boom in demand for psychedelic therapists. And lastly, in May 2021, another documentary hit the public (DR 2021). Addressing a weak point of Denmark's welfare state, *the Soldier* follows a veteran to the Amazon where he uses psychedelics to heal from the PTSD, he took home from military service in Afghanistan.

⁴ For more complete overview see (Psykedelisk Dannelse 2022)

In the past two years, the more subcultural, Danish psychedelic community has also greatly augmented. Before 2020, it was more or less represented by the internet-forum *psychedelia.dk* (est. 2000, plus 25.000 members), the *Danish Psychedelic Society* (est. 2016, around 200 paying members), and volunteer-run harm-reduction initiatives such as *PsyCare safe-spaces* and drug testing at festivals. In 2020, it more than doubled its members: First, a splinter group from the Psychedelic Society formed a research-oriented organisation: *Netværk for Psykedelisk Forskning*. Then came two podcast-channels: *Den Forbudte Skole* and *Dansk Psykedelika*, drawing in more than 1000 weekly listeners. In 2021, and responding to the accelerating interest in psychedelic therapy, a group of doctors, therapists, and psychologists established a network for professional sharing of knowledge and experience (*Netværk for Psykedelisk Terapi og Medicin*, around 1000 members). And finally, the newest recruit is the *Center for Psykedelisk Dannelse* (est. 2021), aiming to create informational infrastructures for public psychedelic education and e.g. host conferences on psychedelics. The first one took place in October 2021 and I was fortunate to be invited to present and get feedback on the findings from my fieldwork (see Appendix). At the time of writing, there are (at least) 12 Facebook groups for psychedelic users in Denmark. The largest one contains just below 10.000 members and has people joining every day.

Although the question of how psychedelic-assisted healing relates to the Danish welfare state, its ideas of health responsibilities and citizen autonomy (Vallgård 2007), and its increasing investments into personalised medicine (Jensen & Svendsen 2021) is worthy of investigation, I have chosen to focus my study on the experiences of the people healing.

Theoretical grounding & analytical framework

The thesis' overarching theoretical frame takes inspiration from the work of Thomas Csordas and falls within what he has termed a *cultural phenomenology* grounded in *embodiment* (1990, 1994ab, 1999b). This means that I take embodiment as an analytical starting point for the exploration of both my interlocutors' subjective experiences of integration and the culture in which these occur. It also means that I am concerned with connecting my interlocutors' embodied experiences and narratives of integration with the myriad social relations and cultural meanings in which these experiences are embedded, formed, and understood. The thesis is structured accordingly, with the first chapter foregrounding my interlocutors' subjective, embodied experiences, practices, and understandings of integration, the second chapter looking at the social dimensions of these, and the third chapter

discussing the cultural discourse in which they seemed to be grounded. Focusing on how my interlocutors' integration pursuits tie into emic and etic notions of *healing* and *self*, my analytical approach to psychedelic integration contributes to and draws on three broad anthropological discussions.

Healing

Situated between the fields of medical anthropology and the anthropology of religion, anthropological studies of healing have explored the cross-cultural variances in practises, perceptions, and models of health and healing (Womack 2010). Early inquiries mostly studied healing in terms of religious practise, rituals, trance, possession, and magic (Kiev 1964; Turner 1969). Since then, most studies have focused on systems of diagnosis and treatment that are alternative or complementary to biomedicine (Barcan 2011; Beeler 2015; Csordas 2000). One of the underlying principles of this work in toto is a distinction between curing and healing (Kleinman 1988; Strathern & Steward 1999). Whereas *curing* is understood biomedically as the complete removal of symptoms with respect to an isolated physiological or psychological condition (Levin 2017), much anthropological research has been concerned with *healing* seen as a holistic transformation of the 'whole' person in context, thus encompassing both biological, psychological, emotional, spiritual, social, and cultural aspects in their studies (cf. Koen 2009). In a somewhat implicit way, this thesis' entire exploration of integration depends on this distinction since it allows me to question assumptions about the instantaneous, curative effect of psychedelics.

Performance, understood as contextually positioned interaction, composes another common anthropological perspective on healing (Laderman & Roseman 1996). Quite a few studies have focused on the actors involved in the healing practice and the relation between them (Bonhomme 2005; Csordas 2000). In contrast to studies centring on the healer (Leighton & Leighton 1941; Messing 1958) and the more biomedical view of healing as the responsibility and task of the health professional (Kleinman 1988:3-5), this thesis foregrounds the subjective experience and work of the one who is healing. The second chapters' discussion of the social and cultural dynamics of integration draws on anthropological studies of relational healing (Crapanzano 1973; Harms 2021; Laughlin 2013; Lewis 1971; Sjørsløv 1995; Steffen 1997; Turner 1964) while bringing novel perspectives to its specificities in a postmodern, Western context.

The question of *how* healing works has also directed many anthropologists (Bourguignon 1976; Csordas & Kleinman 1996). Some have suggested that forms of religious, shamanic, and/or

psychotherapeutic healing work through *symbolic* transactions, where the experience of the sufferer is altered by tying it to a shared symbolic and mythic backdrop that provides alternative meanings (Dow 1986; Frank 1963 [1961], 1995; Lévi-Strauss 1967; Moerman 1979). In this *mentalistic* or meaning-centred approach to healing (Seligman 2014:135), efficacy has thus been attributed to a form of narrative, ‘top-down’ directed transformation in the patients’ understanding of their illnesses, place in the world, and/or identity. Complementary, other anthropologists have discussed healing efficacy as an experiential transformation that is mainly derived from bodily and sensory changes facilitated through e.g., the redirecting of attention (Desjarlais 1992), movement and music (Gouk 2000; M. Roseman 1991), or the ingestion of psychoactives (Fotiou & Gearin 2019).

My approach to integration aligns with that of anthropologists who stress how the two perspectives on healing (privileging either representation or embodied-experience) are inextricable and mutually constitutive (Csordas 2002; Kirmayer 2004; Ostenfeld-Rosenthal 2012; Scheper-Hughes & Lock 1987; Seligman 2014). Taking embodiment as an analytical starting point, as I do in this thesis, is particularly enriching for this purpose since it can illuminate the constant interaction between forms of representation and being-in-the-world. This synchronised perspective creates an analytical foundation for the typology of integration proposed in the first chapter and it also underlies the final chapter’s discussion of the specific cultural templates of healing and self thriving in my field.

To understand the continuous, therapeutic self-work that I observed among my interlocutors, I further needed a perspective that enabled me to approach integration as a *process* of healing that was socio-culturally situated and connected to gradual, embodied *self*-alteration. I found that in Csordas’ comparative model of healing which he developed on the basis of fieldwork among the North American Catholic Charismatic Renewal and the Navajo (1988, 1994ab, 1999a, 2002). In it, he advises a focus in anthropological analysis on the therapeutic *process* as it is experienced by the subject of healing instead of giving weight to clinical or ritualised *procedures* of healing or focusing on the definite *outcome* and objective measures of efficacy (Csordas 1988, 1994a:72). Csordas further argues that “the object of healing is not elimination of a thing (an illness, a problem, a symptom, a disorder) but transformation of a person, a self that is a bodily being” (Csordas 2002:3). He defines *self* as an “indeterminate capacity to engage or become oriented in the world” (Csordas 1994a:ix, 5). Stated differently, as a constantly en-route, orientational process. Following this, he explains healing as a culturally embedded process of experiential transformation. That is, as the cultivation of a new form of ‘healed’ experiential specificity. Hereby, Csordas offers a way to understand healing as a

change of orientation to oneself, others, and the world – an approach which I found highly useful for understanding the integration practises and views I encountered in my field, and for theorising them as orientational self-processes of (dis)establishing internal and external connections. I use Csordas' framework to analyse integration as a continuous "operation on the self" (ibid.:10), a socio-culturally situated process of self-ordering, where therapeutic progression is yielded through an incremental change of experiential orientation. As does Csordas, I further draw on Maurice Merleau-Ponty's work on the relation between embodiment and perception (2012 [1945]). I use Merleau-Ponty's notions of the *habit body* and *own body* to highlight the experiential-somatic aspects of my interlocutors' self-transformative processes.

Personhood & self

One of the first, considerable contributions to anthropological theorising on personhood and self, stems from a lecture by Marcel Mauss (1985 [1938]). In a cross-cultural genealogy on how notions of the person (*personne*), the self (*moi*), and the individual have evolved, Mauss exhibits how these concepts constitute no universal constant but are constantly negotiated in terms of the context of their use. Apart from initiating an avalanche of studies on the cultural variances of conceptualisations and experiences of selfhood (Markus & Kitayama 1991; Morris 1994; Shweder & Bourne 1984), Mauss' lecture also briefly touches upon an analytical distinction between the cultural *concept* of self and the subjective *sense* of self (Mauss 1985:3). This has subsequently been topic of much reflection. Broadly speaking, post-Maussian anthropological perspectives on personhood and self track these two aspects and can be placed on a spectrum between a constructivist and an experiential pole (Throop 2000). More constructivist scholars have focused their analysis on the contextually bounded construction of self/personhood and have assumed close conformity between socio-cultural templates of the self and subjective experiences (e.g., Geertz 1974; Rosaldo 1984). Authors leaning towards the experiential pole have studied the self as the locus of lived experience and given weight to aspects of the self that they argue are partially or fully independent from socio-culturally specific conceptions (e.g., A. Cohen 1994; Hollan 1992). This demarcation mostly serves a directional purpose as most anthropologists include both perspectives in their studies and stress how the cultural models and subjective experiences of self are dialectically constitutive and illuminating (Lindquist 2006:19). For an analytical purpose, it is therefore fruitful to work with a conceptualisation of self that encompasses both aspects. Again, Csordas' cultural phenomenological framework grounded in embodiment seems to me to provide just that.

Following Csordas, I work from a definition of self as an embodied, orientational process that is situated and negotiated in a specific socio-cultural context. The motivation behind is twofold. First, the concept emulates the emic designation often used by my interlocutors when they talked about the subject of their healing pursuits, which is why a corresponding analytical engagement can facilitate comparative insights on the cultural specificities of self-notions in my field (cf. Whittaker 1992:209). Second, it allows me to analyse both experiential, social, and cultural aspects of self-formation in terms of psychedelic integration.

Authenticity, healing & self

In discussing the notions of healing and self emerging from my interlocutors' integration pursuits, this thesis adds to works that explore the increased concern with the self, authenticity, and complementary practices of healing in Western, modern culture (Barcan 2011; Beeler 2015; Heelas 1996; Heelas et al. 2005; Lindholm 2008; McGuire 1988; C. Taylor 1991; Vannini & Williams 2009). While the views on self and healing circulating in my field were impregnated with New Age vocabulary and ideology, e.g., by being associated with a sacralisation and *celebration of the self* (Heelas 1996:15-23, 81-3), my interlocutors repeatedly opposed the New Age label, why I chose to analyse them as reflecting a form of Romantic attitude occupied with establishing connections. Engaging critically with the scholarly tendency to neglect aspects of relationality when studying *the subjective turn* (Heelas et al. 2005:96), I include reflections on the relational dimensions of authenticity and healing in a Danish context. Hereby, this thesis constitutes a response to Charles Lindholm's (2008) call for context-specific depictions of how the modern quest for authenticity manifests.

Methodology, positioning, & ethical considerations

I meet Nora in a passage of sun in front of the old Christian Church. (...) I have only just begun introducing the purpose and scope of my study when she, with a persistent gaze, interrupts – “have you tried yourself?” I confirm and she continues “and have you integrated?” I laugh and try as openly I can to explain that this study has confronted me with my integrative self-deceit and demanded that I reengage with my own previous psychedelic experiences. Nora nods affirmingly as if approving of my trustworthiness and

capability to understand. I need to say no more before she freeheartedly takes me through the details of her story. – Excerpt from fieldnote

This fieldnote was composed after an interview with the 33-year-old energy engineer Nora and reflects what became a central tenet of this study's methodology, namely the notion of *shared experience*. This section will review the methodological usefulness of this notion and present some reflections on my methodological choices, positioning in the field, and some ethical aspects of this.

Overview of material & doing (ethical) research in a pandemic

First, a few remarks on the empirical outcome and practicalities of the fieldwork. The ethnography of this thesis is mainly based on 29 narrative interviews, participant observation in four online integration circles, and an open-ended questionnaire. But my fieldwork also involved a huachuma⁵ weekend-retreat (to follow people through the pre-, acute- and post-experiential phase), interviews with prominent psychedelic researchers and therapists (Ciara Sherlock, Margit Anne Petersen, & Michelle Baker Jones), participant observation in the online activities of a European integration community (mainly used for comparison), and lots of *secondary research* (Thin 2014) such as reading blogs, books recommended by my interlocutors, attending psychedelic conferences, and listening to podcasts – all done to strengthen my proficiency in the vernacular of the field. I transcribed the interviews and coded all my material beginning with open coding followed by focused coding with 20 analytical and emic themes which I then linked in integrative memos (cf. Emmerson et al. 2011).

The ethnographic material was generated sporadically, when the raging Covid-19 pandemic allowed it, in a period stretching from November 2020 to June 2021. Due to the pandemic, I had to tailor my methodology in a way that would be ethically sound and observe appropriate measures for social contact (cf. Rutherford 2020). As most in-person, social activities had uncertain prospects, I designed my project around individual healing stories, interviews, and minor group meetings while using larger online social activities as contextual sources of information. I generally took an experience-near, case-centred approach to data-generation (cf. Throop 2000), focusing on people's subjective, lived experience of psychedelic integration. Some of my fieldwork was conducted 'online' during the second national lock-down in Denmark and some of it 'offline' when social interaction was less restricted. I recognise that doing in-person fieldwork in a pandemic requires careful consideration of

⁵ A psychedelic brew made from the San Pedro cactus

the risks of exposing interlocutors to infection and contributing to the persistence of the pandemic as the researchers' own body can act as a vector for the virus to spread (Marino et al. 2020). In this respect, observing national guidelines is no exhaustive blueprint for ethical research. Weighing the ethical aspects of the project was an ongoing process throughout my fieldwork and something which I reassessed according to the circumstances of every interview and gathering. Perhaps due to the sensitivity, illegality, and therapeutic intimacy of the research topic, most of my interlocutors preferred meeting in-person.

Interlocutor overview

The only inclusion criterion of my project was to have had a psychedelic experience. Nevertheless, the caveat of doing a project on *integration* is that it attracts a fraction of users who are already interested in the therapeutic use of psychedelics. Taking such a loose sampling method can lead to a positively biased group of interlocutors as those with constructive experiences or with an agenda of proliferating psychedelic use are often keener on sharing their story than those who have struggled to find ground after a challenging trip. Moreover, a focus on integration might attract fewer people for whom psychedelics had in fact worked like a magic pill. However, in practice, most of my interlocutors shared stories of both challenging and pleasant experiences and I also had three participants who reached out to me because they had difficulties integrating. Even though none of them regrets having ingested psychedelics, all my interlocutors, unsolicited, expressed vigilance against assuming psychedelics as a one-size-fits-all solution. In trying to mitigate a biased sample and include people with dissimilar psychedelic track-records, I reached out to people who had shown interest in my project but had not contacted me. I also distributed a questionnaire on online forums that were not dedicated to psychedelic integration as such but comprised more recreational users.

Around 50 people, between 18 and 72 years of age (with the majority in their 30s and late 20s), were involved in the fieldwork. Approximately half identified as women and the other half as men. They had had between one and more than 200 psychedelic experiences with the median being around six. Around four-fifths of them were Danish citizens, the rest were settlers from European countries, and they were almost exclusively white. Two-thirds were either students or full-time employees, the rest worked freelance or received social support. All were middle-class and with an educational level around Danish average (one third held a bachelor or higher, one third held a VET, and one third held primary or secondary education (Statista 2022)). A third of them had used psychedelics 'for fun'

when they were younger and had begun using them with a therapeutic purpose later in life. Common to all my interlocutors, except one, is that they can be seen as representatives of the new wave of psychedelic interest. Most had been intrigued by recent scientific findings and had had their first intentionally facilitated psychedelic experience within the last five years of our conversation. They approached their psychedelic ingestion(s) with a variety of expectations, degree of prior experience, and motives from curiosity to hopes of personal growth or healing of an ailment or addiction (i.e., their unique set). Also, the physical settings of their experiences varied. It is therefore not within the scope of this study to make any assessments of how integration works in terms of specific set and setting conditions.

Sharing experiences & being affected

When I embarked on fieldwork, I did not predict that it would involve personal engagement to the degree I learned was required of me. I neither intended nor applied an autoethnographic approach to my study object but my personal experiences with psychedelics nonetheless became influential for my research. In more or less subtle ways, this embodied knowledge (Okeley 1992) shaped my conversations with people, helped me establish legitimacy on the Danish psychedelic scene as a ‘non-judgmental’ and ‘trustworthy’ researcher, and ensured my access to the integration circles and the retreat. The notion of shared experience thus became central not only to my analysis (elaborated in chapter 2) but also to my methodology at large. Having had psychedelic experiences positioned me as a *halfie* in the field (Abu-Lughod 1991) – a concurrent ‘like-experienced’ insider and a researching outsider. Both positions were influential for the ethnography generated; the first afforded access, trust, and intimacy, while the second strengthened my validity and allowed me to question common assumptions of the psychedelic milieu. Despite its advantages, commuting between roles during fieldwork demands that the researcher remains articulate about her position and research purpose in order not to mislead interlocutors (cf. McLean 2008). To accommodate this, I often reminded people of my project, continuously asked for informed consent, and I always brought pen and paper with me to indicate my partial role as an observing outsider.

My methodological approach, revolving around a form of experiential sharedness, is comparable to that taken by other anthropologists working with altered states of consciousness. Applying what has been termed an *experiential* approach, these authors have asserted that the best way to study extraordinary experiences is engaging in them yourself, include them in your material, and through

dedicated apprenticeship learning the local way of experiencing (Grindal 1983; Goulet 1993; Laughlin 1994; Lindquist 1995; Peters 1981; Goulet & Young 1994). Seeing that my study targeted the *post*-experiential phase, I did not have to engage directly in the psychedelic experience during fieldwork. Nor did I aim for a *self-cultural anthropology* (Ryang 2000) focusing on and writing about my own experiences. Still, my approach can be called experiential as having previously engaged in psychedelic experiences became a form of inanimate gatekeeper, trust-builder, and prerequisite for many of my fieldwork activities.

This was especially evident in my participation in the integration circles which took the form of *active participation* (Spradley 1980:60). To join the circles, I had to get personally and emotionally involved and follow the customs of the psychedelic milieu which promote equal participation, honesty, and emotional and biographical self-disclosure (elaborated in chapters 2 and 3). Being there without sharing my struggles was simply not an option as that would undermine the principles of peer-support through the reciprocal sharing of experience, personal commitment, and collective healing on which these activities operated. To study and understand the therapeutic workings of the circle, I thus had to partake in its making, occupy rather than merely imagine the position of my interlocutors, and let myself be affected (cf. Favret-Saada 2012, 2015). Other anthropologists have established how such emotional involvement is methodologically useful when correctly handled (ibid.; Davies 2010; Stodulka et al. 2018). Being affected and sharing one's own vulnerabilities can help establish empathic connections (McLean 2008:270), flatten the hierarchy between researcher and interlocutor (Lapadat 2017), and facilitate deeper understanding through identification. Sharing my own psychedelic experiences and integration struggles further had the advantage of exposing to me the process which my interlocutors went through as participants of the circles (cf. Luhrmann 2010).

In interviews, like the one with Nora described in the fieldnote, being open about my experience with psychedelics endowed me with a sort of credibility and seemed to make people more comfortable with sharing intimate details (cf. Ellis et al. 2011). In a field where the research participants and their activities are entrenched with persistent prejudices and illegality, making most psychedelic users stay in 'the psychedelic closet' when among psychedelically inexperienced, it is perhaps no wonder that such experiential sharedness proves to be methodologically useful and ethically favourable.

Narrative interviews & ineffability

A big part of this thesis' analytical findings relies on material from 29 in-depth, narrative interviews with 24 different people – 10 women and 14 men. Narrative, open-ended interviews constitute a rich avenue for studying people's practises and views on psychedelic integration because they give space for what is uniquely *at stake* for each person (Kleinman & Kleinman 1991), and they can elicit detailed descriptions of the persons' *lived experience* and subjective interpretation of her healing process and state (Mattingly & Lawlor 2000). To better understand the placement of my interlocutors' integration processes within their broader life-trajectory, I developed my interview design with inspiration in the situated life-story interview (Horsdal 2011) and the narrative-interview scheme (Jovchelovitch & Bauer 2000). Before the interview, I sent my interlocutors preparatory notes, asking them to think about a significant psychedelic experience they had had and were willing to share with me. This was done to concretise our conversation by making it revolve around a specific case. Upon meeting, I asked them to take me through where they were in their lives before that experience and what had led them to pursue it, its concrete happenings, and the period following after it – as detailed as possible.

Primarily using self-assessments and -narratives when studying healing has the same latent biases as other self-report studies such as social desirability effects, exaggerations, understatements (R. Rosenman et al. 2011), and the risk of neglecting embodied aspects of the topic. Even though I acknowledge the benefits of including third-person perspectives from relatives of the person who is healing, it was simply not feasible within the scope of my study. Having mainly accessed the embodied integration experiences of my interlocutors through language might make a Foucauldian or phenomenological reader raise a critical eye. However, in line with other phenomenological scholars (Csordas 1994b:11; Heidegger 1946; Merleau-Ponty 2012), I am of the view that language is not only self-referential but forms and discloses lived ways and experiences of being-in-the-world. No doubt, in less Covid-curbed conditions, it would have been preferable to follow my interlocutors in their bodily engaged integration activities such as yoga and in-person integration circles and this would most likely have provided more depth to the arguments pursued.

Another challenge with using narrative interviews as a main method for studying integration is that many people find the psychedelic experience difficult to put into words (Harris 2019). A century back, William James noted how the mystical state is characterised by a sense of *ineffability* and that its true quality must be experienced and felt rather than articulated or thought (1902:339). The

psychedelic experience has often been compared to such a mystical state (Griffiths et al. 2006; Pahnke 1963). Even though I studied the post-experiential phase, I also encountered the ineffable quality of the psychedelic state in my fieldwork. One, for instance, paused when sharing his story to ask: “*Do you understand me? (pause) It is very difficult for me to express it because I do not have the words or the language to express it*”. I adopted two methodological strategies for working with this challenge. Following the suggestion of rhetorician Richard Doyle (2011), I performed secondary research and consulted writings on psychedelics to acquire competencies for attuning cognitively to the aspects which were difficult for my interlocutors to narrate. In situations where the ineffable made its entrance, I also found aid in letting myself be bodily and emotionally affected, drawing on my own embodied experience for attuning to their stories and then translating my affective response into fieldnotes after the interview (cf. Favret-Saada 1980). In both strategies, the quality of experiential sharedness again exposed its methodological fortune by supporting my capacity for building somatic, emotional, and cognitive resonance with my interlocutors (cf. Timmermann et al. 2020). There is also an ethical demand involved with being affected in interview situations as you are obliged to take responsibility for the relationship of intersubjective validation that it produces (ibid.). Many of my interlocutors eyed the conversation with me as a way of integrating, receiving experiential recognition from a peer, and/or getting ‘expert’ advice on how to proceed with their pursuits. The interviews often turned into a form of therapeutic session, in which I had to take great care in terms of my questioning and responding. In vulnerable moments, I therefore chose to practise empathetic, engaged listening (cf. M. Allen 2017; Forsey 2010). Apart from observing AAA (2012) guidelines, I also tried to meet this tendency by following newly formulated ethical codes for psychedelic research that advise the researcher to engage in reflective self-work to counteract countertransference (MAPS 2021).

Chapter Outline

I have structured the following analysis in three chapters, focusing respectively upon how psychedelic integration is experienced phenomenologically, responded to socially, and interpreted culturally. This mirrors a common three-folded focus in medical anthropology (Nichter 2008:166).

The first chapter focuses on intrapersonal aspects of integration. Discussing four cases, I propose a dual typology of integration as *narrative* and *experiential-somatic integration*. Combining the two, I argue that integration can be viewed as a gradual self-transformation of one's experiential orientation where understandings and/or modes of being from the acute psychedelic experience are woven into, prolonged, and/or embodied in the everyday.

The second chapter explores how cultural and social dynamics influence my interlocutors' integration. I show that psychedelic-assisted healing is enhanced when intrapersonal, integrative connections are also manifested interpersonally. I argue that what enables this tie is a basic form of recognition of the psychedelic experience rather than a shared interpretive framework for making sense of psychedelic effects.

Finally, the third chapter discusses how my interlocutors' integration endeavours speak into distinct cultural modalities of healing and understandings of selfhood. I suggest that they reflect a Romantic attitude occupied with ideas of authenticity, unification, connectedness, and affective expression.

1. Two modes of integration – Connecting with self

This chapter centres on integration as an intrapersonal process of connecting with the self. The chapter proposes a dual typology of such integration as i) a discursive process of changing the ways one understands and narrates oneself, the world, and one's placement in it – what I call *narrative integration*, and ii) an experiential and bodily process of changing one's embodied presence to perceive and experience differently – what I term *experiential-somatic integration*. I propose this typology on the background of theoretical perspectives on narrative self-formation and embodiment. Combined, the chapter argues that self-related integration can be viewed as a process of connecting with various narrative aspects and/or experiential modes of the self, discovered or experienced during the acute psychedelic experience.

1.1. Narrative integration

Before discussing the integrative process, I find it necessary to make a minor detour into the experience preceding it. Unlike the amalgamating quality of integration, the psychedelic experience often entails an opening, a disintegration of old connections, or even a dissolution of what is taken as the given order of external and internal affairs. Only hereafter follows the integration process of ornamenting the fragments into new patterns of being and perceiving. Since the 60s, psychedelic therapists have agreed that such a state of rupture – psychological and physiological – is part and parcel of the psychedelic healing process (Bourzat & Hunter 2019; Leary 1970; Partridge 2018). More recently, this claim has found backing in studies on the neurobiology of the psychedelic state that depict how psychedelics induce a flexible and globally integrated brain state (Ly et al. 2018; Carhart-Harris & Nutt 2017) and in psychological studies that show how psychedelics often facilitate a sensation of mental reboot and expansion (Watts et al. 2017; Watts & Luoma 2020). Even though my fieldwork targeted the post-experience phase of integration, my conversations with people usually revolved around such openings and insights induced by the acute experience and henceforth directing their integration pursuits. In line with other studies on the phenomenology of the subjective psychedelic experience (Belser et al. 2017; Lutkajtis 2021; Shanon 2002), the people I spoke with reported radical shifts in how they felt and narrated meaning with existence, how they apprehended time and space, how they perceived and experienced reality, and how they sensed and viewed

themselves including how they understood their usual emotional, cognitive, or bodily patterns of reaction.

While the second part of this chapter engages in-length with the self-related changes in felt and sensed experience, this section concentrates on the integration of psychedelically induced shifts in *self-understanding*. Because when I asked my interlocutors to describe how they had therapeutically benefitted from psychedelics, many highlighted such perceptual shift in their understanding of and relation to themselves and their behavioural patterns. Their response reflects the findings of other studies, documenting how the transformative, therapeutic potential of psychedelics appears to be correlated with the ability of these substances to alter various kinds of self-related processing and thereby disintegrate (detrimental) self-representations and evaluations (Amada et al. 2020; Malone et al. 2018; Noorani et al. 2018; L. Roseman et al. 2018). Such experience is often referred to as *ego-dissolution* (Letheby & Gerrans 2017; Nour et al. 2016) in the psychedelic literature and *ego-death* (Grof 1980) in more common jargon and is characterised by a disturbance of self-consciousness leading to an altered or compromised sense of being a ‘self’, ‘I’, or ‘ego’ (Millière 2017).

Recent studies have shown that experiencing elements of ego-dissolution during psychedelic ingestion correlates positively with long-term therapeutic benefit, suggesting that acute changes in self-related processing somehow serve to facilitate salutary and enduring changes in one’s self-relation (Griffiths et al. 2006, 2008, 2011, 2018; Maclean et al. 2011). In the following, I argue that one way to understand this is through the concept of *narrative integration*, designating a process where narrative elements and storytelling techniques are used as integrative vehicles for making sense of insights and modifications in self-view experienced during the acute psychedelic experience. Furthermore, I argue that post-experience narrative can work to *prolong* this perceptual shift, enable the user to alter her understanding of and relation to herself and, through such change of self-narrative, healingly revise her experiential orientation, i.e., self (cf. Csordas 1994a).

1.1.1. Breaking open

The defining ayahuasca experience of Neil, a 32-year-old sound engineer, will serve to begin the discussion. Neil’s biography included some experimentation with magic mushrooms at festive affairs as a youngster followed by a decade or so of psychedelic drought. Three years before we met, he had resumed his venture due to his discovery of their therapeutic potential at a two-ceremonial ayahuasca retreat. Post-retreat, he had begun using them for “*working seriously on*” himself with the purpose

of “*unravelling detrimental habits and behavioural patterns*” of his life. The retreat was a culmination of a year-long therapy process he had undergone to work through the repercussions of a painful breakup with his ex-wife and coparent. Besides providing him with an “*instant, deep understanding*” of all the themes he had worked on with his therapist, the ayahuasca experience gave Neil a new view of himself which, according to him, constituted the primary focus of his healing process and integrative work:

“I drank my cup [of ayahuasca] and laid myself back. Suddenly, I flew through the star-filled universe, drawing nearer to a sort of huge wolf jaw. I was swallowed and schloop landed in a garden where sauropods were eating leaves from high trees. I began walking alongside a stream that had its waterhead in the garden. At some point, I noticed that a red ball followed me on the water. Stopping when I stopped, moving when I moved. A crane appeared above my head. Just as it lifted the red ball from the stream, I collapsed in an orgasmic and worry-free feeling of bliss. I learned that the ball was my ego, all my acquired habits and that the feeling without the ego, all these patterns, was bliss. The ball was then lifted from and replaced in the stream by turns, each time showing me a new case of what my ego had done or what my ego was. The judgements I had made, the defects of my ego, the patterns that had limited my potential.”

While Neil’s experience had indeed been “*life-changing*”, its therapeutic effects had not been immediate. From our conversations, I understood that it had catalysed a healing process because it enabled him to retrospectively understand and narrate himself differently and prospectively narrate and create himself anew. When I asked Neil how he interpreted the experience and how it had therapeutically influenced him since the retreat, he responded:

“The experience taught me that you have an ego part and then you have another part of yourself: the inner, the core, the part that is connected to the perfectness you are born with. During the ceremony, I experienced this core inside of me trying to break out of the patterns, I have acquired, and the authoritarian or parental principles, I have conformed to. The experience taught me that you can uncouple yourself from all your habits and recreate yourself – break free of your social legacy. Now I understand much better how certain happenings in my life have caused me to be how I am, feel how I feel. But the

experience itself was not like a total and instant change. I was shown what my potential is, but I still need to go and do it every day”.

1.1.2. De- and restabilising self

I will return to and culturally contextualise Neil’s formulation of restoring an ‘inner core of perfectness’ in the final chapter. For now, I want to dwell on the therapeutic potential of Neil’s interpretation of the ayahuasca experience and discuss it as an example of narrative integration. Here, it is productive to introduce a few analytical points from medical anthropology where *narrative* has long been a key concept. In the wake of *the narrative turn* within social sciences (Brody 1987; Bruner 1986; MacIntyre 1981; Ricoeur 1984; Sacks 1987), several anthropologists have accentuated how the construction of narratives is an essential therapeutic tool in the wake of austere conditions or rupturing life events (Jackson 2002), particularly concerning illness (Ezzy 2000; Good 1994; Kleinman 1980; Shohet 2007; Thornill et al. 2004) and addiction (Cain 1991; Steffen 1997; Swora 2001). A recurring argument has been that narratives are therapeutic primarily because they work to preserve some semblance of order, consistency, and a coherent sense of self under intruding circumstances (Becker 1994; Hydén 1995, 1997; Kirmayer 1993; Kleinman 1988; Linde 1993). Assessing this claim in relation to Neil’s healing process, his post-experiential narrative does seem to involve elements of stabilisation. In interpreting the ayahuasca trip, Neil construed a new, bipartite understanding of himself as containing a form of stable, primordial ‘inner core’ of potentiality and perfectness which was autonomous from the more exterior and restricted social self, “*the ego*”, that he had cultivated through upbringing and socialisation. Narrating such a coherent sense of inner self seemed to work therapeutically for Neil insofar as it allowed him to recognise an unwavering and inherent alternative to the detrimental patterns he felt caught within.

In terms of deepening my understanding of Neil’s healing process, I have, however, found the classic view of narratives as therapeutically stabilising to be inadequate. Just as the psychedelic experience often breaks open stuck patterns, Neil’s narration of the ayahuasca trip also seemed to promote *destabilisation* of aspects of his self. Alongside constructing a consistent sense of inner selfhood, his post-experience interpretation appeared to work therapeutically by prolonging the disruptive quality of the ayahuasca experience, maintaining the self-related perceptual shift, and assisting in *unmaking* an illusion of his more social self as a coherent unity of temporally extended sameness. In making this argument, my point mirrors Cheryl Mattingly’s critical engagement with narrative theorists (1998). Based on fieldwork among occupational therapists and patients in a North

American hospital, Mattingly argues that the most significant, therapeutic effect of narratives lies in their ability to foster hope, possibilities, and alternative teloi to the narrator's situation rather than in producing illusory coherence (1998:107-8). According to Mattingly, narratives enable people to creatively and continuously renew their sense of self through the vehicle of their open and constantly negotiable plot (ibid.:119). Instead of constructing the *self as sameness*, narratives, she argues, are therapeutic because they allow for an exploration of the self, a *self in suspense* (ibid.:128).

I find that the most aptly way to capture the therapeutic elements of Neil's narrative integration lies in a combination of the claim of narratives as stabilising and Mattingly's proposal of narratives as exploratory. Having experienced a momentary suspension from his taken-for-granted self-orientation during the trip, Neil subsequently narrated a potential to "*uncouple*" himself from the eclipsing forces of socio-cultural conditioning and "*recreate*" himself anew. One could say that Neil realised something akin to what anthropologist Anthony Cohen terms *the creative self* (1994). That is, a recognition that his selfhood was and could be "more than a determinate and pliable refraction of subordinate social forces" (A. Cohen 1990:39). Parallel to the intrusion of external influences, Neil discovered that he also had a "capacity for self-direction" (A. Cohen 1994:23), a potential to imagine an otherwise and narrate himself anew. Recognising this self-related bifurcation and the instability of his social self had a therapeutic effect, insofar as it enabled a tilt in his self-narrative and a degree of detachment from the categories, he had formerly understood himself within. The disclosure of the trajectory of his own making offered him an opening for creating a different version of his past and future self. To phrase it with Mattingly's concepts, Neil's post-experiential narrative integration enabled him to *both* maintain the exterior self in suspense *and* the interior self as sameness which the psychedelic experience had instigated.

Such bifurcating effect in self-view was not uncommon among my interlocutors. Using different vocabulary, many described the psychedelic experience as a form of epistemic mediator that revealed a self-related unsettledness and disclosed possibilities for self-creation and -understanding beyond habitual views and closed categories. In this way, the psychedelic experience and the ensuing narrative integration seemed to work as a form of Foucauldian *technology of the self* (Foucault 1988) for transcending what had become stagnated and thereby enclosing new possibilities for one's self-formation.

1.1.3. Prolonging the opening

This was the case with Ask, a 35-year-old student of mechanical engineering. Ask's psychedelic experiences had assisted him in separating his *“old self-narrative from [his] present I”*. Having struggled with cannabis addiction since his mid-20s, he experienced this split as therapeutic and timely. After increasingly using cannabis as self-medication against insomnia, stress, and difficult thoughts and emotions, Ask decided to begin addiction treatment five years before I met him. He had progressed, relapsed, cut back, but never managed to leave his self-conceived misuse of cannabis and his depressive tendencies completely. Four years into his treatment, he heard about the promising research results with using psychedelics to resolve addictions. Associating psychedelics with conspiracy theorists and shallow mysticism, Ask was initially sceptical but decided to give it a go after reading some studies. Objectively viewed, his first high-dose LSD experience, taking place 18 months before we met, had been like a magic pill. Removing his craving for cannabis, keeping the joint at bay for nine months straight, and replacing his depressively caused inactivity with renewed spirits. Ask himself ascribed the positive outcome to all the self-work and introspection he had done throughout his addiction treatment and which the LSD had merely helped him to reap. His reasoning resembles a statement I repeatedly overheard in the psychedelic milieu: That *“good integration begins with preparation”*, signifying how psychedelic healing commences even prior to the ingestion where the user prepares and clarifies her intention for tripping (Bourzat & Hunter 2019; Fadiman 2011).

Yet, the thoroughly primed LSD experience only gave Ask temporary relief. As time passed, the experience faded in memory, he was confronted with work pressure, and fell back into a depressive mood and resumed smoking. Since then, he has had a few more psychedelic high-dose trips and a dozen minor-dose trips, but with every experience, the ensuing magic-pill momentum has been reduced. From his experience, psychedelics produce no instant or enduring healing:

“You shouldn’t think of psychedelics as a pill that makes the depression go away. You should think of it as something that needs to be lived out afterwards if you really want an effect (...). My psychedelic experiences have given me important insights into my behavioural habits and thought patterns and greatly affected the way I understand myself which has made it easier for me to change my ways and fight my addiction. But to implement it at a micro-level is what is difficult. And it is still a struggle, every day”.

Nevertheless, Ask assured me that he was feeling better now than he had ever felt before. When I inquired into what he considered to be the mechanisms behind this therapeutic progress, he, like Neil, emphasised how his self-relation and sense of self had gradually but radically changed. During several of his psychedelic experiences, he had felt unburdened from his negative self-concept and set free from his own and society's need for constructing stable identity categories. Having worked to integrate this insight and sense of release into his daily life primarily using narrative interpretation, cognitive therapy, and meditation, Ask now identifies less and less with what he describes as *"the story of the identity Ask, that has such and such a background, has been living for 35 years, is and can do such and such. I have escaped the prison of this way of thinking about myself. I much more think of myself as a moment-to-moment consciousness now and it no longer interests me to tell a story about who I am or was"*.

Ask's psychedelic experiences had given him therapeutic relief by simultaneously facilitating a partition from his previous, stuck self-narrative as a depressive smoker *and* a connection with his present, unnarrated, and unfolding experience. Throughout the 18 months of his psychedelic-assisted self-therapy, he had, to some extent, succeeded in prolonging this self-related perceptual shift and maintaining a more immediate, experiencing sense of self. Like in the case of Neil, Ask had healed by using narrative integration to both stabilise and destabilise his self-understanding.

1.1.4. Changing self through narrative

Ask, like Neil, portrayed the psychedelic state as a valuable state of knowledge for understanding constitutive aspects of himself, as a liberating tool for breaking open stuck habits and stable self-categories, and as a healing experience of connecting with an alternative sense of self. By understanding and (dis)connecting with the building blocks of their biography and usual thought patterns, Neil and Ask were enabled to dismantle, change, and reinvent their self-narrative – past, present, and future – and thereby re-orient themselves in a manner they considered healing. Viewed through Csordas' model of healing presented in the introduction, narrative integration appears to work healingly because it facilitates a *discursive* transformation of the user's orientational self-process.

In a renowned piece of medical anthropology, Jeromy Frank argues that therapeutic progress is often a question of creating an "attitude change" in the "assumptive world" of the afflicted, meaning a shift in the totality of values, views, and beliefs one holds about oneself, others, the world, and life more generally (Frank 1963:20-1, 64). This claim takes us back to where the chapter began, namely to how psychedelics often break open taken-for-granted perspectives and thus facilitate a

therapeutic attitude change in the assumptive world of the user. Narrative integration, then, can be seen as one such therapeutic method that can harness the potential of and/or prolong such self- and world-related attitude change instigated by the acute psychedelic experience. To summarise my analysis, I define narrative integration as a process where insights, perceptual shifts, and modes from the acute psychedelic experience are made sense of and incorporated into the user's self-narrative, self-understanding, and broader life-trajectory by means of storytelling and discursive post-interpretation. I have shown how Neil and Ask worked to integrate their psychedelic experience(s) by concurrently unsettling and settling their view of themselves and how this, gradually and healingly, transformed their self.

1.2. Experiential-somatic integration

Thus far, my discussion of intrapersonal integration has emphasised more cognitive and hermeneutic aspects and examined healing in terms of representation. But as anthropologists have argued, this perspective is seldomly adequate for understanding people's lived experiences of healing (Csordas 2002; Kirmayer 2004; Ostenfeld-Rosenthal 2012). During my fieldwork, I found how, alongside narrative integration where the self is changed discursively, people integrated by transforming the embodied self— a process which I have labelled *experiential-somatic integration*.

1.2.1. Perception as bodily

I approach this term from an overarching theoretical frame of *embodiment*. This enables me to analyse my interlocutors' integration processes as a mutually constitutive relationship between experience and lived, bodily presence. In particular, I lean on Merleau-Ponty's work on perception and the body (2012 [1945]). This work presents a theoretical alternative to intellectualist and empiricist accounts by arguing that perception is, before anything else, an active, embodied process. Merleau-Ponty thus define the primary form of perceptual consciousness as an incarnate mode of being and doing that precedes reflection and representational distancing. Scholars have posthumously described it as a *pre-reflective cogito* (Moreland 1973; Toadvine 2000, 2019).

Merleau-Ponty elaborates how this embodied, pre-reflective perception is structured in a dialectical relationship between two layers of the body: the *habit body* (le corps habituel) and the *lived or own body* (le corps propre) (Merleau-Ponty 2012:84, 93). The notion of the habit body refers

to our more general mode of perception. This mode is simultaneously structured by the body's original linkage to the world while also gradually formed through the body's unfolding engagement with and in the world. Complementary, the notion of the own body refers to the immediate, lived experience of one's bodily *being in and toward the world* (ibid.:74, 80). These two are tightly interrelated. Carrying forward the sedimentation of its past activities and experiences, the habit body structures the *intentional arc* and perception of one's own body (ibid.:137-9, 247). Important to flag here is that a habit, in Merleau-Ponty's work, is not necessarily negative or restrictive of the lived experience of one's own body. Rather, habit "expresses the power we have of dilating our being in the world, or of altering our existence through incorporating new instruments" (ibid.:145). Habits thus constitute an open-ended assemblage of accumulated corporal knowledge that allows us to have spontaneous relations with our surroundings, to act without needing to 'think it through', and to gradually alter the way we experience the world through the acquisition of new habits or the unlearning of old ones.

The last point is particularly relevant for my proposal of psychedelic integration as an experiential-somatic re-orientation. Leaning on Merleau-Ponty, the following section approaches integration as gradual sedimentation of embodied experiences that accumulate in new habits and lead to a potentially healing alteration in one's mode of being and experiencing.

1.2.2. Sensing to heal

Many of my interlocutors acquired new, healing ways of experiencing by changing their embodied presence in the world. Such was the case of 28-year-old Maria. I met Maria outside the art academy where she spends most of her days studying and painting.

"I have had a long life", she began her story. "In and out of psychiatry since I was 16. I have been in all sorts of therapy because I was really not feeling well. I have a long CV of diagnoses: anorexia, bulimia, OCD, depression, anxiety. I have taken antidepressants, and I have been very suicidal. But I have now learned that it did not make sense – all the diagnoses and all the therapy. It was always 'let us talk about how we feel', but never 'let us sense how we feel'. For a long time, I have known what my problems were, but I have not known how to work with them. Here psychedelics helped me".

Maria's first high-dose psychedelic experience took place at a huachuma ceremony on a mountain plateau near Cusco in Peru, two and a half years before our conversation. Akin to the already discussed aspect of breaking open stuck self-categories, the ceremony left Maria with the experience of there being an alternative to her agonising state, a potential for feeling otherwise and for healing. She poetically narrated: *"It was like standing at the bottom of a mountain that I wanted to climb. The medicine [the huachuma] allowed me to have a look at the other side of the mountain for a moment. But as the experience ended, I was still standing at the bottom with the whole mountain in front of me to climb"*.

As with Ask, Mathias, and Neil, Maria's first psychedelic experience did not immediately, magically heal her sufferings, and she continued to struggle with her, at that time, nearly fatal anorexia and mounting depression. Nonetheless, in the aftermath of the experience, she began climbing the metaphoric mountain, assisted by integrative practices and additional psychedelic experiences: two ayahuasca and four huachuma ceremonies, two medium doses of psilocybin mushrooms in self-facilitated settings, a few periods of microdosing, and one session of both group and individual MDMA-therapy. Step by step, Maria's state improved. Especially during the year before our meeting, her therapeutic process had avalanched. She had gained weight, stopped her several years of pharmaceutical treatment, resumed her art studies, and she was feeling more alive than ever before. Maria herself ascribed this change to the totality of her psychedelic work which had helped her *"connect with [her] body"*, and through that, gradually heal from the eating disorder, anxiety, OCD, and depression, it carried. She explained the process as follows:

"I have begun sensing my body, my palms, my movements. I have begun growing hair, breasts, and I have learned that my anxiety is actually all different kinds of emotions. I have developed a broader palette of emotions and sensations than merely feeling anxiety or dopamine release induced by sex and alcohol. Each day I have a little less anxiety and each day I am a little more in my body. But the road has been so tough because returning to my body has confronted me with all those things I did not want to feel."

To continuously confront the difficult bodily sensations and integrate, Maria paints and draws. A technique she finds allows her to express how she feels and connect with her body in a way that is not mediated through her deciphering mind. Charcoal-drawn fractals, colourful symmetrical patterns, and oil-painted, corporal creatures in dark shades fill her art portfolio. *"In my art, there is not much*

intellect. There is no language for what I try to express. There is seldomly a language for it, for these [psychedelic] experiences, because it is all about noticing and feeling your body and using the sensory part of your bodily being", Maria explained while visually taking me through her healing process through the patterns, colours, and motives of her paintings. Her latest piece abstractly depicted a beetle resting on the wings of a butterfly. *"I am finally resting, reconnected with my body, no longer floating away"*, she considerately curated, picking up my struggle with sensing meaning from the brushstrokes.

Psychedelics had been Maria's route out of more than a decade of pendulating in and out of psychiatric treatment. But her more than two year-long psychedelic-assisted healing journey had made her more than merely diagnosis-free. Her general mode of being seemed to have changed to include more bodily and emotional sensitivity and less retro- and prospective reasoning. As she put it: *"The intellectual and analysing part of me has diminished. It has been one long process of unlearning. Concurrently, my way of being in and experiencing the world has become bigger, more meaningful, more sensory."*

1.2.3. Healing as, with, & through the body

In a Merleau-Pontyan framed nutshell, Maria's integration process consisted of a gradual practise of connecting with the feelings sedimented in her habit body and becoming present with her immediate, sensing own body. By beginning to attend to her body, Maria's *"way of being in and experiencing the world"* had healingly changed and her case thus illustrates how perceptual change can be mediated through bodily engagement. Instead of her previous, habituated, anorectic mode of abandoning her bodily needs and dulling her emotions, her psychedelic work had led her to cultivate new habits, to sense the body more fully, and to experience a more sophisticated palette of emotions than anxiety and arousal. Her case represents an example of how psychedelic-assisted healing is sometimes found *with* and *through* the body. Or phrased in the terminology of Csordas, how engaging a healing transformation in a person's orientational self-process is sometimes facilitated through an alteration of one's bodily, sensory, and attentional presence in the world. Thereby, Maria's case cannot be grasped by taking a purely mentalistic or meaning-centred approach to healing (cf. Seligman 2014:135; Ostenfeld-Rosenthal 2012), wherein therapeutic progression is primarily considered as a symbolic and narrative transformation of the afflicted's assumptive world and self-understanding.

Other anthropologists have also challenged more meaning-centred approaches to healing and documented how engaging the senses and the body is a central component for various forms of therapeutic practice (see Beeler 2015; Gouk 2000; Koen 2009; Laderman & Roseman 1996:4; M. Roseman 1991). Vividly illustrating this point, is the study by Robert Desjarlais among Yolmo shamans in the Helambu region of Tibet (1992, 1996). In the Yolmo healing rites, sensory and bodily dimensions are pivotal and “healing transformations take place not within some cognitive domain (...), but within the visceral reaches” of the patient (1996:159). Simply put, the shamans view illness as a result of worldly disengagement and loss of spirit. They practise healing by re-activating the afflicted’s sensibilities and rejuvenating her sensory and bodily mode of being in the world so that she becomes *more* attentive to and present with her life experience (1992:198-222; 1996:151-9). This means, that in Yolmo healing, you alter *what* the body feels to change *how* it feels (1996:143). Stated differently, you heal your agonising life experience by reconnecting with and deepening your bodily and sensory, attentional mode.

Although this healing procedure is embedded in a completely different folk-psychological setting, an equivalent sequential order appears to be at play in Maria’s healing process. Her formerly painful way of being in the world, of “*really not feeling well*”, had since her first psychedelic experience gradually altered into a “*bigger, more meaningful, more sensory*” life experience by more fully embracing her somatic being and intensifying her sensory and emotional mode of attention. In broadening *what* her body felt with psychedelics and artistic integrative practices, Maria had managed to change *how* she felt. Epitomised in the diagnosis of her former treatment “*It was always ‘let us talk about how we feel’, but never ‘let us sense how we feel’*”, Maria found that creating a rationalised distance to her body and emotions did little to help her heal. Contrary, using psychedelics and integrating through expressive art had given her therapeutic relief because it helped her (re)connect with her immediate, sensing body and cultivate a less cognitive, and more affective and present way of being. By beginning to feel *more*, Maria had found healing.

1.2.4. Emotional & bodily attunement

These two characteristics of psychedelic integration as a process of broadening one’s emotional horizon and deepening one’s immediate presence were recurring in my field. The story of 25-year-old Mick is exemplary. Mick and I met at a huachuma retreat in rural Denmark. When I interviewed him a few weeks later, he collected the pieces, I had picked up during the ceremony, into a tale of a tormented young man, finally healing.

Growing up, Mick had been a “*happy, open, extrovert, elated boy*”. Just as I perceived him at the retreat. But up through elementary school, he retreated into himself and grew distressed. When he turned 16, difficult thoughts and undefined, painful feelings occupied his entire being and cannabis became his only place of refuge. Every puff provided calming sedation, the smoke of every exhale made the problems fade: “*it was my best friend, my only friend really. Nobody took my pains the way the smoke did*”. During his late teens and early twenties, Mick went through various forms of addiction treatment, but he never managed to come to the core of his misuse. A year before we met, he was in a state of despondency: “*I was in a dark place. I felt I was not made for this world, that I should not be here*”. Fortunately, Mick’s encounter with psychedelics turned everything around. After three ayahuasca and two huachuma ceremonies and a “*recreational*” mushroom trip, Mick thrived unprecedentedly and his last smoked joint was more than six months back. When I asked him what he perceived to be the mechanisms behind this change, he responded:

“I find it difficult to put into words, I can just feel it! To me, it is very bodily. Before I had a hard time sensing my body, I had no idea what that meant, really. Psychedelics have shown and forced me to experience things and feelings within myself that I have avoided. They [psychedelics] just bring forth all the emotions – they have made me feel again! (...) To have felt something so strong [during a psychedelic experience] just instigates a process, because the next time I then feel the difficult emotion, I feel it differently since I have felt it so intensely before. (...) For me, the healing has been an incremental redemption. Every time I leave a ceremony, I enjoy the world, the presence, and my life a little more. My integration is that I have learned this new way to live where I am less in the future and past and more in the present and with my emotions. It feels like coming back to myself.”

To Mick, as with Maria, psychedelics had paved the way for a more ‘here-and-now’ emotionally-sensitive and bodily way of being in the world – a state which he found to be healing. Whereas cannabis functioned as anaesthesia, a momentary escape from his eight years of accumulated sufferings, psychedelics worked opposite by amplifying his emotional state and forcing him to confront all the difficult thoughts and uncomfortable bodily sensations, he had fled. This had not been an easy process though. After his first psychedelic experience, Mick was overwhelmed by

extraordinary agony and it was only through integrative work and several more psychedelic trips that he managed to improve his state.

Mick's integration was experiential-somatic in the sense that he had incrementally changed his way of experiencing and being in the world to be more present, more connected to his emotional state, and more bodily attentive – resembling his psychedelic state. His psychedelic experiences had facilitated a daily, integrative process of “*coming back*” to his body and learning to experience the unresolved, emotional response it carried. That is, similar to the modalities of Yolmo healing and the case of Maria, Mick was healing by becoming more attentive to and present with his life experience, by cultivating a more emotionally- and bodily-attentive mode of being. Understood through Merleau-Ponty's terminology, Mick was in a process of altering his habit body and its intentional arc. Through the accumulation of his psychedelic experiences and integrative work, he had slowly begun adding new layers of emotional experiences to his body memory. Thereby, he was acquiring new habits, such as emotional acceptance and bodily presence, while unsettling former habit-sedimentations of e.g., emotional avoidance and cognitive distancing and thus dilating his being in the world to become more connected to his own body's immediate, unfolding experience.

To conclude the discussion, I suggest that experiential-somatic integration can be seen as a process of *attunement*. My understanding of this term is inspired by the work of Shigenori Nagatomo (1992). He defines attunement as both the process and outcome of creating a balanced relationship between the personal body and its living ambience (ibid.: xxv, 196-8). Attunement is thus the moment where you concurrently live with and through the body without any reflective distance. The integration processes of Mick and Maria reflect such examples of attunement where healing is found (partially or fully) by collapsing any representational gap and attuning with the immediacy of emotional and bodily experience. As illustrated in Mick's description of his healing process “*I have learned this new way to live where I am less in the future and past and more in the present and with my emotions*”, experiential-somatic integration can be understood as a continuous process of connecting with the lived immediacy of one's body and its emotional reactions and thereby maintaining certain self-conceived healing aspects of the altered awareness that one experienced during psychedelic ingestion.

1.3. Partial conclusion

In the psychedelic milieu, integration is typically defined as a process of incorporating the psychedelic experience into everyday life. This chapter has attempted to add depth to this definition. I have argued that intrapersonal integration can occur in (at least) two ways: i) narratively by connecting with one's biography and self-view and changing the way one understands the self, world, and others, and ii) experiential-somatically by connecting with the feeling body and changing the way one experiences the self, world, and others. Following this, I have portrayed psychedelic integration as a self-transformative process of cultivating and embodying a subjectively conceived healing-enhancing mode of understanding, perceiving, and being which is informed by the psychedelic experience(s). Accordingly, integration can be viewed as a continuous way of living and connecting with the insights and emotional-experiential self-related (re-)orientations gained from the psychedelic ingestion.

2. Relational integration – Connecting with others

“The need for a psychedelic culture and people supporting you is so essential. You cannot really change as a person only on the inside you know” – Ciara, psychedelic facilitator

Complementary to the former chapter’s focus on intrapersonal dimensions of integration, this chapter focuses on its *interpersonal* dimensions. The present chapter analyses integration as a relational process of connecting ‘outward’, with others. The first main section proposes that my interlocutors’ integration endeavours involved interpersonal dynamics in two ways. One implicates the cultural and symbolic models for containing and acknowledging their psychedelic experience(s). The other comprises the degree and configuration of more intimate, social support and recognition. Hereafter, the second main section discusses the specific *kind* of interpersonal support which my interlocutors seemed to lack, need, and seek. I argue that this support was predicated on an *experiential sharedness* and recognition of the psychedelic experience as a valuable state of consciousness. Seeing that such acknowledgement was often absent in my interlocutors’ cultural and social settings, the chapter ends with an analysis of one of the ways in which they mobilised *experiential communities* with other psychedelic users to give and receive such integrative support.

The chapter’s main proposition is that psychedelic integration is managed interpersonally. This claim might be unsurprising to an anthropological reader. However, differently from classic studies on ritual and relational healing (Crapanzano 1973; Fernandez 1982; Lévi-Strauss 1967; Turner 1964, 1967), my analysis shows that what provided my interlocutors with healing support was not a common web of meaning but rather a social recognition of the individual value of the psychedelic state by means of sharing equally unique experiences. In this way, the chapter brings insights on relational healing from a Western, postmodern context. Worth mentioning, current psychedelic research and protocols on psychedelic-assisted healing often neglect this relational perspective. They mostly centre on the decontextualised individual and her acute experience. This weighing poorly reflected the lived reality of my interlocutors’ healing processes. The hope of this chapter is thus to incite future research attention to these matters.

2.1. Healing with(out) culture & others

To begin our discussion of how the broader cultural and more intimate social environment influenced my interlocutors' integration, recall the case of Mathias which opened the thesis. As described, Mathias' ayahuasca trip was no magic pill but demanded much integrative work. When he returned from the retreat, his anxiety worsened and the experience turned into a traumatic memory. In the back of his mind, haunting images, from the prevalent cultural discourse of psychedelics being psychosis-inducing, circulated and he unsuccessfully searched for a local, cultural frame that could grasp the altered sense of self and reality that the ayahuasca had catalysed. Still, Mathias maintained how the experience had been one of the most meaningful of his entire life. In retrospect, he did, however, imagine ways in which his integration could have been eased considerably: *"It is really difficult being challenged on your view of reality and yourself, as I did on the retreat. I needed guidance and support, but there was nothing to which I could hold on and no one to talk with. If you do not have anyone to talk with about it, you just feel even more alienated from reality"*.

Before the retreat, Mathias was not part of any spiritual community and he did not know anyone who used psychedelics therapeutically. His youth had involved lots of alcohol and drugs, but not with any therapeutic inclination. After the retreat, he attempted to share his experience with relatives and a few friends. He viewed it as part of his integration, but the results had been varying:

"There is a sort of limit for explaining these things after which you just sound crazy because it is so far from their models of the world. Like when my roomie heard about it and was like 'oh nice, have you just been all high and wasted!'. I do not have any friends that can identify with and understand it. These things do not really make sense if you have not experienced it yourself."

Six months after the retreat Mathias attended an integration circle. At that time, he was still struggling with making sense of and integrating the experience. He had frequent experiences of derealisation⁶ causing him to mostly retreat into himself and use digital media as a distraction for dealing with the memory and the emotions it had triggered. Attending the integration circle had been helpful. He described how: *"just knowing that other people have faced the same challenges helps a lot. It is nice to hear about other people's experiences and how they interpret and cope with them. It is also a good*

⁶An alienating sense that the perceived reality is unreal

place to connect with your feelings and take down the social mask you usually wear and be vulnerable”.

In the four months that passed after the circle, Mathias’ state improved. Apart from his therapist, he had initiated me and a few more psychedelically familiarised people into the details of his ayahuasca trip. His moments of derealisation became less frequent as he slowly began involving other people in his integration, narrating meaning to the experience, connecting with his emotions and trauma, and unravelling the habits of emotional avoidance and anxiety that he had fought with for decades.

Mathias’ case demonstrates well how integration in my field was seldomly a complete solo-endeavour but rather a process that unfolded and was managed within wider relational textures. Using the typology developed in the former chapter, Mathias’ integration involved coexisting narrative and experiential-somatic modes: He was trying to incorporate the altered understanding of himself and the changed emotional and experiential sense of self from his ayahuasca experience into his everyday life. Of relevance for this chapter is that both these modes involved interpersonal dimensions. Alongside connecting and changing ‘within’, Mathias’ integration involved settling and manifesting his self-transformation ‘without’ and with others.

Doing this was not devoid of challenges though, and his case thus illustrates a general pattern across my interlocutors’ integration pursuits. These consistently involved two defining, relational encounters: i) with society-wide and the cultural and symbolic models (un)available for framing and containing their psychedelic experience(s), and ii) with their more intimate social relations and these people’s attitude towards psychedelics as a therapeutic tool. The next two subsections will discuss these by turn.

2.1.1. Cultural dynamics

In exploring the broader cultural dynamics of *psychedelic* integration, I take inspiration from a series of anthropological works concerning the relationship between culture, psychoactively induced altered states of consciousness, and healing (Furst 1976; Harner 1973; Lévi-Strauss 1970; Lewis 1971; Mooney 1896; De Rios 1975, 1984; Wallace 1959). Different from the individualistic, psychological, and/or neurological approach often taken in contemporary psychedelic research, these studies employ a culturalist approach to the psychedelic experience, accentuating how its specific configuration is contingent on the mythopoeic, symbolic, and experiential models of the cultural setting in which it

unfolds. The sociologist Ido Hartogsohn has fittingly labelled this phenomenon the *collective set and setting* of psychedelic ingestion, defining it as “the composite sum of factors such as values, beliefs, media coverage, drug laws, social trends, and cultural discourse elements” that surrounds the ingestion (2017:10; 2021). While Hartogsohn and the referred anthropologists mainly consider how values and interpretive frames of the cultural context determine the therapeutic effects and content of the *acute* psychedelic experience, I find the term equally illuminating for understanding the cultural dynamics of the integration phase.

To unfold how, let us return to Mathias. After the experience that had shattered his view of himself and reality, Mathias was left bewildered and in need of guidance, but he found nothing to which he could “*hold on*” – no cultural baggage of interpretive models or symbols that could frame or settle his experience. In his integration efforts, he felt the “*materialistic*” worldview, he had been brought up with, to be inadequate for containing its content and acknowledging its merit. Illustrating Hartogsohn’s point, Mathias’ disorientation and anxiety were furthermore augmented by the still widely held public perception of psychedelics being psychosis-inducing.

One way to understand the lack of cultural acknowledgement of the psychedelic experience in Mathias’ collective set and setting is through neuroanthropologist Charles Laughlin’s distinction between *monophasic* and *polyphasic cultures* (2013). In opposition to polyphasic cultures where altered states of consciousness are highly esteemed, encouraged, and integrated into a shared worldview and individual identities, monophasic cultures privilege one state of consciousness, often the ordinary waking state, while omitting experiences generated in other states (such as dreaming, trance, or psychoactively induced) from the wider social context and cultural discourse (ibid.). Whereas polyphasic cultures have historically been the norm (Bourguignon 1973), today most societies are predominantly monophasic with polyphasic elements marginalised to subcultural milieus (Lumpkin 2001; Partridge 2018; Walsh 1993). In Denmark, although psychedelics are increasingly mentioned in mainstream media, they are still illegal to use, and they are not part of any common customs or rituals. The setting is thus unlike the traditional usage of the psychoactive iboga-root in Bwiti rituals in Gabon and the ceremonial use of ayahuasca among the Shipibo where the psychedelic-assisted healing process is interwoven with a broader symbolic web and cosmovision (Bonhomme 2005; Gonzáles et al. 2021; Fernandez 1982). Differently, the collective set and setting of my interlocutors did not hold any supportive, shared cultural frames for the psychedelic experience. Even though Danish culture is famous for guarding, some might even say encouraging, altered states

of consciousness induced by alcohol (Grønkjær et al. 2011), it seems reasonable to say that the psychedelic experience is not part of Denmark's standardly recognised or highly valued experiential repertoire. This was at least the unequivocal perception of my interlocutors. To illustrate, when I asked the 27-year-old student Alexander if he had met any relational challenges in his integration, he responded: *"How do you integrate a psychedelic experience in a society if the majority of that society is completely unknowing about what impact it has on a person?!"*. In my field, I met many who expressed a concern with this cultural void because they found it to result in a critical absence of publicly accessible, nuanced information on psychedelics, leading to misguided or damaging use. Mathias, for instance, had before his trip sought trustworthy sources on ayahuasca-assisted therapy, but had in the lack of alternatives read reddit-reports of magic-pill fairy tales that in no way prepared him for or resembled his own experience.

My interlocutors had no total *symbiotic cure* available, to engage a term developed by Vincent Crapanzano in his work on the therapeutic model of the Hamadsha, a Moroccan Sufi Brotherhood (1973). In cases of symbiotic curing, the patient is initiated into a suiting brotherhood from where she can receive continuous group support and interpretive models for working with her suffering. Becoming cured, then, requires the patient's total adoption of this community's phenomenological world and symbolic structure (ibid.:158-9, 213-5). The cultural setting of my interlocutors did not afford such symbiotic cure insofar as it did not contain any constructive symbolic structure or worldview in which they could ground their psychedelic experiences. What is more, the absence of supportive cultural models and experiential acknowledgement in their collective set and setting even seemed to influence some of my interlocutors' healing negatively.

2.1.2. Social dynamics

The more intimate social circumstances seemed to affect my interlocutors' integration too.

Although numerous scholars have maintained that social support and care is decisive for health and healing (Engel 1980; Kohrt et al. 2020; Wright et al. 2014; Turner 1964; Uchino 2006), this view is not very prevalent in interdisciplinary, psychedelic research. This is evident in the absence of any clinical trial taking a group-therapeutic approach to psychedelic ingestion in the preceding two decades (Trope et al. 2019). Last year, the first quantitative, web-based survey study was published that targets head-on how the presence of other people during psychedelic ingestion influences its therapeutic outcome (Kettner et al. 2021). Including data from 886 subjects, the study concludes that emotional support and intersubjective rapport during the acute experience predict long-term benefits

and the authors hence urge a heightened sensitivity towards the psychosocial factors of psychedelic use (ibid.). A few qualitative studies have drawn similar conclusions, establishing how healing during psychedelic ingestion happens relationally (González et al. 2021; Talin & Sanabria 2017). Still, interpersonal dimensions are severely overlooked with regards to more longitudinal therapeutic effects and the post-experience phase. Apart from very brief, evocative mentioning in the discussion sections of a few papers (Griffiths et al. 2018; Maclean et al. 2011:1459), only one opinion piece has given more depth to this aspect, written by Betty Eisner before the turn of the century (1997). Based on more than 25 years of experience as a psychedelic therapist, Eisner argues how apart from dose, set, and setting, the social surroundings of the patient before, during, and after treatment, what she terms the *matrix*, is a key determinant for ensuring successful treatment. Following her patients, Eisner observed that being part of a supportive matrix where change was aided and cherished, eased the transition from the psychedelic session to everyday life and enhanced long-term, therapeutic effects (ibid.:215-6).

During fieldwork, it was obvious to me that Eisner's point constitutes an important, but overlooked, contribution to understanding psychedelic-assisted healing. Offering ethnographic backing to her findings, I found that only a few of my interlocutors had such a supportive matrix before and after their psychedelic experience(s) and this seemed to impair their integration noticeably.

Mathias was one of those whose matrix was far from ideal. Before travelling to Portugal, neither his closest family nor friends knew that he was heading for a psychedelic ceremony. Upon returning to Denmark, he was in the need of social support but found “*no one to talk to*” and ended up struggling alone with the haunting memories from the experience for two weeks until his therapist had a free slot. He described how his friends could not understand and support him because, exhibiting the broader collective set and setting, the content of the experience was “*so far from their models of the world*”. Unable to share the experience with anyone, Mathias' anxiety worsened as he felt “*even more alienated from reality*” and in doubt of both the realness of the ayahuasca experience and his ordinary perception. We can understand the criticality of Mathias' lack of a matrix by turning to Rebecca Lester's work on trauma recovery (2013). Reviewing anthropological studies on the topic, Lester summarises how regaining one's footing and retethering to the world after “edge-of-existence experiences” is first and foremost a relational process of re-creating empathic human connections and engaging in social processes of meaning-making (ibid.:753-4, 759). She writes that when our previous way of being in and viewing the world and ourselves break down, we can easily get caught in a sense

of ontological aloneness and other people then become our witnesses and co-creators in the process of re-making our world (ibid.:754). As I argued in the first chapter, psychedelics often induce a radical breakdown in one's usual way of being, experiencing, and understanding, and it thus seems fair to categorise the psychedelic experience as a form of edge-of-existence experience. Mathias' ayahuasca trip which dissolved his usual self- and worldview constitutes no exception. However, he did not have anyone who could witness this rupture and help him retether to the world, integrate, and establish new patterns of being and perceiving, and he seemed trapped in a loop of anxiety, alienation, and ontological aloneness. Apart from lacking a broader cultural and symbolic framework that could settle and acknowledge his experience, he also fell short on a more intimate, daily, and therapeutically supportive community with whom he could anchor the experience and heal.

The difficulties with coming back to a culture and community of 'uninitiated' after a transformative experience are of course not confined to people who have had a psychedelic experience. It is a persistent concern in terms of re-integrating groups such as refugees, ex-prisoners, victims of trauma, and veterans (Carr 2014; Drebing et al. 2018; King 2014; Marshall 2018; Maruna 2011; Scholte et al. 2011). Since Arnold van Gennep (1909) and later Turner's (1967, 1969) influential ritual theory that depicts rites of passage as consisting of three phases (separation, transition or liminality, and incorporation), much research has exhibited the challenging process by which people return to their usual social setting after a life-altering experience. However, different from Turner's renowned example of Ndembu *life-crisis rituals* such as initiation rites where the neophyte's liminality phase is acknowledged and even encouraged by the rest of society (1967), my interlocutors' antistructural phase of liminality (the acute psychedelic experience) was disdained. As I have argued, the type of experience induced by psychedelics did not constitute a Durkheimian *collective representation* (1995 [1912]) but was monophasically marginalised to subcultural milieus, leaving my interlocutors without much societal support for the incorporation phase.

The lack of societal resonance and acknowledgement of the psychedelic state also seemed to permeate my interlocutors' intimate social encounters. It often showed itself in conversations, such as Mathias' roomie who responded to Mathias' life-changing ayahuasca experience by stating: "*oh nice, have you just been all high and wasted!*". Or the psychedelic facilitator Christian who told me: "*I am nervous about telling people [about my psychedelic experiences]. It is still a taboo and I have previously been denounced as a crackhead loser.*" A handful of respondents of the questionnaire I

send out also highlighted the lack of someone to talk with who would understand and listen unjudgementally as the main challenge for their integration. Sus, for instance, described how she after a challenging psilocybin experience had sought help from a therapist, but ended up feeling worse, confused, and misunderstood, as the therapist was disdainful, not acquainted with psychedelics, and had lacked the tools for understanding and helping her properly.

Sus' case further points us towards the specific social barrier constraining my interlocutor's integration – namely a form of experiential gap between them and their relations. This aspect was also evident in Mathias' situation. Even though he attempted to get support from his associates, he felt the help to be limited by a form of identificatory barrier. As he put it: *“These things do not really make sense if you have not experienced it yourself”*. Several others of my interlocutors also expressed such an experiential chasm to be a problem for integrating. Even though they might not encounter strong condemnation, they still preferred not to talk about their experiences with psychedelically inexperienced. Henrik, a 43-year-old metal worker, was one of those. According to him, the main reason why he had a hard time integrating was that he had no other psychedelic users to talk with: *“I have friends, sure, but nobody has a damn clue what I am talking about, so it doesn't really give anything. The experience... That is exactly what I long to share with others”*.

In retrospect, I see that such longing for experiential acknowledgement and sharedness was probably a quite influential motive for why people wanted to meet and talk with me about their experiences. Henrik, Mathias, and aforementioned Neil openly declared that they viewed our conversations as a way of integrating. Likewise, Peter, a 29-year-old accountant, whom I met at the huachuma retreat and caught up with three weeks later, told me how I was the first and only he wanted to share his experience and integrate with apart from his therapist:

“I want to share with you because it is something we share. I feel like you understand. I do not need to explain that I do not feel it like a drug. Because sometimes when you speak to people who have not been through this... even me before the ceremony, I would call it a drug. But now I have some respect for it. And when I share my experience, I want some respect back. It is like, you are talking about a really important moment in your life and people are laughing, making jokes.”

To Peter, Mathias, Henrik, and almost everyone I met in the field, their psychedelic experience(s) had been some of the most meaningful and defining experiences of their entire lives (cf. Griffiths et al.

2008, 2018; Watts et al. 2017). Coming back to a culture and community where the experience was not given any noteworthy value, respect, and recognition hence became a barrier for their needs and aspirations to share and manifest their integration socially. Resembling Lester's point, they needed to retether relationally to integrate their edge-of-existence psychedelic experiences and heal, but because of the lack of experiential resonance and the distinct nature of their healing practice (involving the not very socio-culturally accustomed use of psychedelics), their interpersonal scope for doing so was restricted.

2.2. An experiential community of healing

So, how did my interlocutors then respond to this socio-cultural shortage of resonance and recognition of the psychedelic experience? The cases of Peter and Mathias already alluded to this. Both sought 'like-experienced', i.e., other people who had also had a psychedelic experience. Sus likewise found help to integrate her challenging experience by leaving the 'inexperienced' therapist and reaching out to an 'experienced' friend from the psychedelic milieu. Generally, the psychedelic users I met seemed to enhance their integrative efforts by coming together to build their own form of supportive, integration matrix. This matrix, I argue, took shape as an *experiential community* that emerged from a shared reverence to the psychedelic experience and composed a form of polyphasic pocket within the broader monophasic setting. Herein relational healing was fostered through a form of *experiential sharedness* and recognition of the individual and therapeutic value of psychedelics.

A brief note on how I understand community is necessary before proceeding with the argument. Within social science, there has been much debate around how to study and define community. Some has approached it as a structural form of social organisation (Warner 1941). Others have emphasised its elusive boundaries and defined it in terms of e.g., belonging, moments of togetherness, identity-formation, or a feeling of sharedness around e.g., values, moral ideas, intense affections, or a political project (Bauman 1992; A. Cohen 1985). In conceptualising the longed-for matrix of my field as an *experiential community*, my definition falls within the second camp. I am particularly guided by Peter Stromberg's work among followers of the Swedish Immanuel Church (1986). Aiming to understand the community basis of the group, Stromberg debunks the, back then, common notion of culture as consensus and describes the church community as a *culture of commitment*. What unites the believers,

he shows, is not homogeneity of symbolic or cultural forms, but a commitment towards the experience of grace (ibid.:4-5, 13).

I found a similar structure among my interlocutors when they talked about the kind of interpersonal space, they either envisioned or experienced as helpful for their integration. As I have argued, many of them felt their psychedelic experience(s) to be devalued by the cultural setting and misunderstood by their psychedelically inexperienced relatives who could not identify with their healing attempts and sometimes debunked them as hedonistic intoxication-escapes. As a response, they sought a community where the subjectively felt therapeutic significance of their psychedelic experience(s) was recognised. Similar to the Immanuel Church, the connecting element of this community was commitment towards the psychedelic experience and an acknowledgement of its merit and *not* homogeneity of interpretations or consensus on symbolic forms for making sense of psychedelic effects. My suggestion is, that in their integration pursuits, my interlocutors did not seem to look for symbiotic curing in a brotherhood where their experiences were fully tied into a symbolic order or cosmovision. Rather, they seemed to lack, seek, and need an *experiential* community constituted around a basic form of recognition of the therapeutic value of the psychedelic experience. 28-year-old Morten's answer, to my question of how he viewed sociality as beneficial for his integration, captures this point well: *"For me, it is not so much about having a shared language or what words we use, but more the opportunity to just meet and talk about it, like we do now"*. In the remainder of this chapter, I will advance this point by analysing one of the ways in which my interlocutors gathered in such a community of experiential sharedness to find healing support: by participating in so-called integration circles.

2.2.1. The integration circle

Within the Danish and transnational psychedelic milieu, integration or 'sharing circles', have become a rather popular social, integration activity (Psychedelic Community 2022). Such circles are usually hosted on retreats on the day after the psychedelic ceremony, but the concept has also found its way to more enduring communities. Here, everyone can partake no matter how, when, or where they had their psychedelic experience. The vignette below portrays one such circle, initiated and hosted merely from an identified need among psychedelic users in Denmark.

I log in to Zoom a few minutes before the integration circle is scheduled to begin. In the online space, I meet Jonas, Adelie, and Bob. We agree to 'open the circle' and the

facilitator Jonas guides the usual ‘connect-to-self-exercise’: *“I invite you to slow down a little, take a moment with yourself. Close your eyes if it feels good and just check in. Checking in with the body. Your mind. Thoughts. Emotions.”* After a few minutes of meditative contemplation, Jonas exhales deeply into the microphone and the three of us join the breathing choir. *“As we arrive back in the space let us take a deep breath together (shuu) and release (aah). It is always good to check in with yourself before going into contact with others”*. Pause, smiles. *“And slowly we come back to the shared space”*.

Jonas presents the format of the circle – Adelie is new to the group. We can share whatever is *“alive in us”* as long as we *“speak from the heart”* and we give each other room to share by merely listening without interrupting, analysing, or concluding on each other’s experiences. After a few moments of anticipation, Adelie breaks the silence and tells that she is present because she finds it difficult to share her previous psychedelic experiences with family and friends. Not due to an unwillingness to listen, but rather because it kind of settles in an *“empty space”* within their experiential horizon. Adelie has recently had a challenging psilocybin trip and is seeking advice on how to handle it and how to ensure a better experience next time. She puts a few words on the trip and halts. Jonas encourages her to take a moment to *“feel if there is more that wants to be expressed”* and Adelie resumes for some minutes before finishing her share with *“thank you for listening”*. We all place a hand to the left side of the chest as a gesture signalling acknowledgement and appreciation for her share and openness. The zoom room falls silent and we breathe audibly together for a minute or so as a way of ‘reuniting’ and giving Adelie’s words ‘space to land’.

Bob resumes the sharing round. He briefly acknowledges that the words of Adelie touched him profoundly. Then he tells a completely different story of healing: different themes, setting, substance, and outcome. He is visibly moved while inviting us into the psychedelic experience that had given him more than *“25 years of therapy in a weekend”*. *“It was magical... thank you”* he ends, crying softly. We close our eyes, moved as well, and remain in silence to ‘honour’ his healing. Pause. Then lifting hands to our hearts, thanking him for allowing us to ‘witness’. *“Thank you for listening, now I can feel everything again, it is wonderful. This was what I hoped would happen by coming tonight”*

he adds smilingly. Jonas asks us to breathe together. My turn has come to share and finally Jonas shares as well before closing the circle the same way he opened it.⁷

2.2.2. Interpretive autonomy & experiential communality

This integration circle was, like the rest of the circles I partook in, a form of melting pot for psychedelic inquiry. Mirroring the general diversity of my interlocutors, the circle participants held different existential inclinations, views on the mechanisms and ‘proper’ use of psychedelics, and had varying purposes for being present. Some, such as Mathias, joined with a hope of being narratively assisted in making sense of their experiences through the gaze or stories of the group. Others, like Bob from the circle described above, joined with a more experiential-somatic integrative aim of reminding themselves of and recultivating the experiential and emotional state of their psychedelic trip. Most people, including Adelie, joined with a hope for recognition since their stories had not resonated among their relatives, paralleling the previously discussed experiences of Henrik, Peter, and Mathias. The heterogeneity was also evident in the rather unrelated stories circulating in the sharing rounds where participants rarely associated their experiences with the narratives already given by others. However, even though people’s experiences, motives for attending, and interpretive frameworks were far from homogenous, the enactment of sharing and the healing happening were still relational in several respects.

The circle’s format of communal sharing of personal narratives is not uncommon to peer-based group therapy in Western contexts and it especially resembles the structure of Alcoholics Anonymous (AA) (Steffen 1997; Swora 2001, 2004). Studies on such groups thus provide an affluent, comparative backdrop for deepening our analysis of the therapeutic workings of the integration circles. Vibeke Steffen, who has done fieldwork among AA-groups in Denmark, has argued how the sharing of personal stories between fellow sufferers holds therapeutic value for both the narrator and the listener(s): Being witnessed assists the narrator in finding meaning and plot in her experience whilst her story adds to the shared experience and problem-coping toolbox of the group and allows the listeners to reflect on their own experiences through the words and mirror of the storyteller (1997). The reciprocal sharing of personal matters is therefore seen as a necessity for the AA meetings’ therapeutic efficacy, obligating all participants to disclose their life stories (ibid.:103).

⁷ Some of this text has been handed in as part of my fieldwork exam

Like the AA meetings, the integration circle unites individual and collective experience in a communal healing process. While each person's share is fixed to an idiographic life-trajectory, the sum of personal narratives compose a reservoir of lived examples that can help people like Mathias find identificatory footing and "*confirm that one is not crazy*" nor alone in doing the integrative work, as a participant told me. The reciprocal sharing of personal memoirs further functions to establish a shared polyphasic space in the wider monophasic setting, in which the psychedelic state is given experiential recognition. This mattered greatly to many participants, such as Mathias and Adelie, who found therapeutic relief in the mere fact of being listened to and witnessed because their experiences were given interpersonal value through an economy of reverential attention. In the circles, the notion of 'sharing' thus contains a double meaning of both communication and communion (cf. Droogers 1992:45). That is, sharing both refers to the act of conveying one's personal story to the group and to being in a form of existential symbiosis of acknowledging a common category of experience. Like in the AA model, sharing in both these senses – involving listening, narrating, resonating, and recognising – is therefore key for realising the therapeutic potential of the integration circle. This means that all participants, including the facilitator Jonas and I, are expected to share (communicatively and communally) for the therapeutic action to happen. As with most social activities during the spring of 2021, the integration circles in which I participated had to move online. The sharing of embodied presence thus gave way for a different form of technologically mediated intercorporeality (cf. García et al. 2021) such as breathing audibly in the microphone, connecting to one's own body, and using hand gestures to signify affective attunement. While most participants expressed a preference for meeting face-to-face, the fundamental therapeutic principles of sharing experiences in its dual meaning of recognition and storytelling seemed to adapt effectively to the relocation.

However, despite its centrality for the therapeutic workings of the circles, the quality of sharing did not involve cultural or symbolic consensus around the psychedelic experience. My argument hereby stands in contrast to the suggestion of Arne Harms, who has recently argued that sharing circles among European ayahuasca users work therapeutically by producing intersubjective, interpretive coherence around the ayahuasca experience (2021:16). Instead, the integration circles I partook in offered therapeutic support by providing a form of experiential coherence and recognition while insisting on the uniqueness of each singular psychedelic experience and the interpretive autonomy of each participant. Extending the point of subsection 2.2, I found the binding agent of the circles to be a commitment towards the psychedelic experience in abstractum rather than a consensus

around what constituted the right beliefs or symbolic framings of each idiographic experience. In this way, my observations are more analogous to the analysis of Alex Gearin, who has studied neo-shamanic ayahuasca use in Australia and argued that the conventions of post-ceremonial sharing rounds in this field privilege values of personal symbology and radical pluralism (2015:65-6). To summarise the discussion, I propose that the Danish integration circles constituted a form of therapeutic, experiential community that favoured interpretive autonomy and idiographic meaning rather than symbolic closure while providing the basic experiential recognition and communality that my interlocutors seemed to lack, seek, and need in their integration endeavours.

The way Jonas opened and closed the circle with a collective ‘connection-to-self-exercise’ makes a poetic portrayal of the first and present chapter’s points and their interconnectedness – you integrate by connecting inwardly, but such change of self-relation is mediated through outward and embedded connection with others. In the next chapter, I will discuss further how the format and rhetoric of the circle foster certain notions of self and healing.

2.3. Partial conclusion

This chapter portrayed how my interlocutors’ integration pursuits were responded to in their specific cultural and social contexts. I argued that my interlocutors lacked and longed for an *experiential* kind of healing support that was predicated on a basic form of respect and recognition of the psychedelic experience rather than symbolic or interpretive closure. As consequence, they mobilised communities of like-experienced, exemplified in the integration circle, to find the interpersonal support they needed to heal.

Overall, I aimed to show how integration is essentially a relational matter. The chapter can hereby be seen as supporting a *biopsychosocial-cultural* approach to psychedelic-assisted healing (cf. Kettner et al. 2021; Schenberg 2018; Sloshower 2018). This approach considers the broader cultural setting and the presence of a supportive community as defining variables for enhancing long-term therapeutic outcome alongside bio- and psychological factors.

3. Romantic notions of healing & self

“You are already integrated! Psychedelics just show you what is always present. Thought is what keeps you away from it. Your work is remembering and living that experience of complete oneness every single moment – and that of course requires work. You step into a process of re-membling, becoming a member again of that which you have been and will always be, totally”. – Berthel, 38-year-old carpenter

This final chapter situates and discusses both the integration cases analysed in the previous two chapters and a few new cases within a broader cultural discourse. By this, the chapter assesses what notions of healing and self preponderated in my field. I do this drawing forth some general and, in some way, reductive characteristics of how intra- and interpersonal integration was articulated, framed, and practised among my interlocutors. Following Csordas’ approach to healing as a change of experiential orientation that tracks a culturally embedded “transformation of self” (1994a:15), I argue that many of my interlocutors’ notion of a ‘healed’ self resonated with two interrelated and basic ideas of Romantic thought. This constituted a cultural critique of more conventional, biomedical notions of health and healing. These two Romantic ideas are i) the idea of a morally laden, essential unity between man and nature and its relation to the notion of an *authentic self*, and ii) the primacy of an expressive and affective mode of life (instead of a rational one) to approximate and realise this authentic selfhood. Lastly, I will discuss what role relationality played in my interlocutors’ romantically tainted quests for healing and authentic selfhood.

3.1. Unification, remembrance, & authenticity

“The integration of the self is an integration with the whole” – Alexander

The first idea is often associated with Schelling’s Philosophy of Nature and its continuation in the work of von Schubert, Oken, and Troxler. It is also central to Romantic thinkers such as Schleiermacher, F. Schlegel, and Schiller (Ellenberger 1970:202-5; Gorodeisky 2016; Wessell 1971), Platonism and Neoplatonism (Helmig 2020), esoteric traditions in the history of Western culture (Haaning 1998; Rudbørg 2013), and to more contemporary environmental and eco-spiritual movements (B. Taylor 2009; Crosby & Stone 2018). In the Romantic current of thought, this idea

broadly states that everything springs from an absolute and spiritual unity, sometimes referred to as the *World Soul* or *Anima Mundi*, and that all beings are thus interconnected with each other and the whole through this common feature of their inner, ensouled nature (Ellenberger 1970:202-5). Accordingly, the human path to liberation – the Romantic *recovery narrative* (Merchant 2003) – is to approximate or recollect this primordial, harmonious state and thereby realise one's true self of cosmic oneness (von Stuckrad 2022).

This idea of an inner, united nature can further be related to the notion of *authenticity* and Western conceptions of moral selfhood. As Charles Taylor (1989) has documented, the Romantic view of humans holding inner, nature-connected depths gradually acquired moral authority through a long period of thinkers from Plato to Rousseau and Goethe. This gradual interiorisation of moral truth and high ground was escorted by a growing preoccupation with an understanding of sincerity as authenticity that could help one reach the virtuous ultimate of “being true to one's own self” and which culminated in 19th century Romanticism (Sinanan & Milnes 2010; Trilling 1972:5). Adding to the picture, Lionel Trilling tracks how the invention of the individual in the late 16th and early 17th centuries catalysed a two-century-long growing schism in Western understandings of selfhood between a form of personalised, interior world of authentic truth and a public, exterior mask of inauthentic performance where being sincere gradually became a question of authentically expressing one's deepest and purest nature (Trilling 1972:19-20, 24). While Taylor and Trilling agrees that such moral ideal has passed its prime, they stress how the idea of a deep, authentic self continues to be a cornerstone of Western, modern subjectivity to this day (ibid.:6; C. Taylor 1989, 1991).

The continued impact of such morally laden, dualistic self-conception, where the self is considered bifurcated into a public self that is socio-culturally determined and constructed with roles and responsibilities and a private self of inner authenticity, has also repeatedly been documented by anthropologists working in Western contexts (an 1985; Hollis 1985; Mattingly 1998:105). Furthermore, with the advent of dynamic psychiatry, this bifurcation in Euro-American understandings of selfhood substantiated to yet another level, namely into a division between the conscious and unconscious *within* each human being (Ellenberger 1970). This psychoanalytic, divided architecture of the self, where the unconscious is, often unknowingly, formative of the conscious and healing is a question of unmasking hidden, inner currents, is still a prevalent self-notion in psychiatric treatment (Lock & Nguyen 2018:246-8) and a recurring representation of selfhood in Western cultures. My field is no exception to this trend. As I wrote in section 1.1.2., most of my

interlocutors referred to a form of psychedelically catalysed bifurcation in their understanding and sense of self. Moreover, elements of the above-outlined Romantic, cyclic process of finding redemption by returning to a primordial and perfect unity with one's inner nature, repeatedly occurred in the rhetoric of my interlocutors' descriptions of their integration and 'healed' self. In line with the findings of other anthropologists working with alternative healing in Western countries (Beeler 2015; Csordas 1996:109; Lindquist 1997), most of the people I spoke with did not explain their healing processes as cultivation of a *new*, healed self or as a form of forward-moving development. Instead, they used words such as 'higher self', 'true self', 'true nature', and 'authentic self' to designate the aiming point of their healing endeavours. Some, like Berthel quoted in the chapter opening, would even describe their integration as a process of 'remembrance', 'returning', or 'unlearning'. The healing notion emerging from this thus reflected a form of Romantic impulse to re-establish forgotten or lost connections – with one's building blocks, body, emotions, and with the “*whole*” as Alexander put it – and thereby return to an authentic, integrated essentiality within. Such perception of healing as reminiscence furthermore relates to Plato's epistemology and his notion of *anamnesis* that denotes how acquiring knowledge is a process of recollecting and reactivating capacities and ideas which are innate and already present within us (R. Allen 1959). Following this, healing can then be framed as a question of recovering one's fundamental but forgotten connection with the absolute and thus recollecting one's true self of “*complete oneness*” (Berthel).

To exemplify how this healing notion was expressed in my field, let me restate a few quotes from the cases discussed in the first chapter. Mick described his healing as a process of “*coming back to myself*”. Maria explained her healing as bodily reconnection and as “*one long process of unlearning*”. Neil found therapeutic relief by recognising and restoring what he described as a primordial, inner core of perfectness through the act of unravelling the “*patterns that had limited [his] potential*”. And Ask emphasised how unsettling his closed identity, the biographical “*story about who*” he was, had helped him heal. The aforementioned Christian likewise explained how integration “*is all about being real, discovering who you really are behind the stories we make about ourselves and others, and getting to know your truth*”. And at the retreat I attended, the facilitator told us that “*psychedelics can peel off the layers of protection we carry around our hearts and let us see who we really are, our true nature. They help us remember it. They activate our antique memory and wake us up from within our DNA*”.

Together with the subsection's opening quote by Alexander, the last quote referring to an evolutionary form of connectedness shows particularly well how many of my interlocutors' notions of a healed and authentic self were entangled with the Romantic idea of an essential unity between man and nature. The theme of cosmic oneness was further evident in the story of Tine, a 47-year-old schoolteacher. She described how her six psilocybin trips had afforded her "*a clear sense that there is a connection between my little being and the great being of the universe*". While tripping, Tine had experienced a healing sense of cosmic belonging and a connected ethereal quality of herself and nature which she subsequently worked to implement in her daily life through appreciation and care of the plants and objects around her. Many of my interlocutors appeared to view healing and authentication as a process of remembering such essential connections within and without and reinserting themselves in a cosmic, evolutionary, and interconnected coherence. Reciting the phrase of Berthel, integration was for them a process of "*re-membering*" – of remembering their embedded unity.

Moreover, across their differences, Mick, Maria, Neil, Ask, Alexander, Berthel, and Christian, all seemed to view healing as a form of Platonic recollection of lost authenticity through de-habituating from what they felt to be restraining stories, categories, and modes of experiencing, thinking or being, acquired from their upbringing, former life events, and/or socialisation and which had functioned as obstacles for realising their true nature or healed self. A large part of my interlocutors seemed to heal by transforming the habit body through a simultaneous process of unlearning and learning – transcending what they considered detrimental conditioning and re-covering a mode of being more aligned with their authentic self. Some further seemed to adopt a form of Rousseauian idealisation of nature in opposition to civilised society (Perkins 2003:4). Related, their view of healing might be seen as expressing a form of anti-Augustinian view of the primordial, unsocialised self as the morally purest, most authentic, true, and undamaged (Trilling 1972:93-6). Importantly, however, this should not be read as stating that my interlocutors were generally opposed to socialisation and habit-formation or that they viewed these as depraved per se. More so, some elements of such processes were viewed as more desirable and constructive than others. Healing, then, involved figuring out which old habits to break or keep and which new habits to cultivate while making space for some sort of inner nature to unfold. Here, the vernacular of the Danish psychedelic milieu is still very aligned with the work of Stanislav Grof and his idea that healing occurs by wakening the individuals' *inner healer* (1976). Grof is frequently mentioned in podcasts, articles, and books on psychedelics and his

work is often cherished as “*the ABC of psychedelic-assisted therapy*” as one of my interlocutors phrased it. Also testifying to this aspect is that people in charge of psychedelic ceremonies and social activities often refer to themselves as ‘facilitators’, ‘guides’, ‘mediators’ or ‘space-holders’ rather than ‘therapists’, ‘shamans’ or ‘healers’ to accentuate how the seed of healing resides within each person and is only assisted to mature. Again, this notion of healing seems to follow a Romantic ethos, as healing is here seen as something emanating from an innate, higher intelligence of each human being.

3.2. Emotional expression & existential breadth

“We celebrate all of it, light and darkness, in its wholeness” – Ida, psychedelic facilitator

A second basic Romantic idea that transpired across my interlocutors’ integration pursuits concerns their view on health and what many of them deemed the appropriate method of healing. For many Romantic thinkers (such as Oken, Marquard, and Rousseau), approximating the whole and connecting with one’s inner, authentic nature is seen as contingent on an immediate, affective, expressive mode of life (Gorodeisky 2016; Sinanan & Milnes 2010:7, 11). In emphasising passion and feeling for the restoration of one’s authentic nature, Romanticism was partly a pushback against Enlightenment and its “faith in the sovereignty of reason” (C. Taylor 1989:116, 374). Furthermore, many thinkers of Philosophy of Nature and Romanticism (e.g., Schelling, Ritter & Goethe) sought alternatives to rational reductionism by stressing the inherent polarities and complementary forces in cosmos and man such as good and evil, creation and destruction, dark and light, despair and euphoria (Ellenberger 1970:203).

During my fieldwork, I encountered similar views on rationalism, health, and healing. Many of my interlocutors were dissatisfied with the approaches to and ideas of healing, suffering, and wellbeing in the more conventional Danish health discourse. They criticised it for being built on a normative, hierarchical schism between the emotional and rational, the mind and the body. Resembling the Romantics, they encouraged a complement to pure rationalism and biomedical reductionism in their healing pursuits, emphasising somatic, sensory, and emotional expression as well as cognitive reflection. The stories of Maria and Mick from chapter 1 illustrate this point well. As I argued, Maria and Mick healed by leaving their former ways of bypassing and dulling emotional and bodily

experience, but not by means of distancing or rationalising talk therapy. Rather, they were cultivating an intensified sensory mode of being in the world, they were healing by approaching and expressing their emotional experience, and they were healing as, through, and with the body.

Following the Romantic imperatives of aesthetic and immediate expression, Maria used art as a medium for relinquishing rational distance and reconnecting with her emotional body, while Mick felt to have ‘come back to himself’ by being more attuned with his immediate emotional state and “*intuition*”. Viewed through a Romantic frame, one could say that Maria and Mick approximated what they found to be their truth within, their healed form, through a form of *expressive individuation* understood as a process of realising one’s inner nature and impulse through affective expression (C. Taylor 1989:374-6).⁸ Moreover, Mick and Maria stressed the importance of experiencing and expressing both fallow and flourishing seasons of their emotional life to heal. In this respect, their idea of health seemed to be in line with the Romantic weight on existential polarities and emotional intensity.

In an article on the historically shifting socio-cultural narratives of emotional suffering in Western cultures, anthropologist James Davies argues how emotional suffering, today, is largely rationalised, medicalised, deemed purposeless, and as something to anaesthetise or avoid (2011). This appears also to be the case of Danish folk-psychology where cultural norms of homogeneity (Gullestad 2002) and civility (Zerilli 2014) translate into expectations of stable and recognisable mental states and unfluctuating, flattened emotional expressions (cf. Bickford 2011). Difficult emotional experiences such as anxiety and depression are generally considered as illnesses to be treated instead of woes to be expressed and around 10 % of the Danish population are on emotionally stabilising medications such as SSRIs and benzodiazepines (Sundhedsdatastyrelsen 2022).⁹

Contrary to today’s dominating “negative model of suffering” that renders emotional discontent as something to eliminate or dull (Davies 2011), several of my interlocutors, including Mick, Neil, Jonas, Mathias, Maria, and Ida, considered depression and other intense emotional states as a “*natural and healthy response*” to the global state of affairs. They were generally critical towards the long-term therapeutic potential of anti-anxiety and -depressive medications. As Mathias phrased

⁸ The idea that healing is related to expressing unresolved emotions draws a direct line to the influence of Jungian psychoanalysis on Western psychedelic-assisted therapy (I. Cohen 2017). Interestingly, Jung was inspired by Romantic thinkers (Ellenberger 1970:727)

⁹ Studies have contrasted the mechanisms of psychedelics with SSRIs, arguing how the former work therapeutically by amplifying the intensity of emotional experience while the latter diminish fluctuating and painful emotional response (Carhart-Harris & Goodwin 2017; Watts et al. 2017)

it: *“the solution is not SSRIs or anti-anxiety drugs. You will perhaps remove the symptoms but not the underlying cause. You will not learn to feel your emotions and be okay with them. These drugs are just like a comfort pill and a momentary escape.”* Ida similarly stated: *“Our culture pathologizes depressive and contractive symptoms. We are told that we are sick, not that we are healing. We have a distorted view of contractions such as pain, death, disease. We should go to our difficult experiences and accept them, work with our contractions.”*

Altogether, my interlocutors seemed to subscribe to a different salutogenic model than the one shared in broader Danish folk-psychology and reflected in the offers of established psychiatry. Their notion of a healed self was not a content self without difficult emotions or discomfort but an expressive self able to be present with the full palette of human experiences and emotions. Generally, my interlocutors did not evaluate healing based on its effectiveness to eliminate symptoms (as the biomedical model does (Levin 2017)), but more so, in terms of its quality of broadening the individual's experiential horizon and her ability to accept and express a wider emotional repertoire. In a Romantic vein, integration among my interlocutors can thus be framed as an affective mode of connecting with the cycles of cosmos (within and without), and the human, existential conditions that necessarily imply both suffering and wellbeing.

3.3. Cultivating authentic self through relational healing

While the discussed processes of healing as authentication and return to one's inner self through an expressive and affective mode of life might, at first sight, appear overly intrapersonal pursuits, I observed how they were greatly motivated and aided interpersonally in my field. My material is thus in favour of Taylor's analysis of contemporary forms of authenticity that displays how authentic self-fulfilment is necessarily a communal practice as the pursuit of one's inner uniqueness and truth requires recognition from others and a self-transcendent web of meaning from which one can define oneself meaningfully (1991:35, 40, 48). This is also akin to what Paul Heelas and colleagues have named *relational subjectivism* which, contrary to *individuated subjectivism*, covers a form of spirituality where you become your true self *through* relationships and not by being self-contained (2005:96-7). However, as I have argued in the foregoing, my interlocutors adopted a different method and perspective on health and healing than the one dominantly employed in Danish healthcare. Their psychedelically paved quests for healing resonated poorly with the relational fabric of broader society

and they often chose to hide their life-changing experience(s). We can say that my interlocutors had difficulties being *sincere* with their psychedelically inexperienced relatives. If authenticity is a state cultivated through the practice of sincerity (Sinanan & Milnes 2010:4) and that becoming one's authentic and healed self thus requires being sincere in both intrapersonal and interpersonal affairs (Trilling 1972:5), then it follows why such concealment constituted a barrier to my interlocutors' quests for authenticity and healing. The former chapter showed how they, as a response, gathered in experiential communities in which their psychedelic experience(s) were recognised and in which they could practise sincerity, relationally embed their integration, and ultimately heal.

To unfold the relational aspects of my interlocutors' quests for authentic selfhood and healing further, let me return to the integration circle. Although I showed how interpretive diversity was valued in the circles, the two Romantic ideas i) that man's truest form rests in an inner, nature-connected, authentic core, and ii) that an expressive and affective mode of life is the supreme method for getting in touch with this – also seemed to saturate the circles' format, communicative rules, and therapeutic approach.

In the sharing round, interruption is prohibited, dialogue is limited, commenting is only permitted if it comprises reflections on one's own experience of listening to the other person's share, and participants are encouraged to give lengthier, narrative accounts on a self-chosen, but preferably, weighty life-happening. Such autobiographical self-revelation is emblematic of much Romantic thought as this genre is considered the most authentic narrative for expressing one's innermost nature and for connecting sincerely with others (Sinanan & Milnes 2010:13-4). The main conviction of the circle is no different. Partakers are motivated to "*speak from the heart*" and honest sharing of autobiographical and intimate, emotional content is exalted as the most therapeutic and authentic expression of your true self. You ought only to speak from your personal experience and avoid any third person evaluation. The objective is to express yourself and relate with others undisguised from any performed, rationalised, or habitual pretence. To foster an affective and expressive mode, you are guided to connect with your interior experience of sensations, thoughts, and emotions, and allow for your inner nature-connected impulse to spill out by sharing whatever is "*alive in you*" rather than what is intellectually calculated, while pausing now and then to "*feel if there is more that wants to be expressed*". Many participants found the praise and practice of such emotional self-disclosure to be therapeutic, such as Mathias who explained how attending a circle had aided his integration by being "*a good place to connect with your feelings and take down the social mask you usually wear and be vulnerable*". Bob also revered the affective, confessional format and found the extraordinary

“*honesty*” that he felt among the group to be the most therapeutic aspect. The egalitarian format of uninterrupted, autobiographical sharing by turn also taps into the already discussed notion of an inner healer residing within each person that only needs support to awaken. Using the Romantic vocabulary, my claim is that the integration circle can be seen as a confessional where psychedelic users are enabled to cultivate authentic selfhood and heal through the interpersonal practise of sincerity around their equally unique psychedelic experiences.

3.4. Partial conclusion

To sum up the above discussions, I propose that one way to extract some notions of healing and self, which cut across my interlocutors’ integration pursuits, is to view them as representants of a form of contemporary, Romantic attitude. First, many of my interlocutors’ understandings and experiences of healing and integration seemed to be bound with the idea of an inner, nature-connected, authentic selfhood that has been characteristic for Western, modern subjectivity and much Romantic thought. Second, my interlocutors adopted a view on emotional intensity and expression that deemed all kinds of affective responses helpful for healing towards one’s authentic self. I argued that this is a fairly similar view to central ideas of the Romantics and that it forms a critique of more biomedical approaches to health and healing. Importantly, this is not an attempt to say that my interlocutors did not subscribe to scientific discourses or that they were entirely ‘anti-biomedicine’. Many of them began their psychedelic journeys motivated by recent research on these substances. The present analysis should be seen as joining a line of other scholars (cf. Barcan 2011; Heelas et al. 2005; Lindholm 2008; Vannini & Williams 2009) who suggest that we are witnessing the return of a reenchanting way of life in contemporary culture which coexists with faith in science and provides *complementary* rather alternative methods of healing to the biomedical toolbox.

Conclusion

Denmark has witnessed an increase in mental health-related ailments in the last decade. The most recent statistics display that around 10 % of the population fight a mental illness (Psykiatrifonden 2021). Danish authorities are keen on turning the tide (SST 2022) and research suggests that implementing psychedelics into healthcare might be one way to do so. Psychedelic-assisted therapy is still illegal in Denmark and currently takes place at retreats, therapists, and private assemblages ‘underground’. However, following in the footsteps of other European countries (Czech Republic, Austria) and American states (Oregon, California, Colorado, Michigan, Massachusetts) that have now partially or fully decriminalised medical and/or recreational use of psilocybin and ayahuasca, researchers estimate that Denmark will most likely see its first overground clinics offering psychedelic-assisted therapy within the next 5 years (Erritzoe in P1 2020). The prospects build on the impending FDA approval of MDMA-assisted therapy for treating PTSD which health professionals reckon will happen as soon as 2022. This will most likely speed up the process of getting other psychedelics approved for medical treatment as well (MAPS 2022). Large pharmaceutical companies and investors have sensed the goldmine of a novel ‘treatment paradigm’ and thrown billions of dollars into the development of patented protocols for psychedelic-assisted therapy and into clinical research (mostly RCTs) that can support their interventions (Compass 2022; Psychedelic Invest 2022). Companies such as the Danish *Lophora* have fabricated and patented synthetic variants of psilocybin and claim to offer “relief from treatment-resistant depression” within days following “a single hallucinogenic treatment session” (Lophora 2022).

While it surely has its fortes, the massive efforts to scale up and medicalise psychedelics also have potential shortcomings (cf. Noorani 2020; Slosower 2018). This thesis has aimed to stress some of the aspects which are critically overlooked if we approach psychedelics with a pharmaceutical logic as one-size-fits-all, single-dose magic pills, or if we uncritically enrol psychedelics into a (bio)medical treatment model that targets suffering as an individualised, isolated, biochemical imbalance that can be cured through one-time interventions. Throughout the thesis, I have conveyed cases where psychedelics did indeed help people heal, but not instantly nor in isolation. By tracing the phenomenon of integration, this thesis has sought to contribute with novel perspectives to the fast-growing field of psychedelic research whilst ethnographically establishing the importance of doing qualitative, contextual, longitudinal research when studying the therapeutic potential of psychedelics. Such research is still deprioritised in the broader scientific milieu.

At the present stage, many researchers are developing therapeutic models and procedures for how to conduct psychedelic-assisted therapy (see, for example, Bogenschutz & Forcehimes 2017; Gorman et al. 2021; Watts & Luoma 2020). This thesis has stressed multiple important and interacting aspects that appear important to consider for psychedelic-assisted therapy and healing in a Western context. In condensed form, these aspects involve the following.

Instead of viewing the psychedelic user as a passive recipient of a quick-fix treatment, this thesis has documented how healing with psychedelics for many people requires committed, continuous work with the self and with others – work that thus extends well beyond the individual and her acute psychedelic experience. The first chapter depicted how this work takes various forms but often falls within two modes. I termed these *narrative* and *experiential-somatic integration*. Engaging interpretive as well as emotional and somatic work, I showed how my interlocutors healingly transformed their experiential orientations (i.e., selves) based on insights and/or modes of experiencing had during psychedelic ingestion. The second chapter depicted how integration is a relational matter. While psychedelics are slowly becoming more mainstream, I portrayed how users in Denmark face persisting stigma and lack of acknowledgement of the therapeutic value of the psychedelic state. Hence, many of my interlocutors relied on what I called *experiential communities*; that is, assemblages generated from a shared reverence towards and familiarity with the psychedelic experience. Here, they could receive a basic form of interpersonal recognition of their experiences that aided their integration. The chapter thus established the importance of paying more attention to longitudinal-social and cultural aspects of psychedelic-assisted healing and of devoting resources to build local, communal infrastructures outside of prospective psychedelic-clinics where users can receive long-term, therapeutic (peer)-support. Finally, the third chapter argued that the specific cultural templates of self and healing surrounding psychedelic integration in my field were related to Romantic ideas of authenticity, affective expression, and connectedness. Hereby the chapter emphasised how psychedelic-assisted therapy taps into understandings of health and healing alternative to more conventional biomedical ones.

The typology presented in the first chapter might be generalisable to other self-transformative or healing practices in cultural contexts similar to the Danish one since it offers a framework for understanding how people cultivate change in their way of being, perceiving, feeling, and understanding. I also imagine that the idea of the second chapter, arguing that healing support in my field was predicated on idiographic, experiential recognition rather than a common web of

meaning might be apposite for other complementary healing practices in postmodern, Western contexts. However, the cross-cultural validity of the arguments pursued should not be overestimated. Future research attention needs to be given to how psychedelic integration manifests in settings where the cultural backdrop is different and where notions of e.g., self, community, healing, and health follow other cultural-historical tracks than the one traced in this thesis. This point touches upon another problem with the ongoing attempts of medicalising psychedelics that has been left unaddressed in this thesis. Current research efforts and protocols tend to bypass the wealth of knowledge generated from centuries of traditional uses of psychedelics for healing. Further, the question of how the Euro-American psychedelic renaissance might influence indigenous communities and practices is obviously important yet rarely discussed (Dev 2018; Fotiou 2016, 2020; George et al. 2020). How to ensure culturally and ecologically sustainable infrastructures for psychedelic-assisted healing is a pressing concern for future research. The thesis' focus on the integration phase would further benefit from a corresponding study on the *preparation* phase, i.e., the period *before* psychedelic ingestion, with the aim of investigating how the form and content of this phase influence the acute experience and the integration afterwards.

Overall, this thesis views psychedelic integration as a matter of connecting. This connectedness is manifold. It concerns the biographical, emotional, and somatic aspects of the self, relations with others, and nature 'within' and 'without'. Notice though, that this thesis has only investigated such connectedness and psychedelic-assisted healing from a more first-person centred perspective. However, several studies have indicated that the connectedness fostered by psychedelics have positive impacts beyond the individual herself. Studies show that psychedelics seem to enhance prosocial attitudes (Agin-Liebes et al. 2020; Griffiths et al. 2008, 2011), ecological concern and relatedness (Kettner et al. 2019; Lyons & Carhart-Harris 2018), and pro-environmental behaviour (Forstmann & Sagioglou 2017). Understanding such positive relational effects seems worthy of future anthropological research. The matter of integration would most likely be central to such investigation.

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Appendix

Presentation from conference “Psykedelisk Dannelse” on the 23rd of October 2021. Primo April 2022 available to watch at: <https://www.youtube.com/channel/UCLC72Y1bnUn1HiK-EhgjMoQ>



HVORFOR INTEGRATION?

”Psykedelika er ingen magisk pille, men nærmere et værktøj til at afdække hvad du skal arbejde på for at få det bedre. Man kan få serveret en ingrediens liste, men man skal selv udføre retten. (...) Nu forstår jeg, hvad jeg har flygtet fra og hvorfor, men det er stadig svært at håndtere fra dag til dag. At være tilbage i mine vante omgivelser og hverdag gør det sværere, og jeg falder konstant tilbage i gamle, dårlige mønstre. Integration er størstedelen af rejsen, og jeg har stadig lang vej endnu.”

- Mand, 31

UDFORMNING AF UNDERSØGELSE

	7 måneders periodisk antropologisk feltarbejde	
	29 interviews	
	Spørgeskemaundersøgelse med 16 besvarelser	
	Deltagerobservation:	
	<ul style="list-style-type: none">• 4 integrationscirkler• Et weekend retreat med ceremoni• Europæisk community forum med ugentlige integrations sessioner	

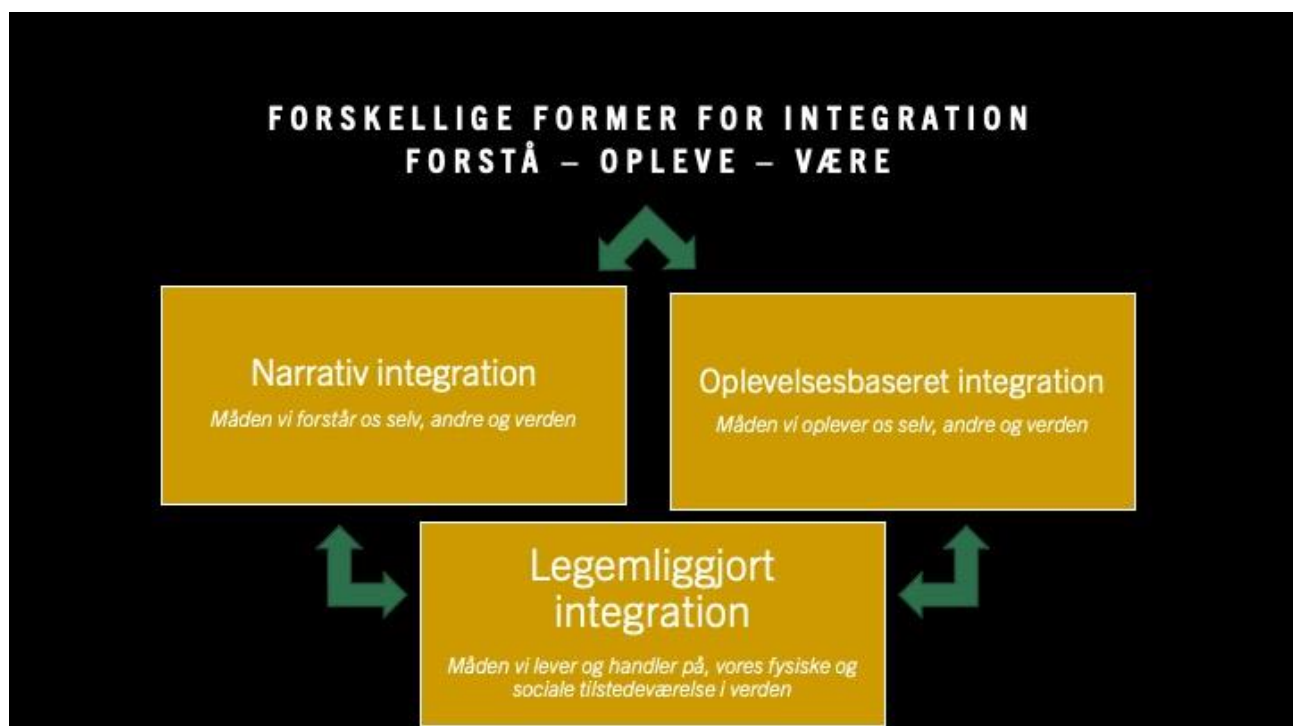


ET HAV AF INTEGRATIONS PRAKSISSE

"Der findes ikke en måde at integrere på. Ethvert trip er forskelligt, så selve integrationen af oplevelsen varierer fra gang til gang" – anonym

Mindfulness, musik, meditation, terapi, mikrodosering, kreativ udfoldelse (musik, kunst), dans, kropsarbejde, vinterbadning, bruge tid i naturen, være sammen med venner, læsning, podcast-lytning, dagbogsskrivning, integrationscirkler, vejtrækningsøvelser, ritualer, m.fl.

→ Så kan vi overhovedet sige noget mere overordnet om, hvordan folk integrerer?



NARRATIV INTEGRATION

"Mine psykedeliske oplevelser har hjulpet mig til at separere min gamle selvfortælling fra mit nuværende jeg" – Mand, 35

"Jeg bruger meget dagbogsskrivning til at integrere. Efter en rejse, nedskriver jeg i detaljer, hvad jeg har oplevet. Nogle gange kommer de terapeutiske indsigter under oplevelsen, men ofte kommer de bagefter, mens jeg skriver. At skrive dagbog minder mig om mine oplevelser, og hjælper mig til at tage dem alvorligt samt at sætte mål. Det hjælper mig også at kunne se tilbage i min dagbog og se, at jeg er kommet langt på min vej mod at hele." – Kvinde, 29



OPLEVELSESBASERET INTEGRATION

"Det er svært for mig at sætte ord på, hvordan jeg integrerer, jeg kan bare mærke det! Det er meget kropsligt for mig. Før havde jeg svært ved at mærke min krop, jeg vidste ærlig talt ikke, hvad det betød. Jeg var et slags hjerne eller hoved menneske, der konstant overtænkte og glemte min krop, min intuition og mine følelser. Nu kan jeg bedre mærke mig frem, mine følelser i situationer. Min integration er, at jeg har lært den her nye måde at leve på og se tingene på, hvor jeg er mindre i for- og fremtid og mere i nuet og med mine følelser"

– Mand, 25

LEGEMLIGGJORT INTEGRATION

- "Du kan nok komme ned og spise en masse svampe og finde en masse svar, men hvis du går tilbage til det samme liv, du efterlod, så finder du også tilbage til det gamle. (...) Da jeg trådte ind ad døren til min lejlighed, begyndte jeg at stortude, fordi jeg havde været væk i min egen lille verden og fundet ud af og mærket følelsen af at have det rigtig godt, og nu skulle jeg pludselig tilbage til det, jeg havde efterladt, som jo var det her, der ikke var rart at være i. Jeg skulle arbejde og ændre på det, og det var hårdt" – Kvinde 27
- "Nogle gange er det meget praktiske indsigter i forhold til hvad jeg kan gøre for andre mennesker omkring mig. Hvordan jeg kan udtrykke min kærlighed, taknemmelighed for dem. Jeg manifesterer de relationelle indsigter i konkrete samtaler og handlinger, hvor jeg kan være mere rolig og på en afklaret måde. Og så deler jeg gerne mine indsigter med folk omkring mig, fordi det skaber en struktur, der holder en oppe på en, inde i mig." – Mand 28

INTEGRATION SOM DELT PRAKSIS

- "At fortælle en historie om at der er sket en ændring, gør at man tager det mere seriøst. Oplevelser bliver mere virkelige af at man deler dem med nogen, så bliver det en mere integreret del af ens selvfortælling." – Mand, 35
- "Du er nødt til at have et form for fundament, hvorfra du kan forstå og integrere de her oplevelser. Hvis du ikke har et spirituelt fundament, så har du brug for et støttende fællesskab der kan give støtte, tryghed og omsorg samt give skabe mening af oplevelsen" – Kvinde, 32
- "At dele med andre og lytte til andres oplevelser, bekræfter for mig at jeg ikke er skør! Og så guider det mig til, hvad jeg kan gøre med mine oplevelser" – Kvinde, 25 (om integrationscirkel)

"Hvis jeg bliver vist et mønstre under en psykedelisk oplevelse, så er det blot det første skridt, der kaster lys over noget, jeg efterfølgende må gribe 1000 gange. Jeg kan godt lide analogien om det som en jungle: Du har gået den samme sti med din manchette igen og igen. Og det er så ligetil en vej, indtil du pludselig opdager, at der er en anden vej. Og så må du i gang med din manchette, men det kommer til at blive forfærdeligt hårdt og meget nemmere at gå den vej, du før har gået, fordi du kender den så godt. Men hvis du bliver ved med at arbejde, så vil din gamle sti langsomt gro til, mens den nye vil åbne sig og blive din nye vante vej." — Mand, 38

AFRUNDING



TAK TIL ALLE MINE INFORMANTER

Og til jer!

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