

# Psilocybin, Science, and Spirituality

An ethnographic study of the psychedelic landscape of Sweden

Elsa Flood



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Supervisor: Ivana Macek



Stockholms  
universitet

## Abstract

This thesis takes a broad and holistic approach to the theme of psilocybin mushrooms, commonly referred to as magic mushrooms, in a Swedish context. These psychoactive mushrooms grow in most parts of the world, including Sweden. There is a long history of utilizing them for spiritual purposes in many indigenous cultures primarily throughout South America. They are being researched as potential medical components in Sweden, as they have recently been in many other Western countries. This has been described as “the psychedelic renaissance”. Through an anthropological lens, this research utilizes qualitative methods, including in-depth interviews with various actors who through diverse paths are involved with psilocybin mushrooms. Medical researchers, psychologists, representatives of psychedelic organizations, regular users, and one shaman have been interviewed. The study assesses the process of medicalization, analyzing the potential integration of psilocybin into mental health practices. Further themes explored are legality, ontology, and spirituality. Self-management as mental health strategy is furthermore delved into, as many participants expressed that they utilized psilocybin, guided by expert discourses, for treatment of their mental health. This thesis contributes to the field of psychedelic studies and explores a substance that is entangled in legal and cultural ambiguities. It attempts to analyze the intersections of sometimes competing discourses on what psilocybin mushrooms are, how and if they should be utilized.

Keywords: Psilocybin mushrooms, medicalization, depression, spirituality, self-management

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# 1. Introduction

Emerging from a long and diverse history of shamanic and indigenous spiritual or ceremonial practices, as well as countercultural ones, psychedelic substances, such as psilocybin mushrooms are increasingly being foregrounded as potential medicinal substances by a wide range of scientific researchers, media institutions, and patient and consumer populations. This trend has emerged in several countries recently, some of which have even introduced psilocybin for usage in the treatment of mental illnesses such as depression and PTSD. One such example is Australia, where patients suffering from treatment-resistant PTSD and treatment-resistant depression, as of July of 2023 can be prescribed psilocybin and go through psilocybin-assisted psychotherapy. In Canada, as of January 2022, Canadians suffering from life-threatening conditions and experiencing end-of-life distress, or having been diagnosed with treatment-resistant depression, can also be prescribed psilocybin with assisted psychotherapy.

In Sweden, the attentive person may have noticed that there seems to be a recent “hype” or trend around psilocybin mushrooms in public discourse. As of this moment, the first clinical study, in Sweden, on the potential healing effects of psilocybin on depression is being conducted at *Karolinska Institutet* in Stockholm. The name of this study is *PSIPET*, short for positron emission tomography (PET), and Psilocybin (PSI). On Karolinska's website, the study is described as randomized, double-blind, and placebo-controlled. Another ongoing study taking place in Sweden is called *CAPSI*, short for cancer and psilocybin. The Swedish Research Council funds the trial taking place in 2024-2025, meaning that it is at the time of writing in its preparatory phase. 100 patients suffering from cancer and end-of-life depression will be recruited and given a single dose of psilocybin.

Regarding organizations, there are numerous that relate to psychedelic drugs more widely in inclusion to psilocybin mushrooms. Some focus on organizing lectures, seminars, or movie screenings centered on psychedelic science, while others work to provide a sense of community through therapeutic meetings, and other kinds of activities for psychedelic enthusiasts. For the psilocybin-curious, there are legal and illegal retreat programs being offered. One can partake in a program legally through a Swedish company that organizes trips to The Netherlands whereby one participates in ceremonies with mushrooms while psychologists and medical personnel are present. Partaking in ceremonies or imbibing the substance within the borders of

Sweden is illegal, but alternatives nevertheless exist, organized, and held by ‘basement shamans’ or just shamans, depending on one’s point of view.

My field has consisted of engaging with as many corners as possible of this growing psilocybin landscape or community of Sweden. It has in a way been a ‘follow the thing’, on a discourse rather than physical level, type of methodology. What I mean by that is that I have let psilocybin lead the way in terms of navigating the borders of my field. Speaking to actors who are researching it, working, and practicing with it, or who are otherwise passionate about it. These actors have varied in their backgrounds, education levels, and entry points to the subject.

Apart from the substance itself, I have been guided by two overriding themes in my inquiries. One has been mental health or illness and how the substance is being researched as a potential medicine against depression, specifically, and how and why people have self-medicated with psilocybin potentially guided by expert discourses claiming that it can potentially help against a variety of mental illnesses or concerns. I chose to focus on depression a little more closely concerning mental health for two reasons. One is that it is the condition that psilocybin is being researched as a potential medicine against, at Karolinska. The other is that depression is a major health issue worldwide, and so also in Sweden, where prescriptions of anti-depressive drugs continue to rise every year.

Since the beginning of the 2000s, the prescription rate of anti-depressants has doubled in Sweden (Merckx, 2019) Psilocybin is being explored as an alternative to the conventional anti-depressant drugs, which in Sweden, are a type of drugs that are called Selective serotonin reuptake inhibitors (SSRIs). I have been inquiring about how people view psilocybin compared to SSRIs, how and why people self-medicate with psilocybin, and what that may say about our society.

The other overriding theme that has guided my conversations with these actors is the theme of legality or illegality. Psilocybin is an illegal substance, which of course highly impacts all actors I have interviewed, in one way or another. I have inquired about how these actors view the illegal status of the substance and what that might say about Swedish society.

## *1.1 What are psychedelic drugs and psilocybin mushrooms?*

I think it is important to explain my and others' vocabulary for purposes of clarification early on in this thesis so that the reader can understand how I use the words psychedelics and psilocybin throughout the essay. While I had set out and planned to focus my research on psilocybin, it soon became evident both in my pre-studies and in my fieldwork and conversations with people, that it is often difficult to 'rigorously' detach the substance, on a discourse level, from the more wide-encompassing term psychedelics. On a chemical and molecular level and as to its effects, psilocybin is of course entirely separate compared to other drugs such as LSD or Ayahuasca, which are also commonly categorized as psychedelics. However, compared to drugs that are commonly classified as belonging to other categorizations, such as opioids or stimulants, psychedelics have certain characteristics in common. I have in this thesis, attempted to focus solely on psilocybin, but in some conversations and in certain literature, the term psychedelic is used instead, but that term consequently encompasses psilocybin, among other substances with similar effects on the mind and the body of the person ingesting it.

I will delve deeper into the question of what psilocybin is in this thesis and provide a variety of suggested answers, however, I think it will be beneficial for the reader to provide a basic introduction to what the substance is here. What do the terms psychedelic and psilocybin respectively mean? The term psychedelic is derived from the Greek words *psyche* 'soul, mind', and *deloun* 'to manifest'. The lexicon Britannica defines psychedelic drugs as; "any of the so-called mind-expanding drugs that are able to induce states of altered perception and thought, frequently with heightened awareness of sensory input but with diminished control over what is being experienced" (Jenkins, 2024)

Psilocybin mushrooms are defined in the same lexicon as; "any of several species of hallucinogenic fungi found across a number of genera, especially *Psilocybe mexicana* and *P. cubensis*." (Baugh, 2024).

Mushrooms that produce psilocybin can be found growing all over the world, on every continent. As of writing, 186 known mushroom species containing psilocybin are known, of

which 76 occur in Mexico alone (Letcher, 2008, s 13). In the Northern hemisphere, the most widely distributed psilocybin mushroom is *Psilocybe Semilanceata*, Liberty Cap in English, and *Toppslätsskivling* in Swedish. *Psilocybe Semilanceata* can be found growing in grasslands and meadows from the southernmost tips to the mountain lands of the north (SLU, 2024).

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## *1.2 Mushroom ontologies*

An underlying additional theme to my two major themes has been the subject of ontology, or worldview in simpler terms. As previously stated, there are numerous indigenous communities with established spiritual or religious practices with the substance psilocybin. These communities have ontological beliefs that we could categorize as fundamentally opposed to those prevailing in Western societies, as demonstrated by Arturo Escobar, among others (Escobar 2020:17). Escobar concludes that many groups of indigenous people prescribe to a cosmovision that recognizes the interconnectivity of all existence and the relational basis of life (Ibid). Cosmovision is a term referring to a particular way of viewing the world or of understanding the universe and the individual or the group's role within it (Oxford English Dictionary 2006).

González-Mariscal & Sosa-Cortés (Gonzalez - Mariscal & Sosa - Cortés, 2022) similarly conclude that the Mazatec, indigenous people native to Oaxaca, Mexico, with an ancient and widely recognized ritual and therapeutic practice with psilocybin, adhere to an ontology where the belief that “people are an integral part of the universe, linked together, and, therefore fulfilling a reciprocal function with everything that surrounds them to maintain balance in life”, is essential. It has been quite widely established that psilocybin appears to affect human consciousness in such a way that the subject experiences “a dissolution of the perceptual and conceptual boundaries between self and the world” (Falcon, 2021: s 155).

Most Western ontologies, by contrast, see the individual as a separate entity to a much higher degree. The emphasis is on actions and emotions that value competition, hierarchy, power, and

procreation (Escobar, 2020, s. 17) Swedes, have often been described as perhaps especially individualistic in their outlook, by casual observers and more careful and social scientific alike, such as anthropologist Peter Stromberg (2010), and ethnologist Åke Daun (1991). Sweden is furthermore often perceived as one of the most secularized of nations in the world, by natives and others, as demonstrated by Hyltén-Cavallius (2018), and Thurfjell (2016). It is beyond the scope of this thesis to delve deep into Swedish individualism or secularism for that matter, but these are nonetheless aspects that I think are interesting and relevant concerning questions such as how psilocybin may affect a person's outlook on life, concerning their spiritual or religious beliefs or their general worldview.

How do people view psilocybin and its effects in a society such as Sweden, with an entirely different ontology?

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### *1.3 Aims and research questions*

The central point of this thesis has been the emergent trend of psilocybin in Sweden and the motivation behind various actors involved with the substance, such as researchers, psychologists, organizations, and enthusiasts. My main themes have been mental health and how psilocybin fits into the legal context of Sweden.

### *1.4 Mental health*

How do these actors view the effects of psilocybin mushrooms?

How are these different than the effects of traditional anti-depressive medications?

What are the underlying reasons behind why individuals ingest psilocybin mushrooms?

How could those reasons possibly be analyzed and interpreted?

## *1.5 Legality*

What is the legal context in Sweden relating to psilocybin mushrooms?

How do the actors involved in psilocybin mushrooms view the legal aspects and the Swedish drug policy?

How do the organizations work towards their goals and what are these goals?

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## *1.6 Methodological discussion*

As was written in the introduction, my fieldwork has consisted of engaging with as many corners as possible of psilocybin. I have essentially “followed the thing”, psilocybin mushroom, on a discourse level. I have conducted semi-structured interviews with medical researchers, psychologists, NGO workers engaged in an organization that is centered on psychedelics, and members of that organization. I have also interviewed a man who is the CEO of a company that organizes trips to The Netherlands whereby participants partake in psilocybin ceremonies accompanied by psychologists. I have also interviewed a shaman who organizes ceremonies with the substance, that are held in Sweden and are thus illegal.

Apart from these interviews, I have participated in lectures, seminars, and activities organized by the actors mentioned above and organizations. These activities have thus been the participant observatory part of my inquiries. I have partaken in these various activities that have taken place both on and offline, on circa ten occasions.

I also visited an exhibition at the Nobel Prize Museum titled *Fungi, Mushroom In Art and Science*. The exhibition was on mushrooms generally, but a large part of it was dedicated to psychedelic ones. I found the exhibition inspiring in many ways and I think it gave me some sensuous type of knowledge. It featured artistic representations in various forms such as poems relating to mushrooms, paintings, fashion design pieces, digital art, and more. It also featured scientific knowledge represented through video clips of researchers in mycology, psychiatry, philosophy, and more. Overall, the exhibition gave me a holistic perspective on *why* mushrooms have fascinated and continue to fascinate humans. It highlighted the fact that mushrooms are neither plants nor animals but live in symbiosis with both. They are everywhere, around us, and even within us, yet they often remain unseen. Scientific discoveries have just in recent decades revealed how the intricate underground networks of fungi interconnect ecosystems and shape our world. Mushrooms' status of being betwixt and between categories challenges our preconceived notions of where an individual or species begins and ends (Nobel Prize Museum, n.d.)

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### *1.7 Positionality*

In terms of my positionality, I believe two relevant questions that the reader may have, involve my stance regarding the subject of psychedelic mushrooms and my position in relation to the people I encountered during my fieldwork. I am immensely aware of the fact that the subject of psychedelic mushrooms is highly controversial, and perhaps particularly so in the cultural context that I am writing from and taking the point of departure in. As I will return to in my discussion on previous research and literature, psychedelic mushrooms are associated with a huge amount of culturally charged meanings and are manufactured as “hyper-symbolic icons”, as suggested by (Langlitz, 2023), in the sense that people tend to project thoughts, emotions, opinions, and associations, whether these may be positive or negative, to these entities. Thus, I found it essential that I strive toward balance and neutrality when relaying my findings in this

essay. Something that was difficult to do sometimes because many of the people I interviewed had a certain perspective, which was of course mostly positive since they were working or were otherwise involved with mushrooms.

I believe that my standpoint regarding the subject of psychedelic mushrooms comes quite close to neutral. I do not have an opinion on whether these should or should not be legal to imbibe and under what circumstances, were they legal. Informed by my research, I believe that psychedelic mushrooms have the potential for contributing to a positive impact on the mental health of some individuals, during the right circumstances, but I also think that they can be dangerous and harmful for other individuals, during other circumstances. I do not think that they are appropriate for everyone or that all of humanity would be helped if more people took them, nor do I believe that they should be grouped with fundamentally more harmful substances such as heroin or cocaine.

My interest and choice of theme for this thesis come from a personal interest and a lived experience of depression and anxiety. I was prescribed traditional anti-depressant medication, the so-called SSRI-type medication for these mental health issues around seven years ago, when I was in my early twenties. This happened after a short and brief meeting with a doctor who gave me a prescription for this medication, and since then I have had barely any follow-up nor have I received any therapy or alternative treatment forms from public health care providers. Since I received the prescription from my health care center, I believe I have gone to one short follow-up meeting with the doctor who prescribed me the medication to discuss the dosage and efficacy. Since then, I have simply renewed my recipe for this medication with a click on a website.

My personal experience is that the mental health care system in Sweden today seems to be increasingly characterized by striving towards cost-effectiveness, perhaps at the expense of substantially helping people who struggle with mental health concerns. For people, like myself, who are not able to afford private therapy, there are few options and the healthcare landscape can seem quite precarious to navigate.

I have many friends, especially young women who share similar lived experiences of being prescribed these medications but receiving none or very limited other support for their mental

health concerns. This lived experience is supported by data that shows that prescriptions for antidepressant medication have increased considerably in recent decades, see e.g. (Rose 2019:14-15)

When I saw that psilocybin was researched for the treatment of depression, that was what initially sparked my interest to explore the theme further. How would psychedelic mushrooms compare to the conventional existing medical treatment for depression that is offered today? And what does that say about our society? These rather than simply the compound itself were questions that inspired me to choose the subject.

My positionality contra the people whom I have encountered during my fieldwork has been varied, as I have interviewed and come across people from many different walks of life. The researchers, psychologists, psychiatrists, and medical practitioners I have encountered are certainly more knowledgeable, and powerful regarding producing knowledge that becomes legitimized on the subject, compared to myself.

I have in certain regards *Studied Up*, as Laura Nader phrases it in an article on anthropological methodology. *Studying Up* raises issues of methodology, ethics, access, and attitudes (Nader 1972:17). Her term and discussion concern the fact that anthropologists traditionally have been studying people who are marginalized and likely belong to lower social strata compared to the anthropologists themselves. I had trouble gaining access to environments and people whom I tried to reach. Of the perhaps 20-30 researchers and medical personnel involved in the two scientific studies described above, whom I emailed and tried to schedule interviews with, two people responded and agreed to speak to me. None of the people who declined to talk to me or did not respond are obligated to do so. I am merely pointing out that this was an aspect that affected how my research turned out.

The people who work in the company, and the organizations responded and gave me more access to them and their thoughts. The people whom I encountered through them being members of the organization responded to my open request in the social media group with a high degree.

## *1.8 Ethical factors*

The most important ethical factor that I have had to keep in mind when writing this thesis, has been to adequately anonymize my participants. Considering, of course, that psychedelic mushrooms are classified as narcotics, and it is illegal to ingest the substance in Sweden. All the participants in this essay are anonymized via synonyms. I have chosen single letters as synonyms, and the letters have no correlation to the participants real names. When referring to people who work in organizations or in the company mentioned, it has been more difficult to anonymize securely, but these participants also publicly provide information about their work with psychedelics online, meaning they have had less concern with being anonymized. I have nevertheless anonymized these actors to the best of my ability. The “regular users”, who are members and frequent consumers of psilocybin have been easier to anonymize.

Another ethical factor of importance, that I have already touched on, has been to strive towards a balanced and neutral perspective when writing, so as neither to “glorify” psilocybin mushrooms nor to dismiss people’s lived experiences of the substance having positively changed their lives and their outlooks on life.

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## **2. Background**

Psychedelic drugs have fascinated anthropologists for likely as long as the discipline itself has existed. Human practices and views of these substances can tell us plenty about social and cultural phenomena.

Many have studied the shamanistic or indigenous practices with the substances and their ‘traditional’ usage in societies around the world with established religious, ceremonial, or

medicinal practices. A lesser but still significant number of anthropologists have attempted to study their role in Western societies. Some have focused on 'countercultural', illegal practices, and the people who seem to view these compounds as interlinked with their identities idealistically or otherwise. Others have focused on the compounds themselves and how they affect the consciousness within the person whom they enter and what these effects mean or how they are interpreted by society. A lesser number of anthropologists have studied the discourse around these compounds or the comparatively new interest and hype centered on psychedelics from the scientific community, such as neurobiological or psychological researchers.

The substances are interesting to inquire about because they seem to touch on many different areas that are profound and revealing concerning aspects such as law, medicine, spirituality, and the ontological foundations that underline our societies. Since these compounds are illegal in most corners of the Western world, commentary on them, anthropological or otherwise tends to come with value judgment, and the substances invoke much meaning, beyond their mere material components. Some may see them as completely harmful and dangerous, leading to the moral decay of society. Others may romanticize them to the point of claiming that they would put an end to all the problems of the world.

In this section of this thesis, I will first present some of the work that I think is representative of the various angles anthropologists have taken when studying psychedelics, specifically psilocybin. I will then move on to present and discuss my theoretical framework in more detail. Why I chose it, and the texts that inspired me to do so.

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## *2.1 Discussion on literature and previous research*

In an article titled *The making of a mushroom people, toward a moral anthropology of psychedelics beyond hype and anti-hype*, Nicholas Langlitz presents a helpful overview of the

historical and present-day anthropological studies on psilocybin mushrooms. Langlitz makes a great observation when he writes that psychedelic drugs are manufactured not only as therapeutic agents but also as hyper-symbolic icons, as I have mentioned earlier in this thesis (Langlitz 2023:11). Meaning that people tend to project a great deal of culturally charged meanings onto them. The super-enthusiast may make utopian claims that they could cure mental disorders, and put an end to racism, war, and sexism. While the super-skeptics may claim that they will degenerate society and morals, or unsophisticatedly group psychedelics together with substantially more harmful drugs.

Since the late 19th century, anthropologists have maintained a persistent fascination with the shamanic and ritualistic applications of psychedelics (Langlitz 2023:10). When it comes to the history of studying psychedelics, renowned Swedish biologist, and physician Carl von Linné is sometimes credited for writing the world's first global taxonomy of consciousness-altering substances. As early as 1762, he published *Inebritania*, the word for inebriants, in Latin (Aretakis 2022:55). He likely also became the first person to define psychoactive substances, as “those stimulants which affect the nervous system in such a way that there is a change not only in its motor but in its sensory functions” (translation taken from (Jay 2012:93). Which, according to Mike Jay, historian of ideas, is essentially still to this day, the definition of consciousness-altering or psychoactive substances used in pharmacology (Ibid).

When we think of psychedelics today, I think it is fair to assume that most people would associate them with the 1960s and perhaps what is commonly referred to as the “Hippie” movement. During the 1960s hopes ran high that “psychedelics would revolutionize psychiatric medicine and better society morally and politically. “If only the egos of world leaders were pharmacologically dissolved” (Langlitz, 2023:10). During this period of history, in the West, medical, psychological, and anthropological researchers were highly interested in studying psychedelics. Some of these researchers notably conducted very controversial experiments with psychedelic substances (mostly with LSD and psilocybin), these were sometimes unregulated and dangerous. One such example is the Harvard Psilocybin Project, led by renowned psychedelic enthusiast and psychologist Timothy F. Leary, who alongside his assistant Richard Alpert intended to study altered states of consciousness, but they soon came under fire for conducting unethical and unscientific experiments (Gilman & Shields 2022).

Their methods were experimental and included infamously e.g. ingesting drugs alongside their subjects, administering drugs to undergraduates, and perhaps most eyebrow-raising of all, “administering psilocybin to soon-to-be-paroled incarcerated individuals to observe the substance’s effects on rates of re-incarceration. At Leary’s behest, one undergraduate student would take the drugs alongside the inmates” (Gilman & Shields 2022)

Leary and Alpert would soon be fired from Harvard, and both would become highly associated with the countercultural movement. Leary’s reputation grew and he soon became a type of leader for the psychedelic hippie movement. He popularized the common countercultural phrase “turn on, tune in, drop out”, and was termed “the most dangerous man in America” by Richard Nixon (Gilman & Shields 2022). Alpert traveled to India and eventually changed his name to Ram Dass, becoming a pioneer and guru in the New Age community (Ibid). During their residency at Harvard, they would, however, pioneer the concept of “set and setting”, the notion that the environment in which psychedelics are consumed influences an individual's experience while being high on the substance (Ibid). This term is still widely used in most contexts where psilocybin is utilized, as I will describe further in my ethnographic chapters.

For anthropology, the decade of the sixties would also produce a similar type of figure in Carlos Castaneda, a Peruvian-born anthropologist who would write multiple books about shamanistic practices with psychedelics in South America. Castaneda claimed to have been the apprentice of a shaman named Don Juan. He became praised for his books which many considered exceptional writings but he would later be accused of fabricating his ethnographic material, as readers would later discover discrepancies in it. Castaneda would inspire spiritual and religious tourism to sacred sights, specifically of the Huichol and Yagui people’s territories in Mexico. The increased number of tourists visiting Mexico prompted authorities to arrest Huichol peyote hunters, leading traditional Huichols to enforce restrictions on outsiders entering their homeland without permits (Fikes 2018). Within the field of anthropology, Castaneda's practices have, similarly to those of Leary and Alpert, for psychology, been highly critiqued for being unethical, as he would also describe his usage of psychedelics such as psilocybin and claim authority on existential questions, fabricate ethnographic material, and overall, not live up to academic standards (Ibid). However, similar to Leary and Alpert, he would inspire generations of psychedelic enthusiasts and various New Age beliefs.

The psychedelic hype wave of the 1960s led to a severe medical and political backlash, which ended psychedelic research and legal use (Langlitz, 2023, s 10).

Langlitz concludes that there is a recent surge of cultural enthusiasm surrounding psychedelics, a claim that I have seen many others make. Anthropologists as well as my participants. (Romero et.al, 2022), (Steinhardt & Noorani, 2020) e.g., have written about the “Psychedelic Renaissance”, which this recent hype-wave is often called. I noticed that it seems as though this spirit of “everything goes”, regarding the study of psychedelics prevalent in the 1960s and the subsequent backlash to it, has left a mark on the current “hype-wave” around these substances. Many of my participants in the medical and psychological fields mentioned what happened during the '60s. They stressed the importance of not repeating the same mistakes, and rather striving toward having a sober and scientific outlook at psilocybin.

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## 2.2 Theoretical framework

Keywords: *Medicalization, neoliberalism, depression, self-management, ontology, governmentality, ethics, drug policies, discourse, biopolitics, consciousness, doxa, biological age, normality*

In this section of my essay, I will present my theoretical framework and the themes that I think are relevant to my research. As an overarching theme, the concept of normality and how it is constructed as opposed to that which is considered abnormal, can function as an anchor for the reader, in understanding my theoretical framework and later my analysis, as I will display. Many of the theories that I use are Foucauldian.

### *Normality and ontology*

The concept of normality is relevant when it comes to understanding drugs and drug users, as drug users are commonly constructed as an out-group in society (Edman in Giertsen & Gunnlaugsson, 2015, s 32). It is also relevant with my themes of mental health, psychiatry, and medicine, as “psychiatry and psychiatric classification systems play a significant role in shaping our understanding of normality itself” (Rose, 2019, s 20). Since psychiatry and its practitioners hold the authority to giving and withholding diagnosis and thus defining what is considered pathological and what is not, and how or even if someone is in need of treatment and how it should be managed within and outside medical institutions (Rose, 2019, s 20).

Normality is of course also relevant when it comes to the concept of ontology and how psilocybin mushrooms and their effects on consciousness are interpreted in different ontologies. As previously stated, there are various indigenous communities, primarily in South America, with long-standing ceremonial practices of psychedelics and psilocybin. In these communities, psychedelics are used as a tool to “blur the ontological boundaries”, making human communication with other species, nature, or spirits possible. Such as Eduardo Kohn demonstrates in *How Dogs Dream*, when he describes how the Runa people must give their

dogs psychedelic drugs, in their case ayahuasca, to make their dogs into shamans, so that they can traverse the ontological boundaries between the two species and converse with the dogs (Kohn, 2007, s 13). In the West, to believe in the existence of spirits is to risk being labeled “mad”, as Andy Letcher expresses it in an interesting article titled *Mad Thoughts on Mushrooms: Discourse and Power in the Study of Psychedelic Consciousness*.

Letcher uses Foucauldian discourse analysis to address the question; “What happens to the consciousness under the influence of a psychedelic drug?”. He describes how he does not attempt to answer the question *per se* but rather wants to expose how the various answers to that question are historically contingent and inseparable from relationships of power and knowledge (Letcher 2008, s 75). Letcher writes;

“My argument is that the culturally dominant discourses about mushrooms (what I term the “pathological,” “psychological,” and “prohibition” discourses) have arisen from what Foucault called “scientific classification.” That is, they have been constructed based on observations of how mushrooms appear symptomatically to affect others. On the other hand, a series of resistive discourses (“recreational,” “psychedelic,” “entheogenic,” and “animistic” discourses) have arisen out of the needs of practitioners, people who actually consume mushrooms, to find more faithful ways of representing their own subjective experiences” (Letcher, 2007:75).

The animistic discourse, in which mushrooms are regarded as evoking the perception of discarnate spirits or intelligence, cannot be taken seriously within mainstream culture, writes Letcher, because it transgresses a fundamental ontological, but discursive, boundary (Letcher, 2007 s 75). To believe in the agency of “mushroom revealed spirits”, within the dominant scientific-materialist-deterministic discourse is to risk being labeled “mad” or ridiculed as delusional (Letcher, 2007, s 77).

Sociologist and social theorist of medicine and psychiatry Nicholas Rose who has written extensively about these subjects, presents similar arguments in much of his literature, where he also often utilizes a Foucauldian theoretical framework. He argues in an article titled *Normality and Pathology in a Biological Age*, that we are living in a materialistic age: simply put,

psychiatry is increasingly material in that the mind or psyche is simply what the body does (Rose 2001:29). Mental pathology is “simply the behavioral consequence of an identifiable, and potentially correctable, error or anomaly in some aspect of the brain - in its neurotransmitters, receptors and the like.” (Rose, 2003:10). The mind or personhood become demystified in this frame of thought since they can be explained with biology, would we examine or scan the brain of a person or closely inspect their DNA. Pathology or anomalies simply become errors in the machinery of the brain that are potentially correctable with an artificial alternative. The schizophrenic or depressed person e.g. can take a drug that neurochemically corrects the error in the makeup of their brain (Rose, 2003:9-10)

*Self-management as a mental health strategy, biopolitics, and health entrepreneurship*

Before beginning my fieldwork, I had an inkling that the concept of self-management as a strategy for managing one’s mental health would become relevant in this thesis for my analytical purposes. My own subjective experience and outlook indicated to me that the healthcare landscape in Sweden is increasingly characterized, by individualism and privatization of healthcare. Meaning that more responsibility is laid in the hands of the individual and their ability to actively manage their own mental health rather than welfare systems or society assisting them.

Many theorists suggest that neoliberalism emphasizes individual responsibility and personal choice while downplaying values like solidarity and community (Taylor-Gooby & Leruth, 2018, s1). In his article titled *Governing at a Social Marketing and the (Bio)Politics of Responsibility*, Paul Crawshaw argues that neoliberal state and market forces have redefined individuals as 'health entrepreneurs.' This shift towards the de-collectivization of welfare, including healthcare, places the burden of health management on individuals, guided by distant experts (Crawshaw, 2012, s 201). Crawshaw writes,

"Foucault identified neo-liberalism as a prime example of governmental reasoning, focusing on individual freedom and self-determination under the influence of distant expert discourses. Neoliberalism, as a political strategy, is uniquely positioned to 'govern at a distance,' administering populations through their self-management within a marketplace of ideas that spans both public and private spheres, influencing even the most privatized activities, including health behaviors" (Crawshaw 2012: 202).

Bianca Brinjath and Josefine Antoniadis discuss this development in their article *I'm Running My Depression: Self-Management of Depression in Neoliberal Australia*. They argue that the healthcare system in Australia is fragmented and complex, characterized by overlapping responsibilities among service networks and providers, and insufficient coordination among these actors (Brinjath and Antoniadis, 2016, s 2). This environment, combined with an ethos of self-autonomy, self-regulation, and the tendency to blame individuals for their depression, has led to patients increasingly feeling as though they should manage their depression alone. This may involve using medication, engaging in self-transforming practices, exercising, or meditating (Brinjath and Antoniadis, 2016, s2).

Alan Petersen, in a chapter from the ontology titled *Foucault, Health, and Medicine*, similarly discusses the privatization of risk management under neo-liberalism and its profound impact on the relationships individuals have with themselves, others, and experts (Petersen, 1997:199). He argues that individuals are increasingly called upon to be accountable to themselves, constantly demonstrating their ability to care for both themselves and others. This accountability can be publicly displayed through participation in self-help groups or activities aimed at developing self-esteem (Petersen & Bunton, 1997, s. 199). In essence, individuals are now more responsible for managing health-related risks, a shift that significantly affects how they relate to themselves, others, and experts.

#### *The Swedish drug policy, the drug free society*

When it comes to analyzing the Swedish drug policy from a social scientific point of view, I found articles and chapters by criminologists Henrik Tham and Johan Edman particularly helpful. They both have made similar analyses and described how the Swedish drug policy has nationalistic undertones.

Tham discerns certain common and recurring themes in the discourse on drugs in Sweden in an article titled *Drug Control as a National Project*. He identifies five different themes that are also highly interlinked with each other, in the debate. They are as follows; 'the dangerousness theme', ergo how dangerous drugs are, and how extensive the problem with them is. The other themes that he identifies are 'morality', 'the people', 'consensus', and 'Sweden and abroad' (Tham 1995:116)

Drugs and drug abusers' lifestyles are depicted as the antithesis of traditional moral values. Drugs have been depicted as part of a generally hippie and decadent culture, writes Tham (1995:117). The policy of the 'drug-free society', which became the catchword of the official narcotics policy in the 1980s (but is still upheld to this day), is an expression of absolute moral philosophy, argues (Tham 1995:117), a categorical imperative if you will. All sides of the political spectrum have used the concept of the 'drug-free society', according to Tham, who continues by stating that "A crucial aspect of this moral standpoint is the necessity of defining "liberalism" in a ferociously derogatory manner. Liberalism is seen as the equivalent of relativism and skepticism towards traditional morality" (Tham 1995:117). The concept of the 'drug-free society', furthermore has formulated possible positions in the debate on drugs as binary. Tham writes;

"It is either/or. You are against drugs, or you are for drugs if you do not embrace the official motto...Those in the debate who have tried to articulate the difference have been accused of being 'soft on drugs'. The zero-tolerance foundation of Swedish drug policy has become an obstacle to possible rational solutions to a social problem" (Tham 1995:144)

Regarding the theme of 'Sweden and abroad', Tham claims that drugs have been framed as a threat to Swedishness, in more ways than one. There are the notions that drugs come from abroad and are alien to Sweden, and so also are the liberal arguments in the drug debate. Drugs are furthermore a threat to the welfare state (Tham, 1995:119). Tham finishes the article with a similar statement to that of Langlitz, by claiming that drugs have become hyper-symbolic.

I have also read some chapters in another criminological anthology that discuss the drug policies in different Nordic countries, and some of the chapters discuss Sweden's drug policy in detail. One of the most interesting chapters in the book, I found to be one titled *The Swedish drug problem and the political use of Common Ground*. The chapter is written by Johan Edman, a criminologist who worked as the deputy Director at the Centre for Social research on Alcohol

and Drugs (soRAD), at Stockholm University. Edman also writes about the idea of “Sweden – a drug-free society”, and he describes, similarly to Tham how the conversation around the problem has been closed. All political parties across the spectrum agreed that the goal should be a drug-free society and that drugs are an absolute evil, according to Edman (Edman in Giertsen & Gunnlaugsson 2015:28). He uses Bourdieu’s concept of doxa, to describe how the drug problem is portrayed in one way and one way only and can only be questioned with the utmost difficulty (Edman in Giertsen and Gunnlaugsson 2015: 29). Bourdieu meant by doxa something that is a set of unquestioned beliefs. Doxa operates at a subconscious level, it is deeply embedded in our thinking and is rarely challenged or questioned (Philonotes 2023). It is a set of attitudes, dispositions, and behaviors that are acquired in us through socialization. It affects our understanding of reality and tends to become naturalized, something that is a set of accepted cognitive and evaluative presuppositions (Morillas & Romani, 2022, s 515).

Edman furthermore argues that drug users, in the terminology of Zygmunt Bauman, have become an out-group in society (Edman in Giertsen & Gunnlaugsson, 2015: 32). He argues that the discourse around the drug problem has nationalistic undertones, where drugs and people who use them are framed as frightening, strange and un-Swedish (Edman in Giertsen & Gunnlaugsson 2015:37).

“The universalist welfare idea could be threatened by drug use and drug users... measures against drug abuse, therefore, adopted almost patriotic forms” (Edman in Giertsen & Gunnlaugsson 2015:7). Edman cites sociologist Ted Goldberg who argues that drugs have been linked to euphoria and irresponsibility, which is a threat to the strong position of industrious work ethics in Sweden (Edman in Giertsen & Gunnlaugsson, 2015: 37).

Concluding this section, I think that Tham and Edman’s analyses are well-founded, and similar ideas echo in the other sources and themes I have included in this text. That is protecting normalcy and responsibility.

### *Psilocybin mushroom's effect on consciousness*

I found an article that I found inspiring relating to psychedelics' effect on human consciousness titled *Situating Psychedelics and the War on Drugs Within the Decolonization of Consciousness*. The author of the article, Joshua Falcon, argues that (summarized in brief words); 1. Psychedelic experiences can lead to increased empathy, and well-being as well as “a dissolution of the perceptual and conceptual boundaries between self and the world”, ergo feelings of connection to the surrounding world (Falcon, 2021, s 155). 2. The War on Drugs, essentially stems from a hegemonic and colonial knowledge system that denies subjects alternative ways of knowing and relating to the world and rests on a Western assumption that separates mind from matter and reduces animals and nature to automata, ergo the Cartesian duality (Falcon 2021: 159-160). Indigenous communities' practices with psilocybin and their proven therapeutical benefits are ignored (Falcon, 2021: 157).

### *Therapeutic effects of hallucinogens*

Mikael Winkelmann in an article writes that the initial use of hallucinogens within medicine was guided by an approach that viewed these substances as mimicking or creating psychosis. This view was similar to an earlier ethnocentric approach, the one that Letcher also discusses, wherein cultures with spiritual beliefs and traditions of practices with hallucinogenics were framed as abnormal, psychotic, or neurotic (Winkelmann, 1991:15). But research proved this model of putting an equal sign between psychosis and hallucinogenic experiences to be incorrect. There was evidence that hallucinogenics could produce psychotic-like reactions, but also that psychedelic experiences could produce mental states that were qualitatively very different from psychosis. Winkelmann further writes that hallucinogens can “desymbolize” the world:

“The clinical data illustrates that the hallucinogens produce a depatterning influence which breaks up the habitual experiences of the world, tending to increase the individual's suggestibility and susceptibility to reprogramming. The hallucinogens reduce egocentric fixation, altering the relationship between the conscious and unconscious, possibly leading to a dissolution of the self” (Winkelmann, 1991:18).

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### 3. Science and Magic

*We shall by morning  
Inherit the earth.  
Our foot's in the door.*

Sylvia Plath 'Mushrooms' 1959

In this chapter, I will first present my ethnographic material pertaining to my interviews with psy- science researchers and my observations from participating in lectures and seminars with informants in this community. I use psy-science as an abbreviation for psychologists, psychiatrists, and psychoanalysts. I will then present another side of my field: people who are involved professionally with mushrooms but have a scholarly background in the psy-sciences and work with providing retreats or organizing events and spreading information in the 'psychedelic science' community. To analyze my material, I will utilize a theoretical framework inspired by Foucauldian scholars. I will return to this later in this chapter.

#### 3.1 Mind and Molecules

Psilocybin, its chemical derivatives, and the mushrooms within which they are found are categorized as psychoactive (activating the psyche), psychedelic (mind-manifesting), or hallucinogenic (producing hallucinations) (Letcher, 2007: 17). The psychophysical impacts of

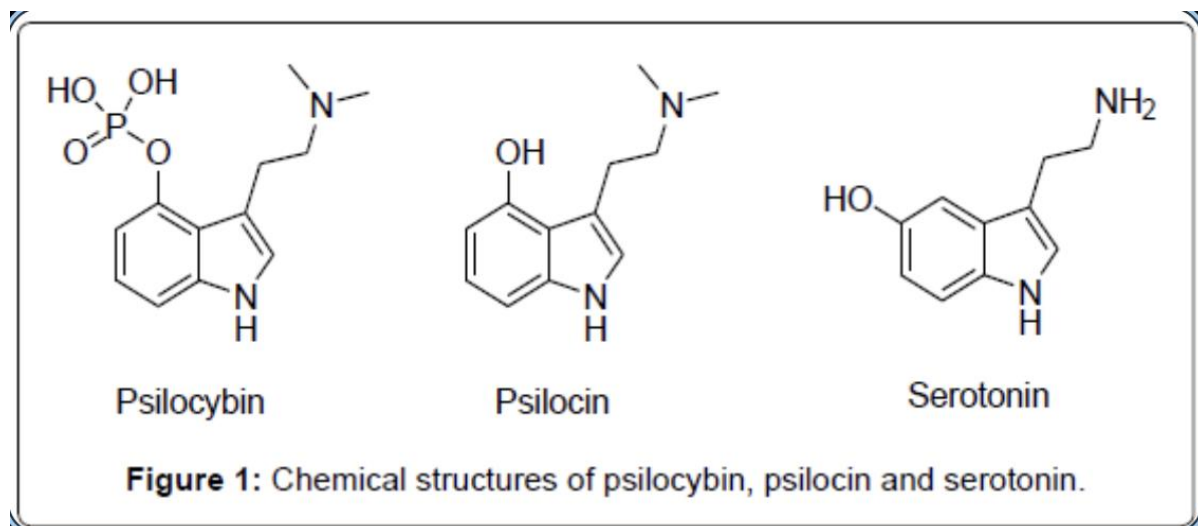
consumption typically manifest within a timeframe ranging from 15 minutes to an hour, depending on how empty the stomach is. The effects last between four and five hours (Ibid).

No one knows exactly why these mushroom species produce the psychoactive alkaloids psilocin, psilocybin, and baeocystin, though a range of theories and hypotheses have been suggested. Ranging from pragmatic scientific suggestions such as the natural process being a defense mechanism against fungi predatory insects (Reynolds et. al, 2018, s 94). When insects and mammals predate the mushroom, they produce altered and unnatural behavior, and this altered mental state, some have suggested, becomes a deterrent to predation (Potter, 2024, s 1). More idealistic or spiritual suggestions to the question of why some mushrooms produce psilocybin may be that the mushrooms are entities with an agency, and gifts from God, such as the Mazatec Indigenous people believe (González Romero, 2022: 1).

What we do know empirically, is that when mushrooms are eaten, most of the psilocybin is converted (dephosphorylated) into psilocin, a more potent chemical, by the action of the stomach enzymes (Letcher, 2007, s 17). From there, both enter the blood and are rapidly distributed through the body and the brain. Psilocybin and psilocin belong to a class of chemicals called tryptamines, which are structurally similar to the neurotransmitter serotonin (Ibid). Serotonin has a wide variety of functions in the human body and is vital in contributing to happiness and well-being, for this reason, it is sometimes nicknamed the “happiness hormone” (McIntosh 2024). Alterations in the normal supply and uptake of serotonin are implicated in a range of psychological and physiological disorders, such as depression, anxiety, attention deficit hyperactivity disorder (ADHD), and migraine, to name a few examples (Letcher 2007: 17; Brazier 2016)

The most prescribed antidepressants, selective serotonin reuptake inhibitors (SSRIs), simply put, work to increase the rate of serotonin in the brain. The close similarity in the chemical structures of psilocybin and psilocin to serotonin means that they latch onto the brain’s so-called 5-HT<sub>2A</sub> serotonin receptor sites (Letcher, 2007:17). Letcher eloquently describes this process.

“It is as if a new, alien but curiously compatible piece of software is thrown into the brain’s computer, disrupting its normal operations in novel and unexpected ways” (Letcher, 2007:18)



The resemblance between psilocybin's chemical structure and serotonin has sparked significant interest in understanding how this alkaloid operates within the human brain. Given its similarity to our natural happiness hormone, could it potentially serve as a medicinal agent to treat depression?

This question inspired the PSIPET study conducted at the Department of Clinical Neuroscience at the Karolinska Institute located in Stockholm. I interviewed the person in charge, the coordinating doctor, of the study as well as a psychologist who was involved with the therapeutic part of it.

We can call the person in charge P. I met him on a cloudy day in February, online. I was thankful that we managed to meet since he has a busy schedule balancing his work at a hospital with the central role of coordinating the study. He came across as well-articulated, quick-thinking, and friendly. I initially mentioned that I had a cold and then proceeded with removing my cat from the keyboard, habitually commenting on the act. We then briefly small-talked and began our conversation.

P is a psychiatrist who explains that he first became interested in psilocybin and its effects on depression, after being involved with a similar study on ketamine, which took place at the same department and hospital. Ketamine is an anesthetic and psychedelic drug. His entryway to researching psilocybin was through his interests in neurobiological as well as psychological

research. He emphasizes early on that his interests did not come from any ‘psychedelic inspiration’, but from his research interests, he recurs to this point later in our conversation. The PSIPET is unique according to P, in that it combines these two areas of research, neurobiology and psychology, mapping how psilocybin functions in our bodies from both angles.

Depression is one of the most widespread diseases nationwide and entails a huge amount of suffering for the person affected by it, and a risk of suicide. Psilocybin seems to display positive effects faster and more effectively compared to SSRI medications, which is of interest, P explains when I inquire about his views on psilocybin contra conventional antidepressants. In the study, synthetic psilocybin was utilized, which was necessary for a clinical study of this kind, since mushrooms, as an organic entity, contain varying degrees of the compound, which would make it difficult to conduct a controlled clinical study on them. Psilocybin can furthermore be administered one or two times with effects lasting months or even years, while SSRI medications need to be taken continually, for at least six months, to see any effects of the drug. This decreases the risk of adverse effects of the treatment. Both substances affect the same transmitter system and attach to the same signal system in our brains, explains P. The study included looking at synapses in the brain, connections between nerves, and biomarkers in blood and spinal fluid, to potentially map how psilocybin functions when it enters the brain.

35 participants, between the age range from 19 to 65 years, who suffered from severe depression were selected. Participants were selected with the MADRS-S questionnaire and the requirements were furthermore that they did not live with any psychotic or bipolar disorders, suicidal tendencies, or substance addictions, and that they were physically healthy. MADRS-S stands for Montgomery-Asberg Depression Rating Scale, it assesses psychological symptoms of depression. Participants were recruited via KI’s website and on social media. The participants partook in psychotherapy sessions, had pervading contact with doctors, and during one day they ingested either psilocybin or a placebo substance. The therapy sessions were distributed before and after the psychedelic experience. These psychotherapy sessions centered on psychedelic integration before and after the ingestion of the substance. Integration, in this context, refers to the incorporation of insights, emotions, or attitudes of the psychedelic experience into one’s life afterward. I will return to the subject later in this chapter.

The study is a so-called phase II study, meaning that the selection of participants was small in number. They are right now recruiting for a phase III study, which will include a much larger patient material, P explains. The potential legalization of psilocybin-assisted therapy lies far ahead in the future as it would involve a long and complicated process of many stages.

P emphasizes that he regards it as essential that the substance is distributed in controlled forms, because there are risks with it, and it puts people in a vulnerable state of mind. It can induce unpleasant experiences for people who are particularly vulnerable to its effects, or not adequately prepared for how it will affect them. People who suffer from psychotic or bipolar disorders, severe anxiety, or suicidal tendencies, should abstain entirely from psilocybin, states P.

When I ask about how the study has been received, P states that reactions have been overwhelmingly positive, both within and outside the medical community. He almost has to down-tone the excellence of the substance, as there are so many people who are convinced of how great and effective it is. It is important that he and his colleagues remain neutral and not speak on issues that they do not know for certain.

P states that many who participated in the study possibly already have an interest in psilocybin and that they might not be representative of severely depressed people, as a group. It might lay in line with their worldview, that the substance will substantially help or cure their mental illness.

P describing how the study has overwhelmingly received positive reactions from the public did not surprise me, as I had noticed that the study had received large attention from the media. It has been featured in Swedish public service television and radio, in an exhibition about magic mushrooms at the Nobel Prize Museum, and in numerous newspapers.

The mass of attention that the study has received, made me reflect on the underlying causes for it. I find the study fascinating, as many others evidently also do. But I think that the sheer amount of attention that it has received may say something interesting about the time we're living in and the domineering discourses, if you will, regarding psilocybin, depression, and mental health. Below I will elaborate on what I mean by that.

### 3.2 *The Neurobiological Age*

Social theorist of medicine and psychiatry, Nikolas Rose, argues in many of his publications, including a book titled *Our Psychiatric Future* and an article titled *Normality and Pathology in a Biological Age*, that we are living in an age of “the brain first”, or neurobiological processes first (Rose 2018: 83 & 2001: 29).

We can use the simple question “What is mental illness, or distress?”, to clarify the arguments put forth in his analyses. Mental illnesses such as depression and anxiety disorders are on the rise, in “developed and developing countries, depression in the middle years of life was the single most burdensome illness, accounting for at least twice the burden imposed by any other disease”, according to a study (Rose 2018: 62). The reader will likely recognize the phrase “mental health epidemic”, or “mental health awareness”. Phrases that have become popularized signifying that there has been a substantial increase in mental illnesses and distress, across most corners of our world, and that this is something that needs our attention. Two claims that I think most of us would agree with. Rose’s argument, is however, that *how* we understand mental illnesses, of which depression is the most widespread, and how it should be treated, is political and as a matter of fact, the very discipline of psychiatry itself is political in its claims on the *True* answer to these questions (Ibid)

Depression, as I explained above, is constituted biologically by low levels of serotonin, the happiness hormone. However, the question of why particular individuals have low levels of serotonin remains unexplained. Localizing depression and unhappiness within the chemobiological makeup of the brain of the individual solely has enormous benefits for capitalism, the critics would argue (Rose 2018: 62). The reason is evident that if mental illness is understood as “simply the behavioral consequence of an identifiable, and potentially correctable, error or anomaly in some aspect of the brain - in its neurotransmitters, receptors and the like.” (Rose, 2001:29), this provides an enormously lucrative market in which multinational pharmaceutical companies can sell their pharmaceuticals as the “cure” to the anomalies in our brains (Fischer 2009 in Rose 2018: 86).

The point of the critics is that there is a real and serious contemporary epidemic of mental ill health, but that our understanding of it, is framed in such a way that it misses the point because it locates the ailments within the individual and not in society (Rose 2018: 97). There are more or less radical versions to these arguments, as Rose points out. But the core of them is that under neoliberalism, the welfare state's responsibility to provide social protection has been eroded. Furthermore, the oversight of these obligations has been transferred to private companies or non-profit organizations. Social security and benefits have come under scrutiny for potentially promoting dependency on welfare and are now subject to a convoluted bureaucracy of assessments and tests intended to encourage an ethic of work (Rose 2018: 98). Normality has been reconceptualized as an aspiration for individual success achieved through personal striving (Ibid).

“On the one hand, individuals seek mental health support in the form of pharmaceuticals or therapy to enhance their capacities to improve themselves or cope with seemingly personal inadequacies that inhibit their self-improvement. On the other, those forms of life and those beliefs that depart from these market logics of and for personhood are pathologized, individualized, responsabilized, medicalized, and treated with psychiatric drugs.” (Rose 2018:99).

These critiques of Western psychiatry are not new to social theoretical thought. Catrine Lutz wrote already in 1985, that depression, in the Western understanding of the condition, is viewed as an intrapsychic affective disorder. Intrapsychic relates to things that are occurring within the individual psyche. Emotions, according to Lutz, tend to be associated with physicality and as something disruptive to rationality and intelligence. They are seen as something that requires “control” (Lutz 1985:79). She exemplifies this as being visible in ordinary discourse. We might advise each other to “get a grip on” ourselves or say that someone is “overcome” by emotion (Ibid).

In the West, more than in any other society in the world, depression is associated with overwhelming guilt and feelings of sinfulness, according to (Kleinman & Good 1985:4). To summarize, the argument here is that social and political factors beyond the control of the

individual, such as a society with increased levels of stress and loneliness, likely contribute to increased levels of mental ill health. The negative impact of poverty, injustice, precarious employment, marginalization, and discrimination on health, including mental health, cannot be overstated. These stresses are further intensified by the prevailing celebration of autonomy in contemporary society, as pointed out by (Rose 2018: 118).

The "brain view" or neurobiological view, as Rose calls it, has led to a funding system and professional status that prioritizes research in this area, at the expense of exploring the complex and multifaceted sociopolitical factors that affect our bodies and minds. This is not to suggest that mental health should be treated differently from physical health conditions such as diabetes, hypertension, coronary disease, or cancer. Rather, it's important to recognize that the causes and treatments of mental conditions are multifaceted and cannot be solely attributed to bodily tissues (Rose 2018:113).

Concerning the attention that the PSIPET study has received from the media, Rose's discussion seems relevant. It helps us understand how our society views a condition such as depression. In our interview, P expressed his thoughts about how we are living in an age of "quick fixes". People believe that they can achieve high levels of psychological insights through psilocybin just by consuming the substance once or twice, with results that would take years of psychotherapy to achieve. This makes him suspicious, he explains. He believes it is perhaps signifying of our times. If there is something that we can take during the day, a magical cure to our suffering if you will, then that is highly appealing to people.

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### *3.3 Psilocybin Entrepreneurship*

The question of how psilocybin compares to traditional anti-depressive medication, that is so-called SSRI type medication, described briefly above, was one that I inquired about in most of

my interviews, if not all, as I find the topic highly interesting. One of the people whom I asked the question was a man that we can call M. I met with M on a cold and crispy winters day via Zoom. I was in a cabin on a skiing holiday, in the North of Sweden, with my family, as it was during the Christmas and New Year's vacation period. He was also spending the holiday with his family. M is a psychologist who was involved in designing, preparing, dosing and conducting the therapeutical part of the PSIPET study. He is a man in his forties who has two degrees, one in psychology and one in medicine. He explains how he has a long-spanning interest in the science of psychedelics, which is evident to me as he comes across as engaged and driven by his convictions.

He has worked for many years within palliative care as a medical doctor, and it is primarily this experience that has shaped his ideological motivations. He hopes that it will be possible in the future to offer, or at least, recommend psilocybin-assisted treatment to patients who are terminally ill or at the end of their life. He says that it could be a way of coping with that experience, also for the relatives of the patient.

I found out about M, through the website of the company whom he is the CEO of. A company that would be brought up many times in my conversations with other participants. The company offers retreats to Holland, whereby people partake in ceremonies centered on the intake of psilocybin.

When I ask M about how he views psilocybin contra SSRI, his answer is long and intriguing. He compares treatment with SSRI-type medication to constantly putting out fires, without reaching the root causes of why the fires start in the first place. By and large, all types of medical treatment for depression are essentially just symptom relief. Treatment with psilocybin is more like psychological treatment, among which some aim to reach the root cause or reasons behind the suffering and solve those issues, M explains. The hope with psilocybin-assisted treatment is that it could do something with the underlying problem causing the suffering. It has the potential, during the right premises and for the right patients, to cure lifelong states of depression. Which is something that has not existed in psychiatry before, according to M.

M, like P, also mention that a major difference between the substances is that psilocybin can help a person just by one or two treatments, compared to SSRI medication, which needs to be

taken continuously. *When* psilocybin-assisted treatment is introduced, it will be revolutionizing, but there's still a lot of work to get to that point, he says.

When I inquire about what he deems as potential risks with psilocybin, he starts telling me about how they screen people before the trips to Holland, at his company. I will return shortly to how these trips are organized and later introduce some other people's views on them, including a woman who has participated.

M says that there is a risk for people who are particularly psychologically vulnerable to imbibe psilocybin because it causes a destabilization of what in psychology is called ego-functions. The destabilization can be risky for people who either are born with fragilities to these types of experiences, people who have severely traumatic backgrounds, people with bipolar disorder, or people who have close relatives with severe psychotic disorders and are in an age where these kinds of conditions typically manifest. He says that it is a myth that psychedelic substances can cause psychotic states, but there is an absolute reason to be particularly careful with individuals who have these vulnerabilities, perhaps in the way of establishing a comprehensive framework, for those types of applications.

Furthermore, it is the case, says M, that these types of experiences can be challenging, particularly emotionally, so for people who lack the tools to deal with that, it can become overwhelming.

Regarding the legal status of psilocybin, J states that he sees a difference between scientific or medical usage contra recreational. It would be beneficial to the operations of his company if more acceptable and allowed in society, but simultaneously, the substance is powerful, and potential legalization needs to be controlled and happen rationally. Like P, M states that first and foremost the substance needs to be sufficiently researched and understood before a potential reconsideration of the law. He believes that in the long run, there will be a liberalization of drug politics in Sweden, as is already occurring in other European countries and the West. But psilocybin is just a "small fringe thing", something that is interesting to percentual very few people compared to cannabis. Which is becoming increasingly decriminalized in many European countries. Psilocybin has received a large amount of attention in mainstream media, however. As the scientific understanding of the substance

increases that will likely affect public opinion, but this is still something that lies far away ahead in the future for Sweden, he explains.

When I ask him about the goals of his company, in terms of what they want to offer and what they work for, M answers that they have two primary objectives. One of those is to offer a possibility for people who are interested in these types of experiences, psychedelic experiences that is, the possibility to do so safely and legally. The other primary goal of his company is more of a long-term one. To create a platform for the future, where “relevant people” can gain experience in these types of treatments. That is primarily healthcare staff such as doctors, psychologists, or psychotherapists, who want to work with psychedelic-assisted treatments, can gain experience at the company.

M's company offers three types of retreat programs held in scenic and secluded locations across the Netherlands. Their website claims that these programs are ideally designed for this type of work. They offer two options: ordinary and premium programs, which are available to the public. The third program is an educational program for healthcare workers.

At the programs open for the public, participants must first undergo a screening process, attend a preparatory workshop, and then attend a 4-day retreat in the Netherlands with a group of no more than 12 people. After the retreat, there is an integration workshop and a concluding meeting. During the program, participants have individual sessions with attending psychologists, attend group ceremonies with psilocybin, and participate in group activities and conversations. The entire program lasts around 1 month and 10 days and costs 36 250 SEK (VAT included), which is approximately 3118 EUR.

On the website of M's company, it is stated that; The program is designed for those who are interested in exploring psychological and spiritual processes using the psychedelic substance psilocybin, in a legal and safe environment. The program involves participation in a group process that aims to assist participants in their personal and relational development. The program is not intended to treat mental illness, but rather to assist individuals who perceive themselves as healthy.

I asked him if he could explain why they seem to stress that the program is about personal development rather than psychological care. His answer to the question is that licensed

healthcare workers are obliged to first and foremost recommend evidence-based treatments for people with psychiatric issues. The psychiatric field of psilocybin-assisted treatment is not quite there yet to have the etiquette of evidence-based treatment.

“There is no possibility for the workers at the company to offer healthcare in that sense for specific psychiatric issues. That would impose a lot of other demands on our operations that we realistically cannot accomplish now. The healthcare issue will probably be relevant for the future, and then it will be in highly specialized clinics in various ways. And especially, it’s not like geographically a necessity that it needs to be in Holland where this is legal”.

I interpret the comments made by M, elaborated on above, on why they use the term personal development rather than therapy or care assisted with psilocybin, as it being a question of legality. He sees and believes in a future where psilocybin-assisted treatment could be available in Sweden, for psychiatric conditions in regular healthcare institutions. However, working with the current law, this is not an available option as it is not legal, and healthcare workers can only work preparatorily for a future in which they believe psilocybin therapy will be legal.

For the time being, people who are interested in legally exploring psilocybin and its proposed benefits for mental health, have the option to go abroad, otherwise the activity is illegal.

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In the next section of this chapter, I will present some more of my ethnographic material pertaining to psychologists who are engaged with psilocybin through their research or work. I have interviewed a psychologist in his mid-twenties who works for an organization promoting psychedelic science. They organize lectures, film views, and meetings, for working clinicians and researchers in medicine, psychology, and neuroscience, as well as for students and interested members of the public. This person, whom we can call A, wrote his master’s thesis in psychology about the experiences of retreat participants at M’s company. He has also

participated in some international courses for psychologists who want to learn about psychedelic therapy.

I met A at a busy café on a rainy autumn afternoon in central Stockholm. Many people had taken shelter from the pouring rain inside the café, so we had to look around for a place to sit. After ordering some tea and soda we sat down outside on the glass veranda. It became apparent soon in our conversation that A is highly interested and engaged in the topic of psilocybin and psychedelics, and of course specifically in the psychological benefits of these substances. His interest grew first from personal experiences, he describes how he had some wonderful escapades with psilocybin by the age of 17. These would inspire him to get involved in the organization later when he began studying to become a psychologist. He describes that he was highly enthusiastic about psychedelic research initially, and he still is but he has acquired more of a nuanced view over time by reading hundreds of articles on the subject and conducting research on his own. Now he views it as something he does, something that is part of his life but he is not “totally sold on it”. He sees many of the issues with psychedelic research as well.

When I ask him the same question that I asked P and M, the one of how he views psilocybin in comparison to conventional antidepressant medication, his answer is similar to theirs in certain aspects but he offers some further perspectives and information.

He states similarly to them, that it appears as if psilocybin has the potential to act in a more transformative and profound way on the psychology of the person. It has chemical and mood-enhancing effects as it latches on to the brain receptor and boosts serotonin production, affecting the brain tissue in such a way that the person feels chemically uplifted. Such as SSRI medication, but the long-lasting effects that we can see stem from the consciousness or mind-altering effects of the substance. A says that one gains access to different emotional insights. Insights that one wouldn't have been able to achieve otherwise or that one would have needed a lot of therapy for otherwise. Below is an excerpt from our conversation.

A: I see it as a component of psychotherapy rather than just a medication. I have nothing against SSRIs ideologically, I know many people do. And I also have a reasonable skepticism of them, because it is not everyone who is helped by taking them, and there are side effects to them that are overlooked. I think the efficacy is sometimes exaggerated. But I work in psychiatry and I would be lying if I said that it's not the case that people are experiencing that they are being

helped. But I think that it's also... there are huge incentives for pharmaceutical companies to prescribe SSRIs instead of psilocybin, for example. Psilocybin... the patent has expired. So pharmaceutical companies can't make as much money on psilocybin as a substance. It will still be an expensive treatment because it requires a lot of work hours for therapists and such. So it won't be a cheaper alternative to SSRIs, it will be more expensive. But still, the money will go to, it will go to salaries rather than royalties for the pharmaceutical companies. There are few incentives for pharmaceutical companies to study psilocybin overall. It was almost a hundred years ago since the chemical was synthesized, and the patent expired a long time ago. So, people are trying to find ways to come up with new patents, but I doubt that it will be possible. So the research that has been conducted, has been done on a philanthropic basis, or with investment from governments, rather than from pharmaceutical companies.

Elsa: That is interesting.

A: Yes, what was the question? What the difference is?

Elsa: It was about the advantages and disadvantages. If you could compare the substances. What are the differences?

A: Right, yes another thing is that I think that very many would not want to undergo psilocybin treatment. Precisely because it is so psychologically transformative. Especially for people who are in more sensitive stages of their lives. SSRIs are probably, it's probably a lower threshold to start taking them. And, yes, it's cheaper. And psilocybin also has side effects. Maybe, I don't know, it's difficult to say which of the side effects are worse really.

Elsa: That is also a question of mine so feel free to elaborate on that.

A: Yes, but okay, that's good. No, but it's difficult to compare SSRIs and psilocybin in general. But I don't think that, because they are so different, one can say that one is better than the other. But I would say that psilocybin has advantages. And those advantages make me more personally interested because I'm more interested in psychology than pharmacology. That was a good question.

### 3.4 Legal Hurdles

I found A's responses interesting, especially those on the incentives to study psilocybin's potential psychological benefits and on the aspect of whether there is a patent or whether it will be possible for companies to claim a patent on synthesized psilocybin. As it seems, A's answer to me, that there is no current patent on psilocybin, but that corporate actors are trying to patent synthetic psilocybin, is correct. As of writing this essay, the information I can acquire is somewhat of a hurdle to understand as an outsider to patent law. In simple terms, there appears to be an ongoing race in the pharmaceutical space to patent psilocybin (Seidman 2023:1021). Lawyer Jennifer Seidman has written an article that I found helpful. In understanding the current state of psilocybin patents, in the journal *Cornell Law Review*, with the title *Tripping On Patent Hurdles: Exploring The Legal And Policy Implications Of Psilocybin Patents*. According to Seidman, there are three specific exceptions for non-patentable subject matter: laws of nature, natural phenomena, and abstract ideas. Natural phenomena include products of nature, such as naturally occurring DNA segments (Seidman 2023: 1023). Seidman writes from a US point of view, but natural phenomena are non-patentable also in the EU, per the so-called Biotechnology Directive, established in 1998 by the EU (PRV). This law impels companies to demonstrate that "their product" is not a product of nature, for it to be patentable subject matter (Seidman, 2023:1026). In the case of synthetic psilocybin, there is specifically one company that has achieved some success in its efforts to try to patent a specific crystalline form of psilocybin, which it claims to have invented, called Polymorph A. The name of this company is Compass Pathways, and they have attempted to patent some of the basic components of psychedelic therapy treatment as well, such as rooms with "soft furniture", decorated with pleasant colors, with a bed or a couch. They have also attempted to patent treatment methods, "including the use of concurrent psychological support by a therapist" and the therapist providing "reassuring physical contact" (Seidman 2023: 1026).

Compass Pathway's attempts to patent their specific so-called Polymorph A have been somewhat successful in the US (Polymorphs are compounds that can exist in two or more crystalline structures, while their chemical composition remains constant, their molecular arrangement can vary (Savage 2022:1). However, other countries, including EU countries

seemingly are not as welcoming to polymorph patents as is the US (Seidman 2023:1027). The company is nonetheless continuing to file its applications for a patent on its polymorph also worldwide but has so far been unsuccessful in its attempts.

In summary, it seems complicated to successfully hold a patent on synthesized psilocybin because the synthetization method and the molecular structure of naturally occurring psilocin and psilocybin have been public knowledge for a long time, and there are many angles to use to legally challenge patent applications (Seidman, 2022, s 1017).

There are particularly two criteria that would and should be difficult to meet for patent applicants. Those are the criteria of non-obviousness and novelty. Non-obviousness means that an invention must not be an obvious improvement or modification of existing methods or applications. Novelty means that the synthesis method or application of synthesized psilocybin must be new and not already disclosed or known publicly. Claiming intellectual ownership rights on an imitation of psilocybin, which has been used for millennia by indigenous communities seems cartoonishly evil to me but unsurprising, and, as Seidman expresses it, it is a type of *biopiracy*. Biopiracy refers to a colonial practice whereby natural materials such as plants e.g. and knowledge of them are appropriated in an unauthorized way and without reciprocating or compensating people who have established practices or knowledge of the natural material. In the case of psilocybin, indigenous communities have safeguarded their traditional mushroom practices for millennia (Seidman 2022:1033-1034), and there are underground or subcultural practices in many countries where the substance is illegal, dating back at least half a century if not more (Seidman 2022:1029). As Seidman displays, there is evidence that the psychedelic community has long recognized claims concerning treatment environments and the non-clinical presence of a guide as this is *obvious* knowledge and it has been standard for a long time in underground practice as well, because it is conducive to good psilocybin experiences (Seidman 2022:1030). The same is true when it comes to having a soft and pleasant environment with a couch or a bed, and as Seidman writes, there is a plethora of information online where people have expressed these ideas (Ibid).

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Although indigenous knowledge as well as unofficial or underground knowledge is vulnerable to being appropriated by corporate actors because they, for separate reasons lack evidence for

displaying Prior Art, there are already clinical trials that have demonstrated the use of concurrent psychological support during the administration of psilocybin (Seidman 2022:1029-1033). Prior Art is a legal term used in patent law referring to publicly known information. Indigenous knowledge is vulnerable to appropriation because there is a lack of written sources of prior art, as stewardship of traditional psychedelic knowledge often takes place in the form of oral communication (Seidman 2022:1034). In the case of underground practice with psilocybin in Western and other countries, the lack of commercialization or widespread information on psilocybin treatment is due to criminalization rather than a lack of adequate motivation (Seidman 2022:1031).

Of the three practices and established knowledge systems explained here, the indigenous, the underground, and finally the clinical. I think that the clinical is the one that will be regarded as most worthy of respect and has the most potential to steer off appropriation and commercialization of knowledge and practices with psilocybin and psilocybin-assisted therapy. Because clinical knowledge weighs heavier within the dominant “scientific-rationalist-materialist-deterministic discourse”, as Letcher calls it (Letcher 2007:77). Because underground knowledge and practices with psilocybin are not licensed, legitimated, and thus people from the so-called psychedelic community are stigmatized and labeled “drug-abusers” or criminalized (Letcher 2007:77). Regarding indigenous knowledge it is easily disregarded and labeled mad because of these groups belief in spirits or intelligences. These sorts of beliefs are too much a breach of the domineering discourse and ontology (Letcher 2007:77).

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In the following section, I will present A’s answers to my questions of legality. I will then present the most interesting parts of a lecture and meeting hosted by an organization for “psychedelic students”, which A invited me to, where he spoke during part of the lecture about his research and work. During the other part, a woman who is also a psychologist spoke about her research and findings relating to psilocybin-assisted therapy. There were only psychology students and working psychologists present during this meeting, I was the only person with a different background. After going through that material, I will attempt to draw some conclusions and summarize the findings of this chapter.

*A's thoughts on the legal status of psilocybin*

Later in our conversation, I asked A what he thinks about the legal status of psilocybin in Sweden, medical and recreational use, how he views these two kinds of usages, and what his opinions are on whether these laws should change.

A: Those are two different questions. I don't think you need to advocate for decriminalization while also seeing the potential of psychedelics as a treatment option. But on an ideological basis, I am for it being legalized. But it would need, because I also believe that there are many risks, it would need to be a completely different kind of culture around the substances, for it to be legalized in a way that would be acceptable for people in general. And that would ensure it could be given safely and securely.

Elsa: In Sweden right?

A: Yes, in Sweden

Elsa: In which way do you mean?

A: No, but look at our alcohol culture, with binge drinking, for example. We have a lot of that. And not all alcohol-rich cultures have that. In France and Italy, for example, alcohol is much more accessible. But they have much fewer issues with alcohol because they have a completely different, like, cultural structure around how alcohol is consumed. And I see it the same way with all substances, really. And I think that if all substances were to be legalized, especially psychedelics, without there being any widespread understanding of how to use them safely and responsibly, then I believe that many people would end up in trouble. And perhaps many people would be psychologically changed in a way that would be bad for them and for society, maybe.

So my hope is that, first and foremost, it becomes available for sick people. Psychologically, I mean. For people who need treatment. For whom other treatments have not helped. People with severe depression or PTSD. Or social phobia. Basically, most psychiatric diagnoses. Then we'll see, you know. We'll see how it works to implement it. And then we'll see how any potential legalization would go. But I think that... I could be wrong. I would guess that it's very far off in the future for Sweden.

Elsa: Yes, that is interesting. But in Holland for example, that is perhaps the most obvious example of a country where it is legal.

A: Exactly, but it is quite a unique situation in Holland. Because it's not legal, it's decriminalized and it's just a type of mushroom that is decriminalized.

Elsa: And those are truffles?

A: Yes. And...I don't know much about Dutch culture really. Even though I've been there. But I think they have a completely different attitude towards...personal autonomy. Compared to what Swedes have. I think Dutch people can tolerate living around people they don't like. Or who do things they don't like. Because I don't think that all Dutch people at all like drugs. But I think that Swedes have an attitude of “if you don't like something, or think something is harmful, then that should be criminalized”.

A is in his answer here describing something that reminds me of the theme of consensus that criminologist Henrik Tham discerned as a common recurring theme in the discourse on drugs in Sweden. The idea that something must work for everybody, it has to be all-encompassing in a way for it to be acceptable in Swedish society. An attitude that I believe we can see in the idea of the alcohol monopoly system that exists in Sweden as well. My point is not to argue whether this mindset is “good” or “bad”, but simply to point out that people seem to have observed that it is part of Swedish mentality. In regard to psilocybin, the psychedelic-enthusiast psychologists that I have described above, seem to think that magic mushrooms are not and should not be for everyone. Experiences with them can be challenging and they should first and foremost be researched and later potentially offered in clinical settings for treatment of various mental issues.

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The final part of this chapter I will devote to a meeting I attended at Stockholm University for “psychedelic students”, that is students who are interested in psychedelic research. I was invited

to the meeting and the group by A, who was going to talk at the meeting together with a woman who similarly to A also is a working psychologist who for her master thesis wrote about psychedelic therapy. The meeting was held on a cold winter evening in November at the Psychology institution. I had never been there before and as I sat down in the room, I felt slightly out of place as it seemed that everybody already knew each other. Some young women in their early to mid-twenties sat next to me and they began talking to me while we were waiting for the lecture to officially start. They were psychology students as seemingly everyone else present, and they explained that they had become interested in psychedelic therapy because they had a lecture on it at their program. Approximately twenty people were present in the strip light lit, sterile looking, yellow-toned lecture room. The young women proceeded to go and take tea, coffee and pastries that were offered on a table to the left of us. I followed them and shortly after we sat down again, a woman began speaking and introducing herself by the whiteboard in the front of the room. She seemed to have the role of some sort of host or moderator for the meeting and she shortly thereafter introduced the first speaker who was a young psychologist whom we can call K.

K wrote her master's thesis on the insights of practitioners of psilocybin-assisted therapy and its negative effects. She had interviewed therapists in Scandinavia who provide psilocybin-assisted therapy. Half of them had engaged in research projects and did so legally through these, and half of them conducted their psilocybin-assisted therapy illegally. K said that the results of this type of therapy are promising, and it creates strong and meaningful experiences for the patients. In a way the patient "gets to be their own therapist", she explained. However, the negative effects of psilocybin-assisted therapy have not yet been adequately researched, according to K. A risk that she found in her research is that this type of therapy can cause a loss of control for the patient, and this in turn requires more consideration and understanding of safety and ethics on behalf of the therapist.

A risk is that the success and positive changes of the treatment are ascribed by the patient to the therapist. And since psilocybin has inhibition-releasing effects, the patient may for example express that they are in love with the therapist or want to be their friend, or otherwise reveal aspects of themselves and their memories that they then feel ashamed of having revealed. Psilocybin has a destabilizing effect on the mind meaning that defense and avoidance mechanisms used by the individual are challenged, which can be difficult. Patients may reveal traumatic memories and so on to the therapist that they would have otherwise not shared in

“regular therapy”. Other challenging aspects may be that we live in a secular context in Sweden, K explains, and patients may find it difficult to “go back” or find that the environment around them does not understand what they have gone through after their psilocybin experience. I will return to this theme later, in my third chapter where I delve deeper into the theme of spirituality and ontology related to psilocybin. Another finding that K brought up that I found particularly interesting, was that the therapists whom she had interviewed thought that the therapist conducting psilocybin-assisted therapy should have some experience and understanding of psilocybin themselves because it is such a complicated experience.

After K’s talk, we had a break of 15 minutes, and then A started talking to us about his research and experience as well, with psychedelic therapy training abroad that he had partaken in. A shared K’s conclusion that it is beneficial if the therapist has some experience of their own with psychedelics before administering psilocybin-assisted therapy. It contributes to “alliance building”, and comfort on the part of the patient that the therapist understands their experience. Furthermore, certain personality traits, and qualities that the therapist has, that cannot be attributed to their experience or the methodology that they use will have a big impact on the result of the therapy. These are qualities such as empathy and relational competency, and the therapist’s ability for emotional regulation is also especially important in psychedelic therapy.

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### *3.5 Risks and dangers with psilocybin*

Before concluding this chapter, I will briefly summarize what my participants have stated regarding the potential risks and dangers of imbibing psilocybin mushrooms and what I have found in my own searches. Something that came up in all the interviews and the meeting laid out above is that psilocybin puts people in a psychologically vulnerable state, as it destabilizes the ego functions of the psyche, as M put it. This destabilization can be risk-filled for people who either are born with fragilities to these types of experiences such as having bipolar

disorder, any psychotic disorders or suffer from severe anxiety or suicidal ideation. It can also be dangerous for people with severely traumatic backgrounds who suffer from PTSD because of those.

Furthermore, there is a small, but noteworthy risk that this same group of people, that is people who struggle or have struggled with these mental health concerns upon experimenting with psychedelics, such as psilocybin, develop a condition that is called HPPD. Hallucinogen-persisting perceptual disorder is a rare but detrimental condition where individuals continue to experience perceptual distortions months to years after stopping the use of hallucinogenic substances (Sheets 2024) & (Suleiman 2024). The condition causes symptoms such as frequent or constant visual aberrations that can last decades or just for a few days. The condition is still largely unknown by the medical community, but one study suggests that around 2-4% of people who experiment with psychedelics will develop HPPD (Sheets 2024). Of those affected by the condition, roughly 13% had taken only psilocybin, whereas the rest of the respondents had taken either multiple “precipitating drugs” or other hallucinogenic substances (Sheets 2024).

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### *3.6 Concluding comments*

In this chapter, I have written about the emerging field of psilocybin-assisted therapy and research on the substance. I have presented my ethnographic material pertaining to psychologists and medical doctors, and their views on what psilocybin is and how it compares to traditional SSRI-type medication for depression, as well as their views on the law concerning psilocybin. In brief conclusion, my participants seem to all think and believe that psilocybin with accompanying therapy has some clear advantages to SSRI and shows promising results.

It however is psychologically transformative and can be a challenging experience. It is therefore important to proceed with caution and make sure that it is given to people who might benefit from it, in controlled and secure ways. In Europe and Sweden, there are currently seemingly no patent holders on synthetic psilocybin, although enthusiasm for commercializing and patenting the substance will likely grow when further promising results are presented from clinical trials. The difficulty with patenting the substance or its polymorphic forms creates less incentives for pharmaceutical companies to fund medical and psychological research on it. Treatment with psilocybin is more profound than SSRI-type medication, in that it has the potential to discover and solve underlying causes in a person's psyche rather than just chemically altering their biochemical makeup. It is thus more like a psychological treatment form than a medicinal one. Depression and mental ill health are and have been on the rise for some time in Sweden as in most parts of the world. Psilocybin treatment shows promising results, but if we want to do something about the increasing mental suffering, we may have to look further and revise the societal causes of the suffering in the first place, rather than just introducing a quick and magical cure. In the next chapter, I will present my ethnographic material on people who work at a psychedelic non-profit organization, and regular people with different backgrounds who, guided by expert discourses have turned to psilocybin for support or guidance for a variety of mental issues.

## 4. Psychedelic Community

This upcoming chapter will be structured differently in comparison to the previous one. Firstly, I will present my ethnographic material on individuals who work in an organization centered on psychedelic substances. I will refer to this organization with the pseudonym *The Psychedelic Collective*, or just the Collective. These individuals are dedicated to causes that they deem important, such as expanding knowledge and providing safe forums for discussion and community-building.

I conducted two semi-structured interviews with two individuals from The Psychedelic Collective. One of them was a woman in her early thirties who we will refer to as S. Apart from being the chairperson and one of the founders of the collective, S is also a yoga teacher, mental coach, breath work coach, and economist who has worked extensively with marketing. The Collective's vision is to provide a meeting place for "spiritual, psychological, philosophical, and medicinal perspectives on psychedelics". S was friendly and helpful and introduced me to another board member of the collective, a man in his sixties who we will refer to as R. I met up with R at a pizzeria on the outskirts of Stockholm, where he shared his personal story and motivation for volunteering his free time to work for the Collective in addition to his regular employment.

Afterward, I will present my experience of participating in one of the "integration circles" hosted by the Psychedelic Collective. These events are free and can be described as a form of group therapy session open for anyone who registers as a member of the Collective. During these sessions, a psychologist is present to guide the conversation, open topics for discussion, and allow participants to share their psychedelic or "consciousness-altering" experiences, thoughts, and emotions related to these.

Finally, I will present two interviews with members of the Collective of which one is a woman who regularly participates in the integration circles. After reviewing my ethnographic material, I will interpret, analyze, and discuss it.

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### *My interview with S*

I met with S on a November day via Zoom. In Stockholm it had just started snowing, but S was in Bali where she had been travelling around for a while with her young family. It was rain season and summer there, she explained, but it was not raining that much anyway. I could see behind the young woman with a big smile and warm brown eyes, that she was in a tropical climate, the furniture in the background did not look Scandinavian and the sun peaked through.

I began by asking her about her interest and motivation for working with psychedelics at the Psychedelic Collective, and she proceeded by telling me that she has always been inquisitive as a person, and she has always been highly interested in physical as well as mental health. She has experienced mental ill-health and one day she came across some research articles on psychedelics as a treatment for depression. She found it interesting and decided to go on a psilocybin retreat to Holland, organized by M's company, which I introduced in the previous chapter. Below is an excerpt from our conversation about S's motivations and what they want to work for at the Psychedelic Collective.

S: I had the opportunity to participate in a psilocybin-assisted retreat, which left me with as many questions as answers. However, it made me feel like it was time to challenge my preconceived notions and old beliefs about psychedelics. On a personal note, it also helped me recover from my eating disorder.

Elsa: Okay, okay

S: So it became very much like... This is something that I would like to talk a little more about and above all, I thought that there were a lot of prejudices about the subject.

Elsa: Yes indeed, but when was that then? When did you experience the retreat?

S: I think it was 2021, so around three years ago. But before that, I had become very interested in the area and the research. But I also find it very interesting with the history and culture around it. How it has been used for thousands of years and like, the community around it. And I think we have a very individualistic approach to our lives, so what I find interesting is how one can relate to community in a different way in other parts of the world and other points in history.

Elsa: Okay, that is very interesting. Would you say that your initial interest came from your mental health issues and that you had read that psilocybin could help with those?

S: Yes, exactly in treatment for that. Above all, I found it very interesting also that many seemed to experience a completely new sense of meaning with life and a new sense of self-love. And I think that is something that is missing for many of us in today's society, and connection to ourselves.

Elsa: Yes indeed... And how would you describe your motivation and your driving force behind your interest in mushrooms and psychedelics?

S: Yes well, partly, I think my motivation is to create meeting places. And a context for people to be able to grow and integrate. I believe that healing happens through togetherness. And creating contexts for people to be able to either be in their processes but also to be able to talk to people who are non-judgmental and listen. And then also a big driving force is to raise this subject and create safe conversations about it. Regardless of whether you've had a psychedelic experience or not. To be able to come together on the subject and be curious and non-judgmental and talk about it. Because I believe that it's needed to approach the subject with an open mind and attempt to view it from a neutral perspective.

I asked S about how many members the Collective has and whether she can discern any common characteristics among them. She answers that she believes those would be curiosity, interest in personal development, a community search, and a place where they can be themselves without judgment. Regarding ethnicity, age, gender, or other such aspects she says

it is very mixed. She thinks that people first and foremost are drawn to the Collective because it provides a platform where psychedelic experiences can be discussed.

At this point in our conversation, I inquire about whether they have encountered any opposition or critique of their work and what that has existed of in that case. She answers that they have not received significant opposition or critique other than some negative comments on their social media accounts. However, navigating and balancing their activities in terms of the law has been somewhat challenging. Their organization is new and there is no instruction manual or previous guide that they can follow, so there are many question marks around how they can phrase themselves to stand on the legal side of the law. They need to refrain from what is legally considered “encouraging or urging” people to ingest illegal substances, while providing educative, risk and harm-reducing resources, which is what they want to do. It is not illegal to provide such information she explains, but in reality the line can be blurry, and there is a grey area between the two categories, which is why they have consulted a lawyer on the subject, to be sure that they phrase and communicate their material in a legal way.

By the end of our conversation, I ask her what she wishes happened regarding the legislation in Sweden on psilocybin mushroom and other psychedelics. She answers that since the clinical studies that have been conducted have shown promising results, she wishes that some change would happen so that people who could be helped from psilocybin could gain access to it legally.

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### *My interview with R*

I took the train to meet R on an evening in December. Due to heavy snowfall that day, the public transport situation was chaotic and malfunctioning. I was planning to travel for around one and a half hour to meet up with him at some café around where he lives, but I soon found out after boarding the train that it was not going to travel all the way to that station due to the weather. I sent him a text explaining the situation and he kindly agreed to meet me where the train would stop. After exiting the train, I soon found R who was standing outside of the station

by his bike and waiting for me. We walked just a few meters before entering a shabby looking pizzeria where I ordered tea for us.

R, works for the commune where he lives and has a treasurer role within the Psychedelic Collective. He has a skinny build and a calm and friendly smile. Similarly to S, his interest and engagement in mushroom and psychedelics come from personal experiences. He explains how he tried LSD as a 17-year-old and was profoundly affected by the experience and often thought about it long afterward. His interest also came from early in life when he came across books by Carlos Castaneda, the anthropologist whom I briefly described in the background section of this thesis, who wrote about shamanism in South America and who by some is considered the “Grandfather of New Age”. R would later move to Mexico where he would have further psychedelic experiences. In 2020 he went to an Ayahuasca retreat where he met some of the people who started the Collective in Sweden.

When I asked him about his driving forces for working in the Collective, he mentioned that they had a recent meeting where they discussed what motivates them to do their work. During the meeting, they all shared their positive experiences with psychedelics and agreed on the belief that these substances could be helpful for humanity as a whole. He further added that psychedelics can contribute to feelings of connectedness to nature and all living beings, which in turn could combat war and climate destruction. They, as an organization want to provide a meeting place for people who are interested in psychedelics and contribute to a shift in public opinion on these substances and people who take them.

Later, he explains that they recently had a meeting with their Nordic sister organizations and could from that meeting conclude that Sweden is “far behind”, in terms of the restrictive narcotic politics and traditions of zero-tolerance to all substances.

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### *4.1 The integration circle*

I have explained what integration means in the context of psychedelic therapy in my earlier chapter, that is, the incorporation of insights, emotions, or attitudes of the psychedelic experience into one's life afterward. The Collective, that S and R run with three others, regularly hosts meetings focused on integration both off and online. I participated in one of these meetings and will share my experience below.

It was on a Sunday evening in December that I connected to the meeting which took place via Zoom. At the time, I was quite nervous and unsure of what exactly to expect, as I had never participated in anything of the like before. On the screen before me, faces started to appear. An older man in the downside corner of my screen asked if it was “just us here”, to which a younger man with a collected demeanor answered that more would be coming and that we should just wait a few minutes before beginning. When enough faces had appeared on the screen, the man with a calm demeanor introduced himself and the proceedings and purposes of our meeting. He is a psychologist, he explained, who works at the company founded by M which I wrote about in my previous chapter, and he also regularly hosts integration circles. The purpose of our meeting is to help and support each other, he explains. We have the opportunity to talk about “other states of consciousness” and express what we have gone through which in turn may enable us to learn new things and incorporate what we have experienced. But first, we will listen to some meditation music, and then those who want to share or express anything can do so. I ask what is meant by “other states of consciousness”, does he mean states brought on by psychedelics or can that be something else also? The psychologist answers that it doesn't have to be brought about by psychedelics, we are free to share transcendental or other states or experiences we've had without substances as well.

As the integration circle was a private and confidential gathering where individuals shared personal and sensitive aspects of themselves and their lives, I will only discuss general

observations and patterns I noticed without referring to specific individuals. I will also share my own experience.

Circa ten people of different genders, ages, ethnicities, and class backgrounds participated. The majority were living in or around Stockholm and most were middle-aged, perhaps in their forties, fifties, and sixties. This was slightly surprising to me at the time because I had a preconceived idea that they would be younger, perhaps in their twenties or thirties. Something else that surprised me was how the participants opened up about deeply personal experiences, thoughts, and traumas, to strangers or practical strangers during the scope of two hours. Some of them seemed to have encountered each other through previous integration circles or discussions on the Collective's Facebook page, but the majority had never met before. I found it brave and refreshing that they were able to get straight to the heart of the matter. They seemed comfortable sharing aspects and thoughts that people usually only confide in their closest circle.

Many of them carried quite heavy traumas and difficult experiences in their past, such as struggles with addiction, cancer, divorce, mental illnesses such as depression, or diagnoses such as ADHD, to name a few examples from various participants.

Most of them had self-medicated with psilocybin mushrooms, went on illegally provided retreats and ceremonies in Sweden, or legal ones such as the one organized by the company described in my previous chapter. They expressed that these experiences had helped them get in touch with their feelings and thoughts, understanding them better. Some expressed that they had ego-dissolving or spiritual experiences induced by mushrooms and that these experiences had helped with their diverse concerns. Some said that it was difficult that it is illegal and that there's a stigma attached to the substance. Some of them expressed encountering difficulty in the limit of language itself. How to describe and frame such an experience or narrate a comprehensible story of it for others to understand and accept. Someone mentioned that they had noticed how they tended to focus on the scientific and descriptive parts of the experience when talking to people in their circle who were mostly highly educated and middle-aged. To speak of increased neuroplasticity in the brain having helped to heal traumas, is more legitimate and acceptable than speaking of encountering a spirit or higher entity or such, they explained. Although those types of mystical experiences might have been of high importance for them in their journey toward healing, they are easier to dismiss.

By the end of the meeting, everyone got to share how they felt compared to the beginning. People expressed gratitude and feelings of being relaxed, reduced anxiety and loneliness. I noticed how I had a new sense of ease and softness in my body, compared to at the beginning where I was rather stiff with shallow breathing. Apart from gaining insight into how these integration circles can unfold, I experienced how interactions do not necessarily have to be limited when facilitated by technological devices rather than face-to-face. It was very much an embodied and copresent experience for me, as it seemingly was for many of the other participants as well. In a certain way, perhaps digital platforms can invite new forms of proximity and face-to-face interaction (Gerbaudo in Gray 2016:508). Perhaps the location of Zoom rather than a physical location invited the opportunity for more intimate conversations faster, in terms of the possibility of sharing and talking from the safety of our own homes.

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#### *My interviews with members of the organization*

I interviewed a handful of people who are members of the Collective. One of which I encountered through the integration circle and one of which I encountered through a post that I made on the social media of the Collective, asking for people to interview. I will in this section go through some of these two individuals' answers, this is just for practical reasons and because their answers were somewhat representative of the other people whom I interviewed as well.

One of the individuals is a woman in her sixties, whom we will refer to as V. She lives in Stockholm, is self-employed, and has an adult child. We connected via Zoom, and during our conversation, she was seated in what appeared to be an office, with bookshelves and some plants in the background. V explained that she had experimented with psychedelics occasionally and recreationally during her youth, which sparked her general interest in these substances. Later, she discovered that psychedelics can be used therapeutically and purposefully for the treatment of PTSD, from which she suffers.

About two years ago, V had the opportunity to go on a trip to Holland with a group of psychologists and psychotherapists through the company previously described. She has participated in three of these retreats so far. V found this legal option appealing because the individuals providing it are well-educated. She acknowledged that there are cheaper illegal options available in Sweden, but those who organize them are seldom educated in psychology or psychoanalysis.

V also mentioned that she regularly attends private therapy sessions, and she explained how these sessions have helped her integrate and carry her experiences with psilocybin with her even after they're over.

Every trip on psilocybin has been like “descending into Hell”. Descending into the darkest corners of her psyche, she explains. But it has been worth it because she has gained so much in terms of healing because of it. Feelings that she has repressed for 50 years have resurfaced and she has been howling and screaming them out during one of these trips, she explains. I interpret these experiences as cathartic for her. She continues by stating that people who know that they carry heavy traumas and experiences, must be aware that those likely will resurface during a psilocybin trip. But if one is brave enough to handle that, it can be a very meaningful teaching experience. It was particularly valuable for her that she was surrounded by psychologists and psychoanalysts when this happened, she explains.

When I inquired about why she wanted to join the Psychedelic Collective, she said that they offer some activities that she found interesting, particularly the integration circles. She furthermore emphasizes the aspect of community, not only through the organization but the general “psychedelic community” in Stockholm.

This has been particularly valuable because she has changed due to these experiences. She no longer drinks alcohol, for example. Which has been somewhat complicated when spending time together with some of her older friends. Because it has always been a part of their way of associating. It has been a part of the expectation of what a nice time consists of. When she doesn't drink, this can be a little difficult for people around her who perhaps become reminded that they also could and should drink less alcohol. It has also been of great value to have “intellectual” and deep conversations in her previous circle, and she explains that she no longer sees much value in performing intellectually in that way. The psychedelic community has been

valuable because she has met people who have no preconceived ideas about who she is and how she should behave.

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The other interviewee I will present here is a man in his early thirties who I encountered through the Collective. We will call him N here. N lives in a small town in Sweden, not far away from Stockholm. He works as a painter and has been for the last thirteen years. N first became interested in mushrooms when he was around 20 years old and tried them recreationally with a group of friends. As he got older, he realized that taking the substance alone was more valuable to him in terms of gaining insight from the experience, healing, and dealing with trauma.

Within a short period, three of his close friends passed away, one of whom died by suicide. These traumatic experiences prompted him to seek help from the local healthcare center, which prescribed him SSRI medication and granted him sick leave from work. However, he felt that this support was insufficient, and he also suffered severe side effects from the medication, including periodic loss of vision and hearing. He encountered significant difficulties when trying to stop taking the medication. He has now been off SSRIs for the past three years.

N had, as I mentioned above, experimented with mushrooms recreationally when he was around 20 years old. He carried these experiences with him as the years progressed and he learned more about the acclaimed therapeutic benefits of the substance through watching documentaries about it. When I ask how and why he feels that his mushroom trips have been therapeutic for him, he shares some memories from trips that have stayed with him.

During one of his trips, he had a profound and meaningful experience alone in his apartment. He opened different doors, behind each of which stood one of his deceased friends. He could talk to them and felt that this experience helped him release things he had been pondering.

Another experience he had during a trip was looking in the mirror and not being able to recognize himself as himself, attaching his “thinking and experiencing Being” with the physical body standing in front of the mirror. This was an ego-dissolving experience, but it was positive he explains. Maybe to reassure me because I remember thinking it sounded frightening. A thought that may have been visible on my face.

From what I understand, N has been using mushrooms to seek healing through mystical and spiritual experiences. I came to this conclusion based on the memories he shared with me. When I specifically asked N how his spiritual views have been affected by his mushroom trips, he mentioned that they have made him feel "connected and embraced by nature". He also stated that the trips have allowed him to be more present and convinced him that "everything exists in energies, everything is energies". He holds these ideas also when he is not under the influence of mushrooms.

N has explored different types of spiritual experiences aside from those induced by mushrooms. He shared that just two days after finding out about his brain tumor, he attended a ten-day silent Buddhist Vipassana meditation retreat. Even though the tumor turned out to be benign, I can imagine it was a difficult experience for him. I believe it was also likely to be rewarding, especially for someone like N who is interested in profound or transcendental experiences.

When I asked why he became a member of The Psychedelic Collective, he said that he wanted to find like-minded people, a sense of community, and a place where sharing psychedelic experiences was possible. When asked about his thoughts on the law concerning mushrooms in Sweden, N stated that he finds it peculiar that it is illegal to pick something that is growing in the forests. However, he also mentioned that it is logical as it aligns with Sweden's strict laws on drugs.

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## 4.2 Interpretation and analysis

### *In Search Of Meaning And Community*

What came to my mind, when reviewing this part of my ethnographic material, was that the motivation behind the activities of my participants described here could potentially be boiled down to some overarching and very human needs, and that is the search or need for meaning.

Historian of religion David Thurfjell writes about the concept of meaning and how the process of secularization has affected Swedes particularly, in two of his books which I found inspiring for my interpretation purposes. As I previously stated, it is often produced as a truth in common discourse, that Swedes are the most secularized of nations and people, something that Thurfjell argues can be contested. The word secularization has two slightly different meanings, one of these refers to the process whereby the laws of the state and all its institutions change from being entrenched in religion to becoming irreligious. The other meaning of the word refers to the process whereby not only the state but also the people living within it become irreligious (Akademien 1966). According to Thurfjell, Sweden has been going through the process of secularization in the juridical sense of the term, in a consequent and clear way for almost 200 years (Thurfjell 2015:40-55). In the latter sense of the term, it is however rather so that the religiosity of Swedes has changed rather than disappeared. Their relationship to institutionalized Christianity has changed rather than their religious beliefs in general. Statistics say that Swedes are almost leading in Europe when it comes to prescribing to a vague and non-dogmatic form of belief (Thurfjell 2015:25). Illustrated by answering “Christian in my own way”, or “believing in some sort of higher power” and the like in questionnaires (Ibid).

Essentially, religious beliefs have changed in line with the far-gone individualism that Swedes have manifested. Swedes, according to Thurfjell show high rates of secular-rational values, with a relativistic stance to religion. Absolute truths or values are dismissed and instead, each person’s right and opportunity to create their own truth and religion is highlighted. The appraisal of the individual’s right to form their life on their own terms is so strong that one can speak of a *sacralization* of the right of the individual (Thurfjell 2015:27). Paradoxically, individualism has become a sacred value of sorts.

Moving on to how I connect this to my material. Religion has become a resource connected to self-realization, health, and wellness that individuals can resort to in combinations and to the extent that they so wish. There has been an increase in highly individualistic forms of religiosity, perhaps in replacement of traditional organized religion (Thurfjell 2015:32)

When we think of magic mushrooms, it is perhaps something we associate with being as far removed as something could possibly be to Christianity or organized religion in general, for that matter. My thought, however, is that perhaps the Psychedelic Collective and the activities of some of my participants described above, can be interpreted as linked to some of the needs formerly filled by religion. That is the human need for connection and community, and perhaps also the need to feel some deeper sense of purpose with existence in general.

### *Mystical Experiences*

Another relevant link that I think needs to be pointed out here, is the mystical-type experiences that psilocybin has been proven to occasion. These types of experiences can occur without hallucinogens and have been reported to occur in structured spiritual or religious practices such as in meditation practices, which are sometimes associated with these types of experiences (Barrett & Griffiths 2017:2). Philosopher Alan Watts provided an eloquent description of the phenomenon in 1970;

“Mystical experiences are those peculiar states of consciousness in which the individual discovers himself to be one continuous process with God, with the Universe, with the Ground of Being, or whatever name he may use by cultural conditioning or personal preference for the ultimate and eternal reality” (Watts 1970 in Barrett & Griffiths, 2017:3).

As Barrett and Griffiths write in their article about neural correlates with hallucinogens and mystical experiences, these types of experiences have been fundamental to a variety of religious traditions, including Christianity, Judaism, Islam, Hinduism, and Buddhism. Mystical experiences are sometimes associated with abrupt, substantial, and sustained changes in behavior and perception (Barrett & Griffiths, 2017:2). As mentioned earlier, these types of experiences can occur without the use of hallucinogenic drugs, such as through specific

meditation techniques or spiritual practices. However, empirical studies have shown a high probability of hallucinogens inducing these experiences, as per Barret & Griffiths.

Some of the experiences of my participants that I have written about in this chapter, are highly mystical type in their nature. Such as N's experience of opening doors behind which his deceased friends stood and looking in the mirror and perceiving a dissolution of his ego. Or feeling a sense of connection and embrace with nature.

The connection I am trying to make here is that perhaps the urge to have these types of profound mystical experiences and a sense of meaning, is drawing people toward the mushroom, perhaps in replacement of religiosity, spirituality, or as a substitute for them.

Thurfjell in another book writes that religion often revolves around faith, but it also seems, and sometimes perhaps even more so, to revolve around meaning. What's the point of it all? Why should one do anything at all? What's the purpose of a human life? Religions often appear to provide people with some sort of answer to these existential questions. Life gains meaning when it points to or becomes a part of a context that extends beyond itself (Thurfjell 2015:135-136). Meaning can imply being part of something and working towards something bigger than oneself. Thurfjell further writes about the many theorists who have argued that there is something in the state of modernity that is missing, essentially that reality has been disenchanting. Modern science made it possible to examine reality empirically and through reason and logic find out how it is constituted. This led to technical advancement and material success, but also that the world lost its traits of mystery and inexplicability. With these, it also lost its deeper meaning (Thurfjell 2015:138). This particular theory comes from sociologist Max Weber, but, as Thurfjell continues, many other thinkers such as Walter Benjamin, Zygmunt Bauman, and Simone de Beauvoir, to name a few, have discussed similar ideas. That something is missing in the state of modernity (Thurfjell 2015:139). With modernity, in the climate of knowledge that emerged, the material and only the material were ascribed as real.

Perhaps there is something magical and inexplicable in psilocybin or the so-called *Magic Mushroom*, that is particularly captivating and appealing to people in a time where most mystery seems to have disappeared, and much of reality has been explained through empirical science. In some of the statements described above, there's also an element of prescribing

almost godlike qualities to the 'mushroom entity'. Such as when R mentioned the belief that they, and other psychedelics, could help humanity combat climate destruction and war. Whether that's a reasonable statement or not, I won't dive into it here, but I think it nonetheless reveals the kind of status that some prescribe to the mushrooms. As empirical science advances its repertoires of explanatory models for all the effects these mushrooms seem to impose on the human psyche, perhaps those answers will not and cannot be satisfying enough for some.

We furthermore have the aspect of meaning entailing being part of something and working towards something bigger than oneself. Something that my participants described above definitely are doing. R and S are working voluntarily for causes they believe in. The participants in the integration circles are members of the Collective and through it, part of something bigger than themselves.

Regarding individualism, I interpret the material as two-sided. In one sense, what is described above is an attempt at creating community, finding unity and collectivity among people who share certain ideological or for the least "psychedelic friendly" stands. On the other hand, the very fact that people with quite severe traumas and mental health issues seek psychological support through a not-for-profit organization, and psychedelic substances, rather than from healthcare institutions, also seems like a symptom of an increasingly individualistic society. I will return to this point in the next section of my analysis.

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### *4.3 Self-Management as a strategy for mental health*

Many theorists have suggested that the current of thought known as neoliberalism stresses the importance of individual responsibility as well as choice while downplaying others such as solidarity and community (Taylor-Gooby & Leruth, 2018:1). Perhaps it is not so strange that people seek alternative treatment options for their mental health issues, when there's an imperative to take full responsibility for one's mental health and when the increased privatization of health care has rendered much conventional treatment options insufficient, according to many theorists. I will elaborate below with the help of some Foucault-inspired scholars.

Paul Crawshaw argues in an article with the title *Social marketing and the (bio) politics of responsibility*, that neoliberal state and market forces have constructed the subject as 'health entrepreneur', meaning that the increased de-collectivization of welfare, including health care, requires individuals to self-manage their health, under the guidance of distant experts (Crawshaw 2012: 201). Crawshaw writes;

“Foucault identified neo-liberalism as an exemplar of governmental reason, with its emphasis upon individual freedom and determination under the guidance of distant expert discourses. Neo-liberalism is uniquely placed to achieve this as a political strategy capable of 'governing at a distance': a means of administering populations through their self-management in a marketplace of ideas that encompasses both the public and private spheres, working across boundaries to shape the most privatized of activities, including health behaviors” (Crawshaw 2012: 202).

Self-dosing with psychedelic substances and participating in therapeutic group sessions organized by a non-profit can be seen as a way of self-managing one's mental health guided by expert discourses. As I have previously stated, psychedelics, particularly psilocybin mushroom and their potential benefits to various mental health issues, are quite a “hot topic” within psy-science discourses. It is not particularly surprising that some people will self-dose with these substances guided by these discourses. As an alternative option to conventional treatment options, which partly have become insufficient and inadequate with the privatization

of health care. As stated before, the ethos is that unhappiness is an individual problem that requires individual solutions through self-chosen, self-transformative practices (Brijnath & Antonidades, 2015:2).

Alan Petersen writes in a chapter in an ontology titled *Foucault, Health, and Medicine*, that there has been a privatization of risk management, under neo-liberalism, which has consequences for the kinds of relations one has with one's self, with others, and with experts (Petersen, 1997:199). He writes, "One is, first of all, called upon to be accountable to oneself; to continuously demonstrate to oneself one's competency to take care of the self and others. One may demonstrate one's accountability to one's self in a very public way through one's involvement in self-help groups or in processes for developing self-esteem" (Petersen, 1997:199).

Simply put, individuals have become increasingly responsible for managing risks related to their health. Something that has implications for how individuals relate to themselves, to others, and to experts.

#### *4.4 Concluding comments*

In this chapter, I have written about people who work for a non-profit organization centered on psychedelics and attempted to capture their perspective on what motivates them to do this kind of work. I have also written about members of this organization and their subjective experiences and their respective life stories and reasonings for why they are drawn toward psilocybin. I have interviewed further people in the latter category but for demarcating purposes, I chose to elaborate on my interviews with two of these people here. I have also written about my experience of participating in one of the activities organized by the psychedelic collective, the integration circle. When analyzing and interpreting my material, I have focused on what I believe to be potential motivations behind the actions and reasonings of my participants, on a societal and macro level as well as on a micro and individual level. In my last and shortest ethnographic chapter, I will present my material pertaining to my interview with a shaman who is working with mushrooms and providing retreats with them taking place in Sweden, ergo illegally.

## 5. Shamanic pathways

In this final ethnographic chapter, I will present my conversations with a man who provides retreats and ceremonies where mushrooms are ingested by participants, in the south of Sweden.

I interviewed this man whom I will refer to as F here, on two separate occasions. F describes himself as a psychedelic guide or shaman, and he shared with me his interesting personal story and unique perspective on psilocybin mushrooms and everything around the subject. I had advertised in the Facebook group of the Psychedelic Collective that I was looking for subjects to interview, simply people who had experiences with magic mushrooms that they wanted to share with me, especially how they had felt that these affected their lives and their mental health. F sent me an email in response to my post and we proceeded to schedule an interview.

When we met via Zoom, on a dark afternoon at the end of December, I thought that I was meeting someone who was simply enthusiastic about psychedelics, I did not know that he worked as a shaman and had been for 20 years. I was pleasantly surprised to learn that he had written and published books, participated in podcast episodes, and seemed highly passionate about psychedelic mushrooms and ‘spiritual’ perspectives on this substance.

F informs me that he is 49 years old, separated, and has three children who live with him every other week. They reside in a small village in southern Sweden, and during our conversations, I sometimes hear children laughing and occasionally demanding their father's attention in the background.

I begin our interview by asking if he can share with me how his interest in psychedelics began, and the outline of a, by that point, familiar storyline begin to emerge. He explains how he, by the age of 31 tried LSD for the first time. At that point in time, he had lived with a severe alcohol addiction since he was a teenager. He explains how he had inherited alcoholism from his father and would buy industrial bottles of liquor and drink as a way of “ceasing to exist”. He was at that point in time depressed, long-time unemployed and with very low self-esteem. One day he was offered LSD, without being fully aware of what the substance was, he decided to try it. This experience in turn fundamentally affected him, he explains. He had a realization that he is connected to all the universe and that all the sorrow, pain, and failure that he was

experiencing was his own creation and that he could choose to create harmony and liberation instead.

He sees this experience as a turning point, he quit drinking alcohol and spent the following four years healing from his traumas related to his alcoholism and other parts of his life. He says that the “energy started to shift” after these four years, and in the winter of 2009, others started going to him for guidance and direction. He began working “shamanically and therapeutically” and says that he is “on duty for the mushroom”. He is a part of a group that organizes community-building retreats, and he also provides one-on-one therapeutic work with individuals. Furthermore, he holds a psychedelic integration circle in the south of Sweden. He says that;

“There are many different types of actors on the market right now. There are those who have a very Western and medical perspective, with educated psychologists and doctors. And I work shamanically, which is a completely different thing”.

F explains that he prefers to hold the group ceremonies which he organizes in scenic places in nature with access to a house. Participants first must go through a screening conversation where their capability and willingness to deal with whatever will come up for them during the mushroom ceremony is assessed. Before the actual ceremony, he says that it is further important that the group get to know each other so that everyone can feel safe. They always begin with a meditation focused on a promise to themselves to deal with everything that may arise within them during the ceremony and a promise toward each other to take care of each other during the trip. F then proceeds to “open the sacred room”, a safe space. People may invite the “spiritual entities” whom they have a relationship with or believe in. These can be from any religious or spiritual type of belief. It may be elemental beings such as an old oak or a stream of water close by. Or ancestors, old Norse, Egyptian, or Christian gods or spirits. F says that he works with spirituality rather than religion and that he wants to avoid theatrical-type performances which ritual settings can sometimes otherwise muster. It would risk being theatrical or inauthentic if he would invite a condor e.g. just because he has read that indigenous people in South America do so in their mushroom ceremonies. He wants people to invite those spiritual entities or elemental beings that they feel connected to.

After the ceremony, participants partake in integration circles. F states that these are crucial for most people, to be able to turn insight into action. Some participants in the integration circles that he hosts have been on the retreats organized by M's company or participated in the PSIPET study. He is critical of the other actors mentioned in this essay partly because he thinks that they do not offer an adequate support system for people after the psilocybin ingesting occasion. I will return shortly to the other reasons for his critical attitude.

When I ask F whether he sees any common denominators among those who participate in his ceremonies, he states that they are all people with an interest in healing, growing, and becoming freer, happier people. People who feel as though they are stuck and are perhaps looking for a last resort. During the last five years, there's been an increase in people who are educated, and have professions with a high social status, such as doctors and "conventional people". F thinks that this is due to documentaries on Netflix and general increased interest and attention on psychedelics from the media.

Before moving on to some conclusions of this chapter and the entire thesis, I will elaborate on F's critique of the other actors mentioned in my previous chapters and theoretically interpret the differing perspectives.

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### *5.1 Competing ontologies*

In my discussions with F, our conversation naturally turns to the activities of other actors mentioned in my previous chapters. I find his perspective on their projects quite intriguing. I ask him whether he believes that the Western scientific understanding of mushrooms can benefit from traditional indigenous practices and ritual/medicinal use. I also inquire about the specific challenges and insights that may arise when introducing psilocybin into a completely different cultural and worldview context, such as Sweden.

He states that the scientific understanding of psilocybin has a lot to offer but that there, specifically in Sweden, exists a tendency toward polarization between two ways of viewing it. The spiritual contra the scientific understanding. He says that there is a tendency of choosing to only focus on natural scientific understandings in the “psychedelic landscape” of Sweden. F says that he understands why these actors emphasize the scientific aspects, “such as images of brain scanning”, because those knowledge forms are legitimized in society, but there is something that goes missing when only focusing on this. F states that a perspective of “decolonizing nature” is missing from the discourse. Before F mentioned it, I wasn't familiar with the term, but from what I've gathered, it refers to a framework of thought that aims toward moving away from an anthropocentric perspective, where humans are considered the sole subjects and nature is objectified.

He further states that the view of “replacing SSRI-type medication with micro dosing psilocybin, would not be good. Psilocybin is for “giving us a shared experience of the spiritual”. He is against medicalization of the substance.

F continues by stating that the scientists at Karolinska could learn a lot from a shamanic perspective, for example by starting the psilocybin sessions with a meditation with a promise to oneself. Their method is “unimaginative”, according to F. Participants in their study would have benefitted from taking psilocybin in nature, instead of “laying down in a sterile hospital room with a blindfold”. Below I include a direct quote by F, translated into English.

“Doctors and psychologists have knowledge, but having knowledge does not necessarily mean that one also has wisdom. If you are not in contact with the mushroom, if the mushroom does not invite you to do its work, it's problematic to claim the right to interpret it.”

He wishes there would be more dialogue between these two views. The scientific contra the spiritual. But states that “the ball is in their court” to speak to him or others who practice shamanism. Because if he goes to them, they might call the police, since what he is doing is illegal. He further expects that if psilocybin becomes legal, it would likely only be permitted for psychologists and doctors to prescribe.

The final criticism of the other mentioned actors in this essay that F brings up is directed towards the Psychedelic Collective, which I wrote about in my previous chapter. I brought up

the organization since it was through their Facebook group that I encountered him. He calls them an “interest organization for Stockholmers”. He is critical of them for organizing pub meet-ups and thinks that it’s absurd to include alcohol since he sees it as an “anesthetic”. I interpret this comment as a sentiment partly reflecting personal antipathy toward alcohol due to F’s own struggles with alcoholism, and partly influenced by his view of mushrooms as sacred entities that should not be combined or brought into the same context as alcohol, which he sees as profane and opposed to spiritual enlightenment.

## *5.2 Analysis, discussion and concluding comments*

During my interview with M, the psychologist and medical doctor who was part of the therapeutical side of the PSIPET study, and who is the CEO of the company organizing trips to The Netherlands. He at one point stated that one could say that “psychologists are the new shamans”. In the sense that psychologists and psychiatrists function as support and guides during psilocybin trips. A role that has been filled by shamans in indigenous cultures. M also stated that what he referred to as “Basement shamans”, harm the purpose of validating psilocybin’s potentiality for helping people mentally.

F, whose stance I have described in this chapter, is skeptical of what he described in his own words as the “medicalization of psilocybin” and misses a “decolonization of nature” type of perspective in the discourse.

The different perspectives of these two individuals and their points of view can function as points of departure in my analytical discussion for this chapter. F, who describes what he is doing as “shamanic work”, displays an ontological perspective where *The Mushroom*, is an entity with agency. He reveals this when he states that the mushroom has the power to “invite people to do its work”. In his newest book that he sent me, he explains that he sees shamanism as a perspective whereby nature is conscious and capable of communicating and that there is a spirit world.

A defining feature of shamans according to Eduardo Viveiros de Castro, is the capability to “see” the world from different ontological points of view and administer the relations “between humans and the spiritual component of the extra-humans” ( (Viveiros de Castro, 1998, s. 472) & Kohn 2002, s 337). Shamanism entails a perspective whereby “the universe is populated by extra-human intentionalities endowed with their own perspectives” (Viveiros de Castro 1998:472, Kohn 2002:337). As I wrote in the introduction, Edoardo Kohn, describes how psychedelic drugs functions as “vehicles for communications” in the cosmology of the Runa people, who believe in an “ecology of selves” (Kohn 2007:9). Simply put meaning that humans are not seen as the only beings privileged of possessing a soul and subjectivity. Animals, and plants, e.g. also possess these qualities and are thus selves.

F, in our conversations, give voice to a similar point of view. As I further discussed in the introduction, the belief in the existence of spirits “transgresses a fundamental societal boundary” (Letcher 2007:74) in the Western worldview. Thus the “phenomenon of mushroom-induced animaphany goes largely ignored” (Letcher, 2007: 74). Animaphany, simply put refers to a view whereby the world is seen as agentic and inhabited by “spirits”. Magic mushrooms seem to invoke these types of views, but Letcher argues that this is largely ignored because it is labeled as “mad” (Ibid). Conclusively, I think we can discern some points of contention here in what my participants essentially, want psilocybin mushrooms, *to be*. F sees them as agentic and belonging to the realm of the sacred, or the spiritual. In the PSIPET study and in the “scientific discourse”, the mushrooms become profane in that they are seen and handled as a potential medical substance. The mushroom and the psychoactive substance that they produce, psilocybin, become medicalized.

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## 6. Conclusions

This thesis has taken a broad look at psilocybin mushrooms within the diverse and complex landscape of psychedelics in Sweden, and at the individuals and groups who are involved with the substance in one way or another. It is, at the moment of writing, unknown whether the recent hype-wave around psilocybin will lead to advancements in the field and potential legalization of psilocybin-assisted therapy, or if it will result in backlash. The results of the PSIPET study have not yet been published and further studies remain to prove whether there lies potential in the substance for the treatment of depression or other mental health issues. This qualitative study has focused on the subjective motivations of various actors involved and attempted to analyze the reasoning behind their actions from a macro as well as micro perspective. As written in the introduction to this thesis, I am aware of the various culturally charged meanings of the subject chosen and I remind the reader that the presentation of the material is of course entirely subjective. Meaning that would someone else attempt to replicate this study, they would likely choose to look at different aspects, talk to other actors, or ask other questions than those that have been asked here. The questions that were asked for this study are;

How do these actors view the effects of psilocybin mushrooms?

How are these different than the effects of traditional anti-depressive medications?

What are the underlying reasons behind why individuals ingest psilocybin mushrooms?

How could those reasons possibly be analyzed and interpreted?

What is the legal context in Sweden relating to psilocybin mushrooms?

How do the actors involved in psilocybin mushrooms view the legal aspects and the Swedish drug policy?

How do the organizations work towards their goals and what are these goals?

Some conclusions that can be drawn by the material presented are that many individuals have been drawn to the substance, as a way of attempting to self-manage their mental health, guided by distant expert discourses. Many individuals interviewed have struggled with their mental health and perceived that they did not receive adequate help from health care providers. As

such they have turned to psilocybin and experienced that this has helped them. Many experts seem to agree that psilocybin, although affecting serotonin, the “happiness molecule” in our brains, similarly to conventional anti-depressive medication, nevertheless is quite different in its effects. The effects are seemingly more substantial and profound, more similar to psychological treatment than mere chemical. Psilocybin has the potential of dissolving long term ingrained thought patterns that are causing suffering for people. There are fewer physical side effects to psilocybin than there are to SSRI-type medication, but the substance is substantially more risk-filled for individuals who live with borderline disorder or any type of psychotic disorder. It can be risk-filled for other individuals as well, and especially so if it is ingested without adequate preparation before the occasion, or processing or integration afterward. Regarding the legal status of the substance, it is illegal, and potential legalization would likely be restricted to medical utilization, for a restricted amount of individuals who suffer from treatment-resistant depression.

The substance furthermore is interlinked with spirituality in different ways. Andrew Letcher wrote that it occasions animaphany, the belief in an agentive world. Psilocybin occasions mystical-type experiences and for some people it provides meaning and a sense of purpose. Perhaps also so because it is something that acts as community-making in the sense that people gather and create groups based on a shared interest in the substance and its effects. Since this thesis has been quite broad in its outlook, I believe suggestions for further research could be many. The field is in many senses entirely undiscovered regarding the place of study and the subject, considering that the medical studies on psilocybin in Sweden are not completed yet. I have also written about what I perceive as an increasingly precarious mental health care system in Sweden. I believe this topic warrants further in-depth studies. Many different angles deserve to be investigated about that.

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