

Recreation and Realization: Reported Motivations of Use Among Persons Who Consume Psychedelics in Non-Clinical Settings

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ABSTRACT

Psychedelic research is said to be going through a renaissance with widespread public and political attention on psychedelics' ability to clinically resolve various medicalized issues. The prevailing cultural narrative of psychedelics almost touts it as a panacea when used in regulated, clinical settings under the supervision of a trained guide. While clinical studies are certainly informative, it is important to recognize that most psychedelic use takes place in social settings, not clinical ones. This paper seeks to expand the narrative on psychedelic research by presenting in-depth interview data on a diverse sample of 30 persons who report using psychedelic substances "on their own terms." Data indicate multiple reasons for initial and subsequent psychedelic use, only some of which comport with the prevailing narrative that psychedelic use decreases ego-inflated pathology while increasing existential awareness. Indeed, while these reasons are cited among some when discussing reasons for continued use, most interviewees report motivations related to curiosity and having fun.

Introduction

Psychedelic research is said to be going through a renaissance (e.g., Giffort, 2020; Sessa, 2012). Contemporary media reports paint an image of psychedelics as a clinical corrective, a much more medicalized version of psychedelic use than the media hyped throughout the 1950s and 1960s. Indeed, recent mass media headlines about psychedelics highlight the positive results from dosing patients at established university hospitals (Carroll, 2017; Miller, 2016; Oaklander, 2018). But are these reports an accurate portrayal of psychedelic use in the United States (US)?

Over 4 decades ago, the possession and sale of "classic psychedelics," including DMT (dimethyltryptamine), mescaline, psilocybin, and LSD (lysergic acid diethylamide), was criminalized; however, the US population has continued to use them. In 2013, Krebs and Johansen estimated that over 30 million people in the United States have used psychedelics in their lifetime. According to the most recent National Survey of Drug Use and Health, the primary data source for drug use among US residents aged 12 and older, about 6 million people reported using hallucinogens, including but not limited to classic psychedelics (SAMHSA, 2020). The data further indicate that among past month use of illicit drugs, hallucinogens are the 3rd most common, trailing behind marijuana and pharmaceutical pain relievers. Hence, while hallucinogens may not be as commonly consumed as some other illicit drugs, like marijuana and nonmedical ingestions of narcotics, the resurgence of public attention and the changing narrative

about psychedelic substances beg questions about their consumption and socio-cultural relevance.

Although some journalistic reports briefly mention native practices involving entheogenic hallucinogens, most mass media stories focus on funded clinical and neurobiological research being done at medical university hospitals. Importantly, however, most psychedelic use in the United States takes place in non-medical settings. For this reason alone, investigating psychedelic use outside of the clinical realm is necessary to gain a more accurate depiction of use. The present paper attempts to do so by offering information collected through systematic in-depth interviews about reported motivations for psychedelic use among 30 persons who use psychedelics “on their own terms,” a population largely ignored in extant studies. The study, thus, expands our understandings of why people may elect to use these substances. What is more, the persons interviewed come from a wide variety of backgrounds, representing persons of diverse ages, genders, sexual identities, nationalities, religious affiliations, socio-economic statuses, life experiences, and with different frequencies and types of psychedelic drug consumption.

The paper proceeds as follows: Immediately below, I describe common categorizations of psychedelic substances, followed by a brief discussion of the [problematic] cultural narrative of psychedelics. After reviewing the relatively scant literature on why people may use psychedelics as compared to other illicit substances, I describe the research design and sample for the present study. Next, I turn my attention to the findings, first reviewing the respondents’ reported situational context regarding psychedelic use, and then detailing their stated reasons for using psychedelics the first and subsequent times. I conclude with observations about the timing of the alleged psychedelic revival and potential implications of the present research.

What are psychedelic hallucinogens?

Psychedelics are a type of hallucinogen whose very name describes them as “mind revealing” (psych=mind or soul; deloun=reveal or visible). Users and investigators of psychedelics debate what drugs constitute a psychedelic. Indeed, some reject the label of psychedelic preferring instead to use the term entheogen in order to highlight the drug’s sacred and spiritual potential. Psychedelic scientists, though, tend to categorize classic psychedelics (i.e., those deemed most historically common and essential) based on the substances’ neurobiological mechanism of action. For example, psychedelic compounds may be defined using two broad chemical classes: (1) indolamines, which includes DMT (the active ingredient in ayahuasca), psilocybin (including

hallucinogenic mushrooms), and LSD, all of which primarily act on the serotonin neurotransmitter, hence the name serotonergic hallucinogen; and (2) phenylalkylamines, such as mescaline, which are less selective of serotonin receptors and act as a calcium channel block (Garcia-Romeu et al., 2016; Vollenweider, 2001). At the 2019 World Science Festival, Stephen Ross identified psychedelics collectively as drugs that alter consciousness through the 2A receptor, which influences the brain's regulation of vision and "gut feelings" (also see Gonzalez-Maeso et al., 2007; Nichols, 2004).

Psychedelics' prevailing cultural narrative

Indigenous populations have a long history of ingesting hallucinogens, generally in ritualized ceremonies and under the guidance of a spiritual leader. While substance-induced religious and spiritual quests have been on-going for thousands of years around the globe, the first English-language publication on LSD was published in 1950 by Busch and Johnson who proposed using LSD to shorten psychotherapy treatment given the drug's ability to "disturb the barrier of repression" (p. 243). By the mid-1950s, researchers were studying hallucinogens, largely outside of the gaze of mass media attention, as a way to understand psychosis in hopes of treating those diagnosed with schizophrenia and other conditions of perceptual disturbances (Bunce, 1979; Krebs & Johansen, 2012; Szulc, 1977). Psychedelic use entered US consciousness in the mid-1900s when famous intellectuals and artists began publicly sharing their own experiences with and understandings about these substances. Aldous Huxley, for example, has been cited as one of the most influential figures in psychedelic history (e.g., Fadiman, 2011). Huxley's first psychedelic trip was supervised by Humphrey Osmond, a British research psychiatrist who was at the time investigating mescaline. Around this same time, R. Gordon Wasson, a writer and Vice President for Public Relations at J.P. Morgan & Company, chronicled his travels to Mexico to search for and ingest psilocybin mushrooms under the care of Mazatec healer Maria Sabina (Wasson, 1957). Psychedelic studies throughout the 1950s and 1960s suggested that that the subjective experiences resulting from psychedelic ingestion was crucial to understanding outcomes, thus phenomenological aspects were ripe for inquiry.

The 1960s marked a unique time in US history with a rise of countercultures that openly experimented with psychoactive drugs (e.g., Rosazk, 1995; Yablonsky, 1968), many of which were not widely available to previous US generations. Timothy Leary, a Harvard University professor and arguably the most remembered celebrity-scholar of what some call the "first wave" of psychedelic research, studied psilocybin effects on

recidivism among persons recently released from prison, but he and his colleagues eventually began dosing volunteer civilians with psilocybin and LSD. Researchers steeped in more traditional scientific models voiced their concerns about the permissiveness of this work (Novak, 1997), which eventually resulted in Leary's dismissal from Harvard. Over the next few years, even though psychedelic studies continued to be supported (e.g., Kast & Collins, 1964), mass media outlets embellished stories of psychedelic effects, increasing attention on the dangers of psychedelic use, especially among teen and young adult populations (Siff, 2015). The psychedelic research landscape underwent quick and dramatic changes. By 1967, possession and sale of psychedelics were criminalized throughout the US, and in 1970, The Controlled Substances Act was passed, making classic psychedelics a Schedule I drug, thus deeming them highly addictive and having no medicinal value. As a result, institutionally supported psychedelic research was effectively terminated.

Now, decades later, sanctioned clinical psychedelic research has returned. Rick Strassman's study of DMT is often cited as the first of these contemporary, so-called "second wave" investigations (Strassman et al., 1994; Strassman, 2001). Commonly involving multi-disciplinary teams comprised of neuroscientists, pharmacologists, psychiatrists, psychologists, social workers, and/or counselors, patients are dosed with psychedelics, supervised, monitored, recorded, and surveyed about their experiences (e.g., Griffiths et al., 2006). Although these studies began by examining "healthy normals," studies have since focused on dosing terminally ill patients to examine changes in their existential fears and end-of-life anxiety and depression (e.g., Reiche et al., 2018; Ross, 2018) as well as other populations with problematic depression, anxiety, obsessive compulsiveness, and substance use disorders, including addictions to opiates, alcohol, and nicotine, (e.g., Bogenschutz et al., 2015; Carhart-Harris et al., 2016; Gasser et al., 2014; Grob et al., 2011; Johnson et al., 2014; Moreno et al., 2006; Ross et al., 2016).

These investigations and their conclusions have garnered widespread attention. Contemporary mass media reports differ substantially from the attention on countercultural use common in the mid- to late-1960s, the latter of which warned about hallucinogens' menacing ability to disrupt social order by wrecking individuals' minds and bodies. Today's headlines seem rather homogeneous in their medical focus. In addition to those cited at the beginning of this paper, a 2010 *New York Times* headline announced, "Hallucinogens Have Doctors Tuning In Again," and in 2019, another article reveals the opening of the Center for Psychedelic and Consciousness Research at Johns Hopkins. Michael Pollen's 2018 book titled *How to Change Your*

Mind has also been highly publicized, appearing #1 on Bestseller lists. And Netflix, arguably one of the most far-reaching mass media producers at this time, has recently released documentary-style yet made-for-entertainment content pieces about the beneficial effects of psychedelic use. In short, psychedelics are commonly conveyed as a viable therapeutic.

Problematizing the existing cultural narrative

There is disjuncture between public attention on psychedelic use and the lived reality of it. The almost exclusive focus on clinical psychedelic studies, indeed, distorts the actuality of use patterns. In fact, psychedelic use in the United States largely occurs in social settings. An over-emphasis on clinically oriented contexts overshadows and conceals sociological inquiries of human experience as they relate to these drugs. In order to better grasp how psychedelics are commonly used in the United States, we must venture beyond the medical setting.

Information about social psychedelic use, especially micro-dosing, is newly accumulating, but systemically collected data on self-managed use remains scarce. At this time, the few formalized studies of micro-dosing reflect some of the key findings of clinical studies. For instance, Lea et al. (2020) note that use of psychedelics appears to be correlated with improved anxiety and mood. Among their sample of online survey respondents, though, many reported micro-dosing as an adjunct to more conventional therapeutic treatments. Interestingly, the authors find that 65 percent of their micro-dosing sample had previously taken a “standard” quantity of psychedelic. Still, we have relatively few studies investigating persons using moderate or high amounts of psychedelics in social settings. In the West, studies tend to rely on examining “trip reports” submitted to drug-related internet sites (e.g., Bohling, 2017; Rolando & Beccaria, 2019), although some have collected online survey data (Kettner et al., 2019; Moro et al., 2011) or conducted interviews (Pederson et al., 2021).

In the present paper, I contribute to the expanding literature on social or self-managed psychedelic use by reviewing in-depth interview data systematically collected from a diverse sample of 30 persons who report using psychedelics “on their own terms.” All persons interviewed reported ingesting moderate or large amounts (i.e., doses) of psychedelics, although some had also experimented with microdosing. Given the preponderance of psychedelic consumption in social, rather than clinical or religious, settings in the United States, the data presented herein extends our understandings of psychedelic use by providing a more inclusive, arguably more realistic, portrait.

Drug use motivation

Very few studies assess if and how motivations to use psychedelic substances are distinct from other substance use. In 2011, Móró et al. conducted an online survey investigating reasons for use among nearly 700 people and concluded that persons using psychedelics differed from other drug users (and non-users), citing psychedelic consumption being largely driven by a desire for self-knowledge enhancement. Kettner et al.'s (2019) more recent online survey examined motives for using classic and novel psychedelics as well as legal psychoactive substances. While acknowledging the limitations of web-based surveys and their recruiting strategy through drug-use related websites, they conclude that persons more commonly report using psychedelics in order to feel euphoric, broaden consciousness, enhance activity, and experience the spiritual and natural worlds, which stood apart from stated reasons for using legal psychoactive drugs.

Beyond the few systematic studies comparing use patterns, there is reason to suspect use motivation differences across drug types. (Auto)Ethnographies and memoirs about psychedelic use in the United States highlight its particularity, especially in discussions about access, “appropriate” contexts of use, (extra)sensory experiences, and the corresponding “drug culture” (e.g., Huxley, 1954; Osto, 2016; Waldman, 2017; Yablonsky, 1968). Medical research too suggests clear differences between classic psychedelics and other drugs. As hinted at previously, psychopharmacological, neuroscientific, and psychiatric reports lead us to believe that persons are motivated to use psychedelics in order to resolve pains associated with depression, anxiety, or addiction rather than to escape or cope with such pains. As reviewed earlier, these latter studies heavily shape the dominant cultural narrative on psychedelic usage.

Study design

The present paper relies on in-depth interview data. In-depth interviews are the preferred method of data collection for gaining comprehensive knowledge about sensitive topics and/or from populations who are rarely, if ever, studied (DeVault, 1999). During the interviews, participants were specifically asked to describe their experiences with psychedelic drugs in detail but questions about their past and current drug use, life experiences, attitudes, and beliefs were also addressed during the interview process. Indeed, this study is part of a larger project, and as expected from in-depth interview designs, the data collected yielded abundant, insightful information about the participants, their perceptions, and their life experiences. Given space restrictions and in appreciation of parsimony, this article focuses on the stated

reasons for initial and subsequent psychedelic use, though some general information describing the situational context of use is also provided.

Data from 30 in-depth interviews provide the basis for the present analysis. The criteria for participation in this project was three-fold: (1) being 18 years of age or older; (2) having at least one experience with a classic psychedelic, such as DMT, mescaline, psilocybin, or LSD in one's lifetime, and (3) agreeing to be interviewed in accordance with university institutional review board (IRB) protocol. All interviews took place in a location mutually agreed upon by the respondent and interviewer, generally the participant's home or a private room in their workplace. Some interviews occurred face-to-face, and some were conducted over telephone. The selection of communication style depended on the participant's choice but was primarily influenced by their residential location and physical distancing mandates due to the risk of COVID-19 infection, the latter of which was on-going during the data collection phase. Although critics may raise apprehensions about differences across interview styles, I do not have any problematic concerns about significant differences across the narratives reported by those who participated in-person or by phone. All respondents seemed forthcoming about the information reported.

This project relies on a strict definition of snowball sampling. Early in the data collection process, I contacted four persons who were previously known to me as users of hallucinogenic substances. To my knowledge, these persons do not have any independent relationships with one another, so it allowed me to reach separate persons and groups of potential interview participants. Pursuant to IRB requirements, all additional participants had to initiate contact with me.

I conducted nearly all interviews, but a trained research assistant, who has worked with me on a couple of other projects over the last 7 years, conducted some. Interviews lasted about 75 minutes, on average, although they ranged from 48 minutes to 4 hours and 23 minutes. All interviews were audio recorded, and I transcribed them, often immediately following interviews. This allowed me to make notations about the interviewee's body gestures as relevant and/or perceptible changes in attitude or word choice in response to some questions. Following transcription, I immediately re-read the interview with prior interview transcripts in mind and made brief notes about convergences and divergences across interviews. Once 30 interviews were complete, I reviewed all interviews collectively to identify potential themes, patterns, and anomalies among the interviews and interviewees. As mentioned above, this project is part of a broader inquiry, but thematic analysis indicated some clear consistencies

across the interviews regarding stated reasons for initial and subsequent psychedelic use. These conveyed motivations are the focus of the present paper.

Sample

Prior to engaging in the in-depth interview, participants were asked to list all psychedelic drugs they had ever consumed, estimate the frequency of such use and provide (open-endedly) their age, sex, gender, sexual identity, religious affiliation, ethnicity, and race. Only three participants reported using psychedelics just once in their lifetime, so the majority used more than once. Among those, the frequency of estimated use ranged dramatically from 3 to 170 with the median being about 22 times. The most commonly used psychedelic was psilocybin, with 28 people reporting having tried psilocybin-containing mushrooms in some form (i.e., fresh or dried caps, tea, ground and encapsulated). Most persons ingested psilocybin by eating dried mushrooms, often after mixing it with conventional food or liquid. Seventeen participants discussed their use of LSD, so it was the second most common psychedelic used among this sample. Seven reported using DMT, and 6 had consumed mescaline. While not considered classic psychedelics, other synthetic psychedelics or “research chemicals,” including 2C-B (4-Bromo-2,5-dimethoxyphenethylamine) and other 2C series drugs were reportedly used by 5 participants. Several also indicated experiences with dissociative anesthetics, such as PCP (phencyclidine), nitrous oxide, and ketamine, and many had ingested salvia and MDMA (3,4-methylenedioxy-methamphetamine). All persons interviewed had used marijuana more than once, and some described hallucinogenic effects from their cannabis consumption, with one person cleverly referring to it as a “junior psychedelic.”

Interviewees’ current age ranged from 18 to 71. Their first reported use of a psychedelic ranged from age 15 to 38, with nearly 50% reporting their first experience by age 18. All reported being male/man (n=14) or female/woman (n=16). Explanations of sexual identity varied. Some identified their sexual orientation succinctly as heterosexual, bisexual, or gay, while others gave more elaborate answers, such as “I am just with my wife” or “I’ll have sex with anyone, but I like girls.” Religious identifications were diverse. The majority reported having no religious affiliation, although this was conveyed in numerous ways. For example, persons reported being “atheist,” “agnostic,” “not religious,” and “spiritual, but not religious.” Others reported being Jewish, but even among these persons, caveats were common (i.e., being “only culturally Jewish” or “Jewish and spiritual, but not religious”). Three persons identified

as Christian, with two clarifying their affiliation as practicing Catholics. Finally, a few cited being Taoist, Hellenistic, or pagan.

Five nationalities are represented among interview participants, but all are current residents of the United States. Four interview participants identified as Latin or Hispanic, one as “mixed” race, and all others reported their racial identity as Caucasian or white. Some persons provided additional information about their racial and/or ethnic background by specifying cultural identifiers, referring to their “home country,” or sharing information about their national identity throughout the interview process. Although I made efforts to include non-white participants, the interview participants largely identify as white. I, the researcher-author, present as a white, southern, US woman. The relative homogeneity of racial identification may not be surprising given my reliance on snowball sampling, the racial-ethnic homophily of friendship networks, and previous conclusions about race-of-interviewer effects. Nonetheless, the relative lack of persons identifying as non-white is worthy of concern given the relative absence of persons of color in psychedelic research (see George et al., 2020; Michaels et al., 2018). To be sure, there are considerable differences in reported psychedelic drug use across racial-ethnic identity groups. The annual National Survey of Drug Use and Health concludes that non-white US populations consistently report significantly lower use of hallucinogens as compared to whites (SAMHSA, 2020). Krebs and Johansen (2013) similarly conclude that only about 14% of persons reporting ever using classic psychedelics are nonwhite. Examining a nationally representative sample of US adults, their data suggested about 7% of users identified as Hispanic, 4% as African American, 1% as Asian, Native American, and multi-racial, and .2% Native Hawaiian or Pacific Islander. Reports of relatively low use may be due to low opportunities to try hallucinogens and/or fears of reporting drug use given the criminalization of use among nonwhites, especially in the United States. I recognize the lack of racial-ethnic minority experiences in psychedelic-related scholarship as problematic, particularly since psychedelic use and experiences are arguably influenced by socio-cultural context, which includes an extensive history of racialized violence on non-white bodies within medical, legal, and other institutional and interpersonal interactions (Hartogsohn, 2017; Neitzke-Spruill, 2020; see also Washington, 2006).

The narratives reveal various socio-economic statuses. In responding to the prompt “Tell me a little bit about yourself,” most interview participants described their life as a child, young-mid teen, and current-aged adult. Descriptions of their childhood was expressed in many ways, with some persons pointing out that they grew up “poor,”

“struggling,” “comfortable, but not rich,” “having everything they wanted,” “privileged,” or “typical.” Most of these descriptions were used to identify their perception of their parent(s) or parental surrogate’s financial (in)security, as much fuller accounts were given about residential, emotional, and relational situations throughout their lives. When needed, I probed to further inquire about information shared. For instance, I would ask “Is there anything else about your life that you think is important for me to know about?” or I may point out, “You mentioned quite a lot about your early childhood, but what can you tell me about your teenage years, if anything?” It was not unusual for interview participants to compare their current life or hopes for life with their perceptions of their family’s. It was generally during this part of the interview where participants communicated information about educational status and attainment and work history. Nearly all respondents had a high school diploma or equivalency and the majority had at least some college education. Work status varied greatly. Some respondents were unemployed, others worked, as one described, “the lowest rung of the ladder,” while still others worked in skilled trades or highly specialized professions requiring advanced degrees.

Findings

The data indicate various situational conditions related to the interviewees’ psychedelic use. For example, persons reportedly consumed psychedelic drugs when outdoors or “in nature,” at concerts, and private residences, sometimes alone and other times with friends. Additionally, even though the United States Drug Enforcement Administration classifies classic psychedelics like LSD and mescaline as Schedule 1 substances, and none of the participants reported taking psychedelics in a clinical or scientific research setting, the narratives include some psychedelic ingestions that are not illegal. Some participants, for example, took psychedelics prior to the criminalizing and scheduling of these drugs, and others consumed psychedelics in states and countries where the substances are decriminalized or legal.

Among the 30 persons interviewed, most indicate their use was “recreational,” that is, the primary purpose of psychedelic consumption was “to have fun with friends.” And while nearly all respondents mention this as their initial motivation for psychedelic drug use, some specified that the experience turned out to be profound or enlightening in numerous ways. In other words, even when participants suggested their psychedelic use was primarily for fun, some narratives indicated a drug-related experience that could be described as life informing or life changing. For example, participants recalled a (re)new(ed) sense of aliveness and/or unique feelings of connectedness with

other things. Such recollections often sparked discussions of subsequent use. So, even when interviewees directly reported their use as strictly recreational, their narratives often revealed multiple reasons for use occurring simultaneously. Below, I detail some of these complexities.

First use

Notes on situational context

None of the interview participants reported that their first ingestion of a psychedelic was done alone. Most described their first use occurring with “a small group” of friends who were using the same drug(s), but all of participants reported having at least one other person with them. Of those instances where someone’s first psychedelic drug experience occurred with only one additional person present, it was most commonly a romantic partner or their identified “best friend.” In either case, the narratives indicate that this person was someone who the participant fully trusted at the time. Only a few participants recalled having a sober companion or “trip sitter” with them for their first time. When this occurred, the reason was described in two ways: (1) it was a planned circumstance to make sure that the participant (and other persons) consuming psychedelics would be “taken care of” or (2) it was unplanned and occurred simply because one of the friends present had no interest in taking psychedelics.

Almost all persons interviewed described consuming their first psychedelic drug in their teens or early-20s, and no one reported psychedelic substances as their first illicit drug experience. Only three reported their first psychedelic drug experience as occurring after young adulthood. One of the three exceptions was in her late 30s at the time of her first use and indicated that her main reason for the first use was therapeutic, stating “I had seen some stuff about how people were using them for psychological issues, and I wanted to get out of my head and see if I could get out of my own way.” The narrative of another indicated that she had several reasons for initially using at the age of 28. For example, she mentioned a desire for spiritual evolution, stating “I think I have a lot of growing up to do as far as being spiritually awakened. That’s part of why I tried psychedelics.” But immediately before this statement, she also hinted that her initial use was a way to placate her romantic partner who “really wanted me to try it.” Being 30 years old at the time of her first use, the other person reporting a mid-adult initiatory use said it was due to her wife’s “encouragement to experiment.” Interestingly, both of those who reported some sense of pressure from their romantic partner described their first trip as “not so good” or

“really negative.” In fact, one said that she has no desire to use psychedelic drugs ever again, and the other did not consume another psychedelic substance until about 10 years later when she reportedly felt comfortable experimenting again. These narratives echo early research on [mind]set, claiming that apprehension about taking psychedelics was negatively correlated with a willingness to try them again (Leary et al., 1963; also see Aday et al., 2021).

Notwithstanding the uncommon instances of mid-adult initiates, the interview participants revealed various reasons for seeking an initial psychedelic drug experience; however, patterns emerge across the narratives. These are described in detail below.

Reported reasons for first use

Curiosity

Thirteen persons interviewed used the word “curious” when asked why they used psychedelics the first time. In fact, this was by far the most common explanation given when speaking about their initial interest in trying psychedelic substances. For example, after interview participants described memories of their first psychedelic drug experience, they were asked “Do you remember why you used [name of psychedelic drug] the very first time?” Some answers were brief. For example, one person, who had used various forms of psychedelics, totaling about 30 times over the course of his lifetime, replied about his initial reason for use, “When I was really young, I was very curious, so I was likely to try things,” while another, who reported using only psilocybin mushrooms stated, “The curiosity factor had won over by that point.” Others gave a bit more background. One interviewee, who described himself as a fun, athletic guy, stated, “The first time I used I was curious because of my experience with marijuana, which was pretty fun and wild.” Another, who described herself as a reliable, responsible, but “very closed off” person, pinpointed her curiosity only about certain forms hallucinogens.

When it came to shrooms, I wanted to try it. I never wanted to do acid because I had heard from people that that stuff—you could do it one time and never be the same again, so I never wanted to do that, but shrooms were natural, so it was okay to do those, so that’s one I was always curious about. I was just a curious little bug ... sometimes people are just curious, which is what my start was.

Invoking curiosity as a reason for use implies some level of awareness or knowledge about the existence of the drug. In seeking to better understand how their curiosity

was spurred about psychedelic substances specifically, participants were asked, “How did you first hear about psychedelics?” All but one person interviewed indicated that a peer, a romantic partner, or the media was their means of first learning about psychedelics. Reflecting Becker’s (1953) arguments about peer influence, many respondents linked their introduction from peers to their curiosity, which led to their first psychedelic use. For example, one mentioned that his initial use was “largely based on the curiosity sparked by [friend’s] stories about it.” Another mentioned that he had a housemate and friends who had used different hallucinogens: “They told me about their experiences and their talks made me curious.”

Feeling pressure from others

Descriptions about pressure to initially ingest psychedelics from others were typically voiced as feelings of internalized pressure to conform rather than outright pleas from others to use a particular drug. Interview participants often suggested, for example, that they originally used a psychedelic drug “to be with friends” or “to get comfortable with friends.” In this way, it did not sound as though friends were overtly insisting that the participant ingest psychedelic substances as much as it was that the participant assumed that consuming alongside their friends was an exercise in bonding or sociable interaction. The underlying suggestion, then, is the interviewee’s desire to gain a sense of belonging with a friend or group of friends. The degree to which interview participants internalized peer pressure varied, with some describing themselves as largely agreeable or somewhat passive people and thus more likely to follow a crowd in general. For example, one person, who had a single psychedelic drug experience when he was approximately 17 years old recalled,

I'm sort of a natural born follower. I remember this crowd. I liked rolling with them because they were good people, I thought. They were more mature than me, so I probably would have done it just to fit in. Like if somebody would give me a beer, I pretend to drink it. I didn't like it, but I wouldn't say stuff. I'll just laugh and smile and be a part of the group, but I won't have to continue, and I think this was that same thing, but then I paid for it by having this awful experience ... So, friends are why I did it.

Another, who was 15 years old at the time of her first use but reported using a few different forms of psychedelics numerous times over the course of her life, described her first time by stating,

It was just me and another friend that night ... I really never wanted to do it. It was always just the influence of a friend saying to do it. I'm a pretty easygoing person ... I'm still that kid that is easily talked into things [laughs].

Similarly invoking his desire to be a part of the group and being easily influenced by others, the following interviewee, who considered himself a “late bloomer” to drug-taking, having been in his late teens at the time of his first ingestion of any illegal substance, recalled his first psychedelic experience with LSD, which occurred when he was in his early-20s:

I was living with roommates in a house, and we all took acid ... And it was always their idea to do it, so they would ask me if I wanted to participate, and I would say yes just to be a part of the group. I was easily influenced. And curious.

Only a few interview participants spoke about feeling more directly pressured by another to use a psychedelic drug their first time. In such cases, it was not uncommon for the request to try psychedelics to come from their romantic partner, who had prior experience and wanted “to trip with” them. A couple of instances fitting this scenario were mentioned above regarding the respondents who reported their first use at an older age than average, but two additional narratives provide further examples of this form of pressure. In one, a woman in her mid-twenties at the time of first use explained,

The first time I did shrooms I had gone to the beach with the guy I was dating at the time, and his mom. While we were down there, some other people we knew—friends of mine—were also down. They were staying about 20 minutes away, so I ended up meeting up with them in this little beach house. There were about six of us there, and I didn't go visit with the intention that anybody had shrooms or that we were going to eat them, but they just happen to be there, and I felt good about it, so we ate them ... These people are more experienced than I was. It was not their first time even though it was mine. They didn't give me any advice or anything like that. It was pretty much just like “Eat these mushrooms, we're gonna have a great time. What do you want to drink?” [laughs.]

One person, whose first use involved drinking a psilocybin mushroom tea at age 20, suggested some curiosity about forms of psychoactive drugs, including some “LSD-like” research chemicals. Noting that his friends were more experienced in drug use than him, he continued,

I am perfectly fine drinking wine and smoking weed and having a good time. My friend, who was involved in this relationship with these two other guys, tried the LSD chemical first, and he was the one that came back to the rest of us, the other people who tried the [mushroom] tea. And he said, “You know, he’s really got it down this time. I tried it, and I had this amazing experience, and I saw all this shit. I felt so at ease with the cosmos,” and things like that ... he was the one who convinced us to do it because I would not—I placed all of my faith and my trust in him, my friend.

I just did drugs

Several persons indicated that psychedelic drugs were simply a part of their exploratory drug use. For example, when asked why they used psychedelics the first time, they would state things like the following: “It was just part of what I did. I did drugs, and I enjoy doing drugs. I think I just had the opportunity to do it, so I did it,” or “I was always interested in drugs and enjoyed them,” or “I was just with a group of friends and we took a tab of LSD ... Drugs are what we did. It was great” [laughs].

As suggested by the concision of these quotations, this explanation was often provided in a brief and/or flippant tone. Interestingly, however, one interviewee who initially described his first consumption of a psychedelic drug as part of his exploratory drug-using behavior later admitted that his introduction to psychedelics was somewhat different than other substances.

When I was really young, I was very curious, so I was likely to try things ... sometimes it [consuming substances] was just about if it was going to feel good. I didn't expect it to open my mind. I just expected to feel good. With psychedelics, it was something entirely different. It was less for being high and more for ascending into another plane of existence.

This particular person reported always enjoying “deep conversations” with his friends and the life story he relayed was unique, which arguably made the complexities of life more visible to him at a younger age than usual. Still, his age of first use, general drug use history, first form of psychedelic drug (psilocybin mushrooms), and recounted first experience of psychedelics was not vastly different from other interviewees.

Complexities in reasons for first-time use

As the reader may note in the excerpts above, many narratives suggest more than one reason for first use, so although I provide some examples above as illustrations for

certain rationales, I want to be clear that reasons for initial consumption were often multiple, and sometimes competing. For example, one individual originally replied “I don’t know” when asked to explain the reason for her first use; however, following a pause, she spoke about how her curiosity was sparked by a friend’s stories about LSD before furthering, “So, I don’t know why I decided to do it, but I just know I wanted to do all the drugs I could get my hands on at that time, and all my friends were doing it.” In this way, the narrative illustrates all of the themes identified above (i.e., curiosity, peer pressure, and exploratory drug use).

Two others speak to the salience of curiosity, desires for social bonding, and experiential growth. The first, who self-identified as a psychonaut, having consumed psychedelic drugs an estimated 170 times, said,

The first time it was a curiosity to see how I would be in that state of mind and also to party and hang out with my friends ... I had heard my mom talk about it at an earlier age, and I was really interested ... [she] told me about how she experienced certain things and whatnot, and I looked up to my mom, and I just had a curiosity that needed to be fed ... And it was just a matter of wanting to explore a new experience of being to see if I could learn anything ... but the very initial was probably more curiosity.

The second, who reported ingesting LSD the first time at the age of 20 without much effect, noted,

A friend said, “Do you want to try this? It sounds like fun,” so, we did. I was getting ready to go to [concert], and I had planned on tripping at while I was at the concert, so I figured it was a good idea to do it ahead of time where I’d be comfortable ... I felt like if I was in a smaller more controlled environment, if something bad were to happen, or I wasn’t going to like it, then at least I was with my best friend at the time and people that I trusted ... I was raised by hippies, [laughs] so I felt that idea of being connected to things. An expanded consciousness and pushing boundaries—that was very interesting to me. My parents never really encouraged me to use drugs, but they set me up to be a human with an open mind, so it was just sort of appealing to me in that way too.

Notwithstanding the fact that initial explanations of use are subject to post-hoc rationalizations about certain behaviors in relation to one’s understandings of their self and self-presentation, rationales of first-time use often indicate multiple reasons for one’s first experimentation with psychedelic substances.

Subsequent uses

Notes on situational context

Having a sober person present for psychosocial support and safety was rare for first-time users, but “trip sitting” was more common among persons for their subsequent uses even if it wasn’t always planned. Trip sitting is one way to minimize “having a bad trip,” a phrase used to describe a range of negative and sometimes frightening circumstances, which can include a sense of uncertainty and unpredictability, feelings of anxiety, and/or onset of disturbing paranoia or other conscious-altering perceptions. Among some of the more experienced psychedelic users in this sample—those who reported using 50 or more times, for instance—and those who reported continued use for more psycho-spiritual reasons, relying on a friend’s presence was, in fact, relatively typical. One of the self-identified psychonauts regularly used a friend or roommate as a trip sitter both to ensure safety and document the trip with notes and/or footage that could be later reviewed. Another person who reported extensive psychedelic use, however, discussed the need for a guide only for certain types of substances. For instance, he recounted numerous ingestions of psilocybin mushrooms and LSD without a sitter, but in speaking about DMT consumptions, he mentioned arranging the presence of a sober guide based on advice he had received from an experienced user. In recounting his use of DMT, he mentions the help and support provided.

I was very interested because he said that it's a psychedelic, but it's more intense ... so he walked me through it, and I decided to try it ... It was very scary at first. I've heard people say that they think they experienced what death may feel like when they tried that, and I definitely feel like I had an experience like that ... my friend watched over me, so he was there to help ground me if anything went wrong. And I remember as it started hitting me, I felt this overwhelming sense like I was in a trash compactor. Like the whole world was compressing me in. It was overwhelming, and I was terrified, and I was sitting down, so I put my head down, and my elbows were on my knees to try and wait for it to be over. And I'm about a minute and a half in at this point and right when I think I'm about to die, [friend] was able to calm me down by saying things like, it's okay; you're alright ... I lifted my head and looked up and all negative aspects of it were gone.

Despite these arranged circumstances, other instances of trip sitting occurred unplanned. For instance, one young man, who reported numerous experiences with eating psilocybin mushrooms and LSD, smoking DMT, and ingesting several research

chemicals, described his recollections of subsequent uses and noted never feeling the need to deliberately arrange a trip sitter.

We didn't have, like, a trip sitter, but somebody was there to make sure that if somebody was having a bad trip, it was going to be handled. It typically just worked out that way. We didn't really have to have a trip sitter if that makes sense, but I'm sure there were times when it would have been a positive addition to the scenario [laughs]. But there was never any intentional sitter.

Decisions to use a trip sitter do not seem entirely related to frequency or intensity of use nor do they appear related to age, gender, or another social demographic. Still, in discussing subsequent psychedelic ingestions, statements about having or not having sitters or guides was consistently brought up by interviewees.

Thematic patterns also emerged when discussing the reported reasons for continued psychedelic use. For example, all participants mentioned expectations that the drug-induced experience would deliver feelings of pleasure (i.e., having fun) or aid in existential searches, the latter generally being described in terms of psychotherapeutic and/or spiritual expansion.

Reported reasons for subsequent use

Having fun

Recall that three persons interviewed reported using psychedelics only once. Of the remaining twenty-seven, fifteen indicated that they continued to use psychedelics because of the drug's ability to help them have fun, let loose with friends, or feel "fucked up." Despite the relative frequency of this stated motivation, people did not speak uniformly about what these characterizations meant to them. Some spoke about their use in somewhat hedonistic terms, suggesting that psychedelic drugs were ingested for pleasure and enjoyment, which they viewed as essential to human life. Interviewees spoke, for example, about how they liked to feel high and mentioned that being human was marked by being "here," "having a lot of feelings," "using our five senses to experience an existence," and "finding things that make you feel satisfied." One person, who estimated using LSD about 50 times, mushrooms at least 7, and other hallucinogens as well, described how she enjoyed being high and related it to a human impulse to enjoy life. Earlier in the interview, she answered my question about why she used psychedelics after the first time by emphasizing,

For fun. What would be the other reasons? [laughs] For me, it's total recreation. I just like to feel high ... I'm pretty free, and I'm comfortable being out of control. I enjoy the out of control feeling.

One of the youngest persons interviewed, who also indicated a substantial amount of hallucinogen use, concurs this sentiment:

Every other time [after the first], I was just, like, tired of smoking weed all the time, and I wanted to do something different [laughs]. Just to get more fucked up, I guess. Just a desire to feel different. I never wanted to be more spiritual or enlightened. It was fun, so if my friends talked about doing it, I was, like, okay. So, it was a friend thing.

Similarly voicing recreational aspects alongside feelings of peer connectedness, one of the older interview participants, who had used multiple forms of psychedelics over the course of his life commented,

All of my psychedelic use was recreational [laughs]. But, LSD, for me, has a serene experience ... I don't want to sound like an old hippie, but it makes you feel in tune with the whole environment. You can see the sun coming up in other colors, be with friends, and just enjoy each other. It was very enjoyable, and enough so that I wanted to do it again.

These narratives are reminiscent of Ken Kesey's early advocacy of psychedelic drug use. Seeming to oppose or discount overly intellectualizing psychedelic-induced experiences, his public statements often urged using hallucinogenic drugs for enjoyment and the spontaneous self-indulgent effects that they generate. This opinion apparently remains in more contemporary investigations. Examining LSD and psilocybin reports posted on Erowid, Bohling (2017) emphasizes the pleasurable aspects of psychedelic use, which users professed include sharing intense laughter with others, having a heightened ability to freely express themselves, feeling a deep connection to all things, and appreciating the wonders of nature.

Some interviewees likewise emphasized psychedelics' fun-filled consequences but implied psychedelics as different from other drugs in helping them "let loose and have fun." They described non-psychedelic drug use as "purely recreational," arguably implying psychedelics were not. In elaborating, they pointed to psychedelics' distinctiveness stemming partially from the potent hallucinatory effects (altering visual and audial perceptions) but also the amount of mental and environmental preparation

required to safely acquire and consume psychedelics. Accentuating their remarkable effects, one person indicated that she would still use some psychedelics, like LSD, to party with her friends but said she had to be careful because they were “too impairing.” I asked her what she meant by that, and she explained,

Because of that [first psychedelic] experience [where she reported seeing overwhelming beauty in mountains], within another month or so, I took it again. Intentionally. To be out in nature. I was still with my friend, but I was taking photographs to try and capture all this beauty. It was more intentional, not just based on kind of being with your friends and high, like at a party.

Three persons interviewed—two who estimated well over 100 total uses and the other approximately 40 consumptions—discussed their reasons for subsequent use as changing over time. Specifically, they discussed how their first use was largely based on curiosity and their early subsequent use continued as a means to have fun, but as they accumulated psychedelic experiences, they purposefully began to “explore their psyche.” In this way, substance consumption became less about entertainment and more about identity exploration and spiritual development.

The first few times after that [first time] was definitely recreationally (sic) because I didn't have an understanding of how it really felt at that point. But after that, it grew into a more spiritual experience for me. And that was my reason for doing it ... I didn't mean to do it for any spiritual purpose ... I wasn't looking for that. That wasn't anything that I was interested in really, but it just happened.

In the beginning, I was all about trying it and tripping. Just anytime I could do it. I was very much in the mindset of this is something I can party on and have fun with my friends. Now it's more of a therapeutic reset for me. It is like a reset. LSD will help you deal with anything that is in your mind that you've been putting off or avoiding dealing with or coming to terms with. If you have darker feelings, you can't avoid it when you're taking LSD, so it's more of a tool to get in tune with myself and the therapeutic and spiritual aspects of it. Or that's what I've used it for now ... I would say therapeutic and spiritual are my preferred way of thinking about it now. And using it—I don't really use it recreationally anymore, after a few instances of hanging out with friends and tripping, there was a point where I realized that it wasn't just a party drug and that it was something I could use to learn and help.

The first time I remember it being, like, whoa! It was way different. But the first truly beautiful experience I had was when I was in college. We sat out on this porch in the mountains. We sat out on this blanket as the sun set and talked about god. At that point, I wasn't thinking a whole lot about religion. I had left religion in the back of my mind. But it was as if my brain cracked open. I realized how powerful of a medicine this was ... My psychedelic use—it's a quest for meaning and understanding. I've had a lot of really beautiful experiences.

The notion of shifting from “recreational” to “committed” use is something noted by Rolando and Beccaria (2019) in their analysis of an Italian web-based psychonaut forum. By relying on in-depth interview reports, however, the present project indicates a somewhat unintentional process towards self or spiritual learning, which raises questions about the need for specific intentionality or a particular (mind)set and setting to make psychedelic experiences conducive to edification. This is particularly noteworthy given psychedelic science's focus on purposeful set and setting as critical elements of a meaningful, instructive experience.

Existential searching

Echoing elements described in the three quotations immediately above, additional persons reported that their subsequent use was for existential exploration. Although psychological and theological perspectives are unique in their understandings of the self and its relatedness to other objects and/or beings, the persons interviewed generally spoke in ways that combined psycho-therapeutic and spiritual ideas. For instance, they spoke about subsequent psychedelic use being motivated by efforts to “figure out life,” to get through a challenging event, to learn about themselves, and to (re)connect to nature or god.

None of the persons interviewed used the term(s) entheogen(ic) to describe their interest or motivation for substance use, but many spoke of issues congruent with the so-called entheogenic movement. Entheogens are substances used in sanctified contexts to provoke transcendence into a spiritual realm; the entheogenic movement is a socio-political stance that encourages ceremonial use of substances to educate users first-hand about themselves in relation to the natural and cosmic world surrounding them, relations that are said to be inadequately nurtured in consumerist-driven human life experiences, thus diminishing our sense of sacred relatedness. Frequently countered with modern, Western medicine, entheogenics are grounded in indigenous practices and knowledge that involve the use of “plant teachers” or psychoactive plants ceremonially ingested, often with guides, to assist someone in dissolving illness,

disease, or pain of the spiritual and physical body and mind (Luna, 1984; Tupper, 2002). Entheogenics and existentialism both advocate utilizing cognitive and/or spiritual tools to enhance questions, contemplations, and understandings of beingness.

It was not uncommon for interviewees to mention electing outdoor locations, such as parks, hiking trails, or camp sites, to “trip in” in order “to be close to nature.” No person interviewed identified their trip location as “sacred,” but when asked why their setting was selected, responses centered on the openness, aesthetic beauty, and general enjoyment of being outside. These interview participants further discussed visceral reactions to substance-induced harmonization, which are resonant of entheogenic understandings. In many ways these narratives suggest that the ingestion of hallucinogenic substances accelerated their existential intelligence. For example, one person with a history of smoking DMT, eating mushrooms and LSD, and drinking ayahuasca and mescaline, described his overall experiences.

It's really more about, 'look at how beautiful my surroundings are!' The other thing I felt, and this is a hallmark of my experiences with mushrooms, is the idea that the world seems more magical for lack of a better word. It seems like the environment is interacting with me in a way that is unusual ... If I could close my eyes, I would see some thing and that was interesting because I felt more like I was more open to a deeper philosophical thought. I felt more aware of things.

Notwithstanding his use of the word psychedelics rather than entheogen, another interviewee also hints at the salience of unitive feelings giving rise to existential awareness.

I got the sense that these little light color beings that I was witnessing were the smallest component of existence, whatever that is. The smallest part of an atom. They were playing and dancing around together in this joyous sort of way, where they come together and form different structures. They would come together and go apart; come together and then explode again, and they were sort of showing me the dance of existence of everything. Of every object or idea. They are all made of these little beings, and they are infinitely wise. They are infinitely passionate. They were the answers to all possible questions ... That is what I was given access to. The experience was really important ... Psychedelics can be used for a lot of reasons, but spiritual is the boldest or the highest. That's what I go for. Therapeutic follows that. But I think my attitude towards psychedelics is somewhat different from other people. The way I approach it in general is I like to do it respectfully. I don't think it's a party thing. It can be, but that's not how I do

it. I feel like the most I can get out of it happens when I treat it as something that, if I'm lucky, I can learn a lot from. It has a greater purpose in our life. We get access to deeper insights that become available. Once you've had one of those deeper experiences, you can't really help but have respect for it.

Many of the persons interviewed voiced the need to respect psychedelic substances, even though they often followed such statements with expected criticisms of that viewpoint. Again, the expression of respect for these substances is congruent with entheogenic ideals. Importantly, the respect was not always tied to nice experiences had from ingesting substances but in the confrontations that they generated. In this way, the narratives add to previous arguments about how "challenging" psychedelic-induced experiences may be subjectively understood (e.g., Barrett et al., 2017; Carbonaro et al., 2016; Griffiths et al., 2011). Resuming his discussion about what one can learn from psychedelic encounters, the interview participant cited immediately above continued,

If you're lucky, and if you're in the right mindset, it can be like a shortcut to self-discovery or therapeutic. A good, deep trip can take the place of years of therapy if you're struggling or there's some kind of block in you. If there's something you need in your life, it can kinda keep the door open even if you've not been acknowledging that in your own psyche. Now that can be a traumatic thing in itself, but it may be a necessary trauma.

This quote reflects Grof's (1980) perspective that the meanings gathered through LSD sessions are like insights gained in psychoanalysis, a method to unwind psychological defenses so one can face repressed conflicts. In a recent empirical project, Gasser et al. (2014) notes similar viewpoints following supplemental LSD therapy sessions. In fact, their patients, who were facing end-of-life anxiety, report the LSD-assisted psychotherapy sessions helped them access repressed emotions and understandings with greater ease as compared to usual psychotherapy sessions.

Illustrating a specific example of what can be learned is one interview participant's telling of his last time using psilocybin mushrooms. Although he reported an extensive history using various psychedelics (over 100 total uses of about 7 forms of hallucinogens), it was his last use that evoked the most memorable experience. During an earlier part of the interview, he described a meeting with a gentle, benevolent, amber-colored entity that "felt fatherly" and "god-like." He later continued,

I didn't really have a father figure in my life, so the psychedelic learning experiences, especially that one with the amber entity, made me feel safe. It felt like a father figure telling me to go back to school and to do these certain things. And it came with a huge sense of confidence that I could do it. That was something that I was lacking. And that internal message—or whatever it was—also came with the feeling that's allowed me to continue to grow. Now, I have it. It has stuck with me since.

Elaborating on the lack of a paternal presence when telling his general life history, this interview participant returned to this psychedelic experience and his recollection of the comfort and safety he felt from this amber-colored fatherly-being's embrace, reemphasizing the encounter as impactful. In this way, I was reminded of some of Maria Sabina's characterizations of the ritualized ingestion of mushrooms in her sacred ceremonies. Perhaps it bears repeating that Maria Sabina was the Mazatec healer who guided Gordon Wasson's first mushroom experiences in 1955. As mentioned earlier, Wasson's accounts of these sessions were popularized through his series of *Life* magazine articles. In a book about her life, Maria Sabina speaks about the sacred knowledge of her "children," a term used for her ceremonial mushrooms, offering "the voice of a father who gives advice," which she later described as god-like wisdom (Estrada, 1981, p. 40).

Discussion and conclusions

Researchers actively involved in contemporary psychedelic science often discourage free-lance use of psychedelics, citing a medically regulated set and setting as immensely important. The clinical realm of hallucinogen use is, therefore, leveraged as safe and therapeutic due to its dose regulation, preparation, and integration. In many cases, these arguments seem well-intentioned in their encouragement to use substances responsibly, where controlled monitoring and goal intention is centered around health and wellness (e.g., Carhart-Harris & Goodwin, 2017). Often opposing early controversial studies, these arguments also assist in establishing scientific legitimacy to the study of psychedelic elements.

Importantly, however, consumption of psychedelic substances or entheogens in the United States is much more common in social (i.e., non-clinical) settings. As such, the widespread and nearly exclusive media attention on medicalized use raises critical questions. Indeed, tensions between consumption for well-being, on the one hand, and the aligning money-making interest of pharmaceutical, medical, and media industries, on the other, should be apparent. These tensions are especially striking when historical

patterns of medicalization and criminalization of substance use are considered (Dollar, 2019; Foucault, 1973). In examining the current resurgence of human psychedelic experiments, the recent opiate crisis seems relevant.

In the 1990s, civilians began voicing concern about increasing opioid-related deaths. Although pharmaceutical representatives and medical societies reassured the public that opioids were safe and helpful among those dealing with acute and chronic pain, by the end of the 1990s, misuse and addiction had become defined as problematic (Centers for Disease Control, 2021). In 2012, despite advocacy from the pharmaceutical industry and patient pain relief lobbies, prescriptions for narcotics began to decline (Centers for Disease Control, 2020). Around the same time, fentanyl, heroin, and cocaine ingestion began to increase (Muhuri et al., 2012; National Institute of Drug Abuse, 2020), presumably due to self-medication. In 2016, amidst growing public and political awareness, including stated concerns about narcotic use and pharmaceutical and medical responsibilities in treating persons for palliative care, President Barack Obama announced measures to curb opioid abuse. By 2017, the US Department of Health and Human Services declared a public health emergency to address a national opioid crisis.

Remarkably, though in my view not surprising, attention on psychedelic use as an analgesic has significantly increased in step. As mentioned earlier in this paper, the first state-funded human subjects project on psychedelic science was granted in the early 1990s after nearly 30 years of severe legislative restraint. What is more, public consideration on psychedelic use increasingly focuses on emotional and psychological pain, forms of pain that conventional US physicians have trouble pinpointing given Cartesian ideas that divide the body (matter) and mind (spirit). To be sure, pain has always been a politicized issue, but since the advancement of neoliberal capitalism, its socio-economic relevance has become more glaring. In addition to the convergence of interests in the pharmaceutical industry and state regulatory agencies (Abraham, 2008), extant research often concludes that substance consumption eases discomfort from physical injuries as well as stress, anxiety, and depression, all of which are at least partially related to excessive competition and conflicting demands between the individual body, collective needs, and societal expectations (e.g., Dollar & Hendrix, 2018; Hardesty & Black, 1999; Loe & Cuttino, 2008; Messner, 1990). Indeed, prominent views of discomfort in modern US society generally regard pain as unhealthy if not unbearable and commonly demand medical intervention for it (Bendelow & Williams, 1995; Conrad, 2007; Horowitz & Wakefield, 2007; Lupton, 1997), often with an end-goal of (re)claiming some form of usefulness. As someone

who has studied socio-cultural disparities, stigmatization, and drug-related responses for several years, it is difficult to ignore potential links between macrosocial conditions and the timing and content of the publicized opioid crisis and purported psychedelic science revival.

Notwithstanding my suspicion behind state-sanctioned funding and mass media reports supporting clinically supervised hallucinogen use, there is evidence that psychedelic-assisted therapy has beneficial outcomes, some of which I reference in the pages above. Still, I can't help but ask: In the wake of opioid prescribing restrictions and waning prescriptions for once-popular narcotics, is mass media attention on psychedelic's clinical potential implying a replacement drug for pain relief, and if so, what will be the consequences of this? What is the connection between relying on drugs to resolve individual-level discomfort or illness and concealing mass-level distress? While I am not entirely dismissive of the evidence indicating favorable experiences and outcomes, the above relayed questions underlie my interests to systematically interview people who used psychedelics outside of clinical settings where it is most common.

At present, there are limited formalized studies among current self-managing psychedelic users, that is, persons who use psychedelics in social, rather than medical, spaces. Data about micro-dosing tend to be anecdotal (Leonard, 2015; Waldman, 2017), but systemically collected evidence is beginning to accrue (e.g., Lea et al., 2020; Szitgeti et al., 2021; also see Liokaftos, 2021). Some of the reports mirror conclusions from clinical studies, like experiencing upturns in positive mood and decreased anxiety, but micro-dosing examinations further highlight users' increased productivity and work-relevant problem-solving, echoing some reports on moderate to high psychedelic consumption (e.g., Turner, 2009). The limited extant investigations of persons who ingest "standard" quantities of psychedelic substance often rely on data obtained through drug-related internet forums where medicalized rationales and consequences for use are marginal if not entirely absent.

None of the interview participants in the present study indicate using psychedelics in a medicalized setting. Importantly, the interviews reviewed herein suggest various reasons for initial and subsequent use. Respondents commonly reported using psychedelic drugs for recreational purposes, whether out of curiosity to experience the well-told effects of psychedelics for themselves, or to have fun and connect with [potential] friends. Such descriptions suggest psychedelics are used to explore new ways of feeling or thinking, to escape boredom and routine, and/or to seek a sense of

comradery. However, many of the narratives reveal these pleasure-seeking motivations alongside a desire to experience the drug's deeper emancipatory potential, which seemingly involved a longing for cultural, not just personal, liberation. Users and investigators from varying perspectives and disciplines note psychedelics' ability to reduce emotional, relational, and spiritual suffering, which can remedy existential concerns (e.g., Griffiths et al., 2006; Huxley, 1954; McKenna, 1992; Pahnke, 1970; Pederson et al., 2021; Shulgin & Shulgin, 1991; Watts, 1969; Watts et al., 2017; Williams, 2020). These ideas are noticeable in the present study as well. Even though some respondents did not communicate specific existential difficulties, explanations for psychedelic drugs being consumed to have fun, party, and feel comfortable with others may suggest a lack of spontaneity, impeded connection, and lonesomeness in their daily lives, at least to some degree. In other words, when one indicates that a drug is ingested to better enjoy themselves or increase feelings of closeness, the implication is that their routine life may not allow them to embody the desired degree of enjoyment and/or emotive intimacy. Fromm's work on freedom is instructive here. In his first manuscript, Fromm (1941) argues that satisfying human life commands the ability to live in full expression, and he cites unprompted, genuine demonstrations of love as central to doing so. Feelings associated with love are often conveyed in recollections of psychedelic experiences even among those who are somewhat skeptical of their effects (e.g., Griffiths et al., 2006; Pollan, 2018; Waldman, 2017).

As mentioned earlier, the present sample contains diversity on a variety of factors, including life experiences, age, gender, sexual orientations, nationality, religious affiliation, and frequency and forms of psychedelic and other drug use. Though perhaps not ideal on all forms of inclusiveness, information shared in the interviews suggest areas for further exploration. While nearly all of the narratives reveal generalized feelings and specific memories of feeling "abnormal," alone, or bored, persons who identified with groups who have been socio-historically marginalized commonly linked their life histories to their drug-related activities through their perceived social position and cultural experiences. For instance, one person, who identified as white and elaborated to provide additional information about her "not American" nationality, mentioned linguistic and other cultural differences as significant childhood stressors, which was exacerbated given her father's abusive tendencies. She described each of these life contexts as negatively influencing her ability to feel secure. In discussing her psychedelic use, although the interviewee emphasized the importance of following her curiosity, she also discussed her parents' divorce and subsequent move to the United States at length, pinpointing these events

as being around the same time that she “started trouble-making, skipping school, and being around drugs.” Also highlighting youth stressors and hinting at complex feelings of (in)security were several persons who described their sexuality as something other than heterosexual or heteronormative. For instance, one interview participant, who identified as gay, spoke about his not being able to relate to his adolescent and teen peers.

There was something frightening about the way other people were partying and about knowing things that they had access to that I didn’t know anything about like sex and drugs—that whole scene. It was outside of my view at the time. It wasn’t until I got out of high school that I was able to approach things on my own terms and think the way that I wanted to.

When speaking further about these issues, he conveyed their importance to his personal and drug-related histories. In the following excerpt, recollections about his family, neighborhood, education, sexuality, age, friendships, partnerships, and substance history converge.

I think my defining quality is my intelligence—I’ve always seen that ... that’s also the thing I’m most afraid of losing, which informed a lot of my approaches to psychedelic drugs because I was very afraid that something was going happen to me, that I was not going to be the same person coming out if my brain wouldn’t work the same way ... So, here’s the great thing, I came out to my friends in high school and my teachers, essentially all of my teachers knew that I was gay before my family did ... And [area] is not the kind of place where it is comfortable for someone to be gay. I was one of the first openly gay people at my high school, but when I came out in school, I was never bullied because by the time I came out, we had already separated into our respective strata ... Add to that the implicit understanding that everyone had was that I was under the principal’s reign, so to speak. Everyone knew that if I was harmed, there would be no protection [for them]. Everyone knew who I was. All of the teachers knew who I was. All of the administrators know [sic] who I was. I was the person who was their shot at being something big. I was going to get my name in the newspapers. And had someone bullied me from [sic] being gay, it would not have been—their reprimand would have been fast, so education protected me from my home life, and it protected me from what could have been potentially detrimental social experience ... But when I was in high school, I went through a very rebellious, devious phase and that stretched me so thin in terms of the tension between me and all of the people

around me in my hometown ... I just didn't have a social life because I was not encouraged to have a social life. I didn't have a job because I wasn't encouraged to have a job. I was encouraged to sit in my room and read because that is what they attributed as success for me, and that's what I did, and I was very successful. Eventually, when it got to a point where I was in my senior year of high school, and I didn't have any friends that I hung out with on the weekends, I just stayed in my room and read. It got to be a very depressing kind of thing. And I mean when you are also dealing with your sexuality—if you don't have any friends to talk about that kind of thing—all of my friends were online. The first person I ever told that I was gay was an online friend. You know? Someone I have never met in person, so [pause] this is to say I had a fairly lonely existence up until my senior year of high school when I met the friends who I had all of my psychedelic experience with. And I was so heavily invested in keeping the relationships that I had just found that I was willing to do almost anything to make them last ... I got some good friends, and I started hanging out with them and doing things with them and that's when my life took a turn. That leads directly into my [psychedelic] experiences that we've talked about so far because, like I said earlier, I had complete faith in my friend, and I probably shouldn't have. I probably should've been able to cultivate a certain amount of healthy distance from him to see that he was doing things that was not in his best interest or mine, but I was blinded a little bit by my desire to keep our relationship.

Of note is how many elements of this narrative reflect prior research on the potential isolation among youth who express non-normative sexual identities, which can lead to defensive behaviors, including some forms of drug use (e.g., Mufioz-Plaza et al., 2002; Panfil, 2014; Pilkington & D'Augelli, 2006; Shilo & Savaya, 2011). This excerpt also suggests how the longing for intimate, shared connection may encourage participation in substance ingestion, which in this case is a criminal activity. This rationale for use is present in other research studies as well. For instance, Richie's sample of African American women with a history of domestic violence often described being compelled to use drugs to garner affectionate attention and connection. Like the above interviewee, Richie's sample spoke about how their younger selves imagined a bright, hopeful, and conventional future, which included having a loving, supportive domestic partner. Even though they recognized certain forms of drug use as illegal and potentially dangerous, they also acknowledged that it brought them positive affection and feelings of intimacy. One of Richie's respondents compellingly stated, "You'd be

surprised what you'd do when love and fear are put together in one home." (Richie, 1996, p129).

In a final illustration, one Latina interviewee indicated that her cultural background, individual life circumstances, and understandings about herself all influenced her reasons, expectations, and interpretations of her psychedelic drug experience.

My people are feisty [laughs]. I was questioning Christianity beforehand. At the end of the day what we have here on earth, whether it be mushrooms or weed or whatever it is, it was put here, and everything has a purpose, so I felt like psychedelic mushrooms have a purpose for something, and spirituality can kick in here because those mushrooms can open up a part of you who you don't really know about ... I know this sounds crazy, but I actually experienced going to the coral reef. Underwater. It was out of this world how all the colors were and how I felt very free. But at the same time, when I would wake up, I would be like, okay, that's not real. I don't really know if I liked that or not [laughs] ... I've thought about it and wondered why I would I ever imagine going there. Environmentally, they're saying that the coral reef is dying. This is where I'm from, ya know? And I feel like it was symbolism. It's where we're going as people, and this is what we're going to leave behind. It was on a deeper level for me. Unfortunately, we're killing our own planet. If the coral reef doesn't exist, there goes the whole entire life of fish and that type of stuff. But, really, I don't know why I was triggered to go there. It was just weird. I'm an Aquarius, so I don't know if that had anything to do with it ... I just feel like I have a lot of discovery to do in myself and part of that is why I tried psychedelics because I thought it's hard to activate if you're not 100% clear ... I come from a family that basically—at some point, they were witches. And I know that sounds crazy, but I know I have the capability of opening up that part of me and to be more open, but I've closed it off for so many years because some of the experiences I had as a child that were not necessarily positive ... I closed off a lot of memories from childhood in general, and it also blocks off my ability to know who I really am ... We actually had one of my mom's friends come, who is not biologically related to us, and she cleansed our house. After that, I pulled back from doing anything spiritual like tarot card readings and things like that, or studying astrology, because I felt like that was all negative because that's what I was taught. Christianity tries to throw all of that out because it's too hard for them to explain, and they don't want to go there.

Again, nearly all of the interviewees discussed feelings and specific memories of feeling atypical, jaded, or questioning, but the narratives cited immediately above emphasize the complex ways in which psychedelic use relates to perceived social position, cultural experience, and one's specific life history. These excerpts, as such, suggest a need for further investigations into how particular perceptions of difference or loneliness may be group- and/or person-specific, how those may influence one's decision to use psychedelics, and the meaning and interpretation given to the experience(s). Failure to fully appreciate such nuances may bolster feelings of difference and isolation, resulting in further injury and escalating distrust and disengagement, especially among persons and groups who have been historically ostracized. Of course, balancing inquiries, acknowledgment, and expressions of care without exoticizing, tokenizing, or otherwise exploiting people and their narratives is crucial.

The present study seeks to capture the stories of persons who are often ignored in contemporary scholarship on psychedelics: those who use psychedelic or entheogenic hallucinogens outside of the direct gaze of medical or clinical practitioners. By asking interview participants to openly discuss their reasons for and experiences with psychedelic substances, we gain further insight about potential motivations and meanings of use. In fact, even though some clinical researchers have enrolled "psychedelic-naïve" volunteers (i.e., first time users) in their studies, we know surprisingly little about why people initially elect to use psychedelic drugs, and while anecdotal evidence may hint at explanations for subsequent use, these go largely unexamined in any systematic manner. Appreciating the subjective experiences and interpretations across a wide variety of persons who consume these substances is essential if an accurate portrait of their use, misuse, and potential is to be created. To this end, we should be cautious to not let mediated stories about the anesthetic effects of psychedelics or sensationalized accounts of use overshadow the equally important narratives of direct subjective experience and interpretation. The latter help to reveal content about our relationships to and within the world in which we live. Although this may make the cultural narrative of psychedelic substances messier, it is certainly more life-like.

Implications

The above relayed findings have implications for criminology, criminal control policy, and fairness practices. First, the data underscore the general ineffectiveness of criminalizing drug use. Despite punitive laws and legislation throughout the United

States, people of varied social positions and geographical locations continue to consume illegal substances. Although reasons for use appear multiple and complex, the interviewees regularly consumed illegal substances like psychedelics. It is also worth noting that changes in physician prescribing practices do not appear to alter people's willingness to rely on self-medication to alter their state of consciousness and/or sense of being. In fact, even among persons who compliantly consumed prescribed pharmaceuticals, they sought and used other mind- and body-altering substances outside of the gaze of medical practitioners. These observations should raise profound questions about the purpose and efficacy of criminalizing and medicalizing human experiences.

The complexity of motivations for psychedelic use reported herein also points to another implication: the importance of using an intersectional approach in studying matters of criminology and the sociology of crime and control. Intersectional approaches highlight how our multiple identities and statuses influence our experiences with crime-related issues (Potter, 2015). Although space limitations restrict the ability to convey the narratives' richness, it should be clear that multiplicative identities, including but not limited to nationality, sexuality, socio-economic status, age, religion, race, and gender, are salient to the interviewees' reported understandings of their drug use, their selves, and their world, and in this way, we—not only as investigators of social matters but as living beings—must remain attuned to the effects of power disparities and persistent social hierarchies that structure our differential opportunities to conform and resist.

References

- Abraham, J. (2008). Sociology of pharmaceuticals development and regulation: A realist empirical research programme. *Sociology of Health & Illness*, 30(6), 869-885.
- Aday, J. S., Davis, A. K., Mitzkovitz, C. M., Bloesch, E. K., & Davoli, C. C. (2021). Predicting reactions to psychedelic drugs: A systematic review of states and traits related to acute drug effects. *ACS Pharmacology & Translational Science*, 4(2), 424-435.
- Becker, H.S. (1953). Becoming a marihuana user. *American Journal of Sociology*, 59, 235-242.
- Bendelow, G.A., & Williams, S.J. (1995). Transcending the dualisms: Towards a sociology of pain. *Sociology of Health & Illness*, 17(2), 139-165.

- Barrett, F., Bradstreet, M.P., Leoutsakos, J-M.S., Johnson, M.W., & Griffith, R.R. (2016). The challenging experience questionnaire: Characterization of challenging experiences with psilocybin mushrooms. *Journal of Psychopharmacology*, 30, 1279-1295.
- Bogenschutz, M.P., Forcehimes, A.A., Pommy, J.A., Wilcox, C.E., Barbosa, P.C.R., & Strassman, R.J. (2015). Psilocybin-assisted treatment for alcohol dependence: A proof-of-concept study. *Journal of Psychopharmacology*, 29, 289-299.
- Bohling, F. (2017). Psychedelic pleasures: An affective understanding of the joys of tripping. *International Journal of Drug Policy*, 49, 133-143.
- Bunce, R. (1979). Social and political sources of drug effects: The case of bad trips on psychedelics. *Journal of Drug Issues*, Spring, 213- 233.
- Busch A.K., & Johnson, W.C. (1950). LSD25 as an aid in psychotherapy: Preliminary report of a new drug. *Diseases of the Nervous System*, 11(8), 241-243.
- Carbonaro, T.M., Bradstreet, M.P., Barrett, F.S., MacLean, K.A., Jesse, R., Johnson, M.W., & Griffith, R.R. (2016). Survey study of challenging experiences after ingesting psilocybin mushrooms: Acute and enduring positive and negative consequences. *Journal of Psychopharmacology*, 30, 1268-1278.
- Carhart-Harris R.L., Bolstridge, M., Rucker, J., Day, C.M.J., Erritzoe, D., Kaelen, M., et al. (2016). Psilocybin with psychological support for treatment-resistant depression: An open-label feasibility study. *Lancet Psychiatry*, 3(7), 619-627.
- Carhart-Harris, R., & Goodwin, G.M. (2017). The therapeutic potential of psychedelic drugs: Past, present, and future. *Neuropsychopharmacology*, 42, 2105-2113.
- Carroll, A.E. (2017). Can psychedelics be therapy? Allow research to find out. *New York Times*, <https://www.nytimes.com/2017/07/17/upshot/can-psychedelics-be-therapy-allow-research-to-find-out.html>
- Centers for Disease Control. (2021, March 17). *Understanding the epidemic*. Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- Centers for Disease Control. (2020, December 7). *U.S. Opioid prescribing rate maps*. Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

- Conrad, P. (2007). *The medicalization of society: On the transformation of Human Conditions into treatable disorders*. Johns Hopkins University Press.
- DeVault, M.L. (1999). *Liberating method: Feminism and social research*. Temple University Press.
- Dollar, C.B. (2019). Criminalization and drug ‘wars’ or medicalization and health ‘epidemics’: How race, class, and neoliberal politics influence drug laws. *Critical Criminology*, 27(2), 305-327.
- Dollar, C.B., & Hendrix, J. (2018). I’m not a traditional woman:” Tranquilizer misuse as self-medication among adult women. *American Behavioral Scientist*, 62(11), 1562-1585.
- Estrada, A. (1981). *Maria Sabina: Her life and chants*. Ross-Erikson.
- Fadiman, J. (2011). *The psychedelic explorer’s guide: Safe, therapeutic and sacred journeys*. Part Street Press.
- Fromm, E. (1941) *Escape from Freedom*. Open Road Media.
- Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception*. Vintage Books.
- Garcia-Romeu, A., Kersgaard, B., & Addy, P.H. (2016). Clinical applications of hallucinogens: A review. *Experimental Clinical Psychopharmacology*, 24(4), 229-268.
- Gasser P., Kirchner, K., & Passie, T. (2014). LSD-assisted psychotherapy for anxiety associated with a life-threatening disease: A qualitative study of acute and sustained subjective effects. *Journal of Psychopharmacology*, 29(1), 57-68.
- George, J.R., Michaels, T.I., Sevelius, J., & Williams, M.T. (2020). The psychedelic renaissance and the limitations of a white-dominated medical framework: A call for indigenous and ethnic minority inclusion. *Journal of Psychedelic Studies*, 4(1), 4-15.
- Giffort, D. (2020). *Acid revival: The psychedelic renaissance and the quest for medical legitimacy*. University of Minnesota Press.
- González-Maesó J, Weisstaub, N.V., Zhou, M., Chan, P., Ivic, L., Ang, R., Lira, A., Bradley-Moore, M., Ge, Y., Zhou, Q., Sealfon, S.C., & Gingrich, J.A. (2007). Hallucinogens recruit specific cortical 5-HT(2A) receptor-mediated signaling pathways to affect behavior. *Neuron*, 53(3), 439-452.

Griffiths R.R., Johnson, M.W., Richards, W.A., Richards, B.D., McCann, U., & Jesse, R. (2011). Psilocybin occasioned mystical-type experiences: Immediate and persisting dose-related effects. *Psychopharmacology*, 218(4), 649-665.

Griffiths R.R., Richards, W.A., McCann, U., & Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology*, 187, 268-283.

Grob C.S., Danforth, A.L., Chopra, G.S., Hagerty, M., McKay, C.H., Halberstadt, A.L., & Greer, J.R. (2011). Pilot study of psilocybin treatment for anxiety in patients with advanced-stage cancer. *Archives of General Psychiatry*, 68, 71-78.

Grof, S. (1980). *LSD psychotherapy*. Hunter House.

Hardesty, M., & Black, T. 1999. Mothering through addiction: A survival strategy among Puerto Rican addicts. *Qualitative Health Research*, 9, 602-619.

Hartogsohn, I. (2017). Constructing drug effects: A history of set and setting. *Drug Science, Policy and Law*, 3(0), 1-17.

Horowitz, A.V., & Wakefield, J.C. (2007). *The loss of sadness: How psychiatry transformed normal sorrow into depressive disorder*. Oxford University Press.

Huxley, A. (1954). *Doors of perception*. Harper & Brothers Publishing.

Johnson M.W., Garcia-Romeu, A., Cosimano, M.P., & Griffiths, R.R. (2014). Pilot study of the 5-HT_{2A}R agonist psilocybin in the treatment of tobacco addiction. *The Journal of Psychopharmacology*, 28, 983-992.

Kast, E.C., & Collins, V.J. (1964). Lysergic acid diethylamide as an analgesic agent. *Anesthesia & Analgesia*, 43(3), 285-291.

Kettner, H., Mason, N.L., & Kuypers, K.P.C. (2019). Motives for classical and novel psychoactive substances use in psychedelic polydrug users. *Contemporary Drug Problems*, 46(3), 304-320.

Krebs, T.S., & Johansen, P-O. (2013). Psychedelics and mental health: A population study. *PLoS One*, 8(8), 1-9.

Krebs T.S., & Johansen, P-O. (2012). Lysergic acid diethylamide (LSD) for alcoholism: Meta-analysis of randomized controlled trials. *Journal of Psychopharmacology*, 26, 994-1002.

Lea, T., Amada, N., Jungaberle, H., Shecke, H., & Klein, M. (2020). Microdosing psychedelics: Motivations, subjective effects and harm reduction. *International Journal of Drug Policy*, 75, 1-9.

Leary, T., Litwin, G.H., & Metzner, R. (1963). Reactions to psilocybin administered in a supportive environment. *Journal of Nervous & Mental Disease*, 137, 561-573.

Leonard, A. (2015, November 20) How LSD microdosing became the hot new business trip. *Rolling Stone*, <https://www.rollingstone.com/culture/culture-news/how-lsd-microdosing-became-the-hot-new-business-trip-64961/>

Liokaftos, D. (2021). Sociological investigations of human enhancement drugs: The case of microdosing psychedelics. *International Journal of Drug Policy*, OnlineFirst: <https://doi.org/10.1016/j.drugpo.2020.103099>

Loe, M., & Cuttino, L. (2008). Grappling with the medicated self: The case of ADHD college students. *Symbolic Interaction*, 31, 303-323.

Luna, L. E. (1984). The concept of plants as teachers among four mestizo shamans of Iquitos, Northeastern Peru. *Journal of Ethnopharmacology*, 11(2), 135-156.

Lupton, D. (1997). Foucault and the medicalization critique. In A. Petersen & R. Bunton (Eds.), *Foucault, Health and Medicine* (pp 187-214). Routledge.

McKenna, T. (1992). *Food of the gods: The search for the original tree of knowledge*. Bantam.

Messner, M. (1990). When bodies are weapons: Masculinity and violence in sport. *International Review for the Sociology of Sport*, 25(3), 203-218

Michaels, T.I., Purdon, J., Collins, A., & Williams, M.T. (2018). Inclusion of people of color in psychedelic-assisted psychotherapy: A review of the literature. *BMC Psychiatry*, 18:245.

Miller, D. (2016, April 1). *LSD could make you smarter, happier and healthier. Should we all try it?* Washington Post.
<https://www.washingtonpost.com/posteverything/wp/2016/04/01/lsd-could-make-you-smarter-happier-and-healthier-should-we-all-try-it/>

Moreno F.A., Wiegand, C.B., Taitano, E.K., & Delgado, P.L. (2006). Safety, tolerability, and efficacy of psilocybin in 9 patients with obsessive compulsive disorder. *Journal of*

Clinical Psychiatry, 67, 1735–1740.

Móró, L., Simon, K., Bárd, I., & Rácz, J. (2011). Voice of the psychonauts: Coping, life purpose, and spirituality in psychedelic drug users. *Journal of Psychoactive Drugs*, 43(3), 188-98.

Mufioz-Plaza, C., Quinn, S.C., & Rounds, K.A. (2002). Lesbian, gay, bisexual, and transgender students: Perceived social support in the high school environment. *The High School Journal*, 85, 52-63.

Muhuri, P.K., Gfroerer, J.C., & Davies, M.C. (2012). *Associations of nonmedical pain reliever use and initiation of heroin use in the United States*. Substance Abuse and Mental Health Services, <https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm>

National Institute of Drug Abuse. (2020). *Overdose death rates*. National Institute of Drug Abuse, <https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>

Neitzke-Spruill, L. (2020). Race as a component of set and setting: How experiences of race can influence psychedelic experiences. *Journal of Psychedelic Studies*, 4(1), 51-60.

Nichols, D.E. (2004). Hallucinogens. *Pharmacology & Therapeutics*, 101(2), 131-181.

Novak, S.J. (1997). LSD before Leary: Sidney Cohen's critique of 1950s psychedelic drug research. *Isis*, 88(1), 87-110.

Oaklander, M. (2018, May 16). This will change your mind about psychedelic drugs. *Time*, <https://time.com/5278036/michael-pollan-psychedelic-drugs/>

Osto, D. (2016). *Altered states: Buddhism and psychedelic spirituality in America*. Columbia University Press.

Pahnke, W. (1970). Drugs and mysticism. In B. Aaronson & H. Osmond (Eds.), *Psychedelics: The uses and implications of hallucinogenic drugs* (pp 145-165). Anchor Books.

Panfil, V.R. (2014). Gay gang- and crime-involved men's experiences with homophobic bullying and harassment in Schools. *Journal of Crime and Justice*, 37, 79-103.

Pederson, W., Copes, H., & Gashi, L. (2021). Narratives of the mystical among users of psychedelics. *Acta Sociologica*. Online First: <https://journals.sagepub.com/doi/10.1177/0001699320980050>

Pilkington, N.W., & D'Augelli, A.R. (2006). Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology*, 23, 34-56.

Pollan, M. (2018). *How to change your mind: What the new science of psychedelics teaches us about consciousness, dying, addiction, depression, and transcendence*. Penguin Press.

Potter, H. (2015). *Intersectionality and criminology: Disrupting and revolutionizing studies of crime*. Routledge

Reiche, S., Hermle, L., Gutwinski, S., Jungaberle, H., Gasser, P., & Majic, T. (2018). Serotonergic hallucinogens in the treatment of anxiety and depression in patients suffering from a life-threatening disease: A systematic review. *Progress in Neuropsychopharmacology & Biological Psychiatry*, 81, 1-10.

Richie, B. (1996). *Compelled to crime: The gender entrapment of battered black women*. Routledge.

Rolando, S., & Beccaria, F. (2019). 'The junkie abuses, the psychonaut learns': A qualitative analysis of an online drug forum community. *Drugs & Alcohol Today*, 19(4), 282-294.

Ross, S. (2018). Therapeutic use of classic psychedelics to treat cancer-related psychiatric distress. *International Review of Psychiatry*, 30(4), 317-330.

Ross, S., Bossis, A., Guss, J., Agin-Liebes, G., Malone, T., Cohen, B., et al. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: A randomized controlled trial. *Journal of Psychopharmacology*, 30, 1165-1180.

Roszak, T. (1995). *The making of a counterculture*. University of California Press.

SAMHSA. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Substance Abuse and Mental Health Services Administration.

Sessa, B. (2012). Shaping the renaissance of psychedelic research. *Lancet*, 380, 200-201.

Shilo, G., & Savaya, R. (2011). Effects of family and friend support on LGB youths' mental health and sexual orientation milestones. *Family Relations*, 60, 318-330.

Siff, S. (2015). *Acid hype: America news media and the psychedelic experience*. University of Illinois Press.

Shulgin, A., & Shulgin, A. (1991). *PIHKAL: A chemical love story*. Transform Press.

Strassman, R.J., Qualls, C.R., Uhlenhuth, E.H., & Kellner, R. (1994). Dose-response study of N, N-dimethyltryptamine in humans: Subjective effects and preliminary results of a new rating scale. *Archives of General Psychiatry*, 51(2), 98-108.

Strassman, R. (2001). *DMT: The spiritual molecule: A doctor's revolutionary research into the biology of near-death and mystical experience*. Park Street Press.

Szigeti, B., Kartner, L., Blemings, A., Rosas, F., Feilding, A., Nutt, D. J., Carhart-Harris, R.L., & Erritzoe, D. (2021). Self-blinding citizen science to explore psychedelic microdosing. *Elife*, 10, e62878.

Szulc, T. (1977). The CIA's electric kool-aid acid test. *Psychology Today*, 11(6), 92-153.

Tupper, K.W. (2002). Entheogens and existential intelligence: The use of plant teachers as cognitive tools. *Canadian Journal of Education*, 27(4), 499-516.

Turner, F. (2009). Burning man at google: A cultural infrastructure for new media production. *New Media Society*, 11:73-94.

Vollenweider, F.X. (2001). Brain mechanisms of hallucinogens and entactogens. Pharmacological aspects. *Dialogues in Clinical Neuroscience*, 3(4), 265-279.

Waldman, A. (2017). *A really good day: How microdosing made a mega difference in my mood, my marriage, and my life*. Alfred A. Knopf.

Wasson, R.G. (1957, May 13). Seeking the magic mushroom. *Life*, 42, 100.

Washington, H.A. (2006). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Broadway Books.

Watts, A. (1969). *This is it*. Collier-Macmillan.

Watts R., Day, C., Krzanowski, J., Nutt, D., & Carhart-Harris, R. (2017). Patients' accounts of increased 'connectedness' and 'acceptance' after psilocybin for treatment-resistant depression. *Journal of Humanistic Psychology*, 57(5), 520-564.

Williams, M. (2021, May 6). Why black people should embrace psychedelic healing: Reclaiming our cultural birthright. Chacruna Institute, <https://chacruna.net/why-black-people-should-embrace-psychedelic-healing-reclaiming-our-cultural-birthright/>

Yablonsky, L. (1968). *The hippie trip*. Western Publishing, Inc.

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Reviews