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Containment Matters
Set and Setting in Contemporary Psychedelic Psychiatry

Tehseen Noorani

Abstract: Over the past decade and a half, psychedelic drug-induced experiences have been returning to psychiatry as promising new healing modalities. The case of psychedelic-assisted psychotherapy can inform how we think about the context of drug use because psychedelics are commonly considered to be sensitive to the '[mind] set and setting' of their use. As such, epistemic and therapeutic concerns among psychedelic researchers and therapists over the importance of set and setting are interwoven. My ethnography of psychedelic therapeutics both inside and outside of the clinical trials on the east coast of the United States from 2015 to 2019 suggests that there are added political and economic imperatives to contain psychedelic use. Working with this insight, I suggest psychedelic researchers and therapists are producing immense experiences that tend to overflow the attempts at their containment. I also identify two qualities central to the set and setting of the emerging modality of psychedelic-assisted psychotherapy. The first is a labor of protecting spaces which reveals an attentiveness to disconnection that can be read as in tension with the more commonly evoked emphasis on connection found within psychedelic discourses. The second is how psychedelic experiences (as 'mind-manifesting') are understood to reflect the self, and in so doing re-present epistemic disagreements about the nature of the self thus reflected. Taken together, I propose that these two qualities of psychedelic containment offer an analytics for reading the contemporary cultural politics of psychedelic use.

Keywords: Protection, reflection, connection, leaks, overflows, context

> In the end, it's altered traits, not altered states, that matter. 'By their fruits shall ye know them.' It's good to learn that volunteers having even this limited experience had lasting benefits. But human history suggests that without a social vessel to hold the wine of revelation, it tends to dribble away...That's the next research question, it seems to me: What conditions of community and practice best help people to hold on to what comes to them in those moments of revelation, converting it into abiding light in their own lives? (Huston Smith, commenting on Griffiths et al., 2006)

There is a current upswelling of excitement regarding psychedelic-assisted treatments for clinical targets (Steinhardt & Noorani, 2020), including treatment-resistant depression, anxiety, post-traumatic stress disorder, addiction and obsessive-compulsive disorder. Psychedelic research trials have been celebrated in recent years for producing lasting change, measured on certain axes: reduction in clinical symptoms,

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improved functioning and well-being, and for those partial to countercultural or ecological sensibilities, increases in scores of 'nature-relatedness' and 'openness' that are sustained for months or even years. The dominant explanation for how these research trials have produced these effects is through the inculcation of strong, affectively charged psychedelic experiences that generate a profusion of meaning, varying in content from early biographical memories to re-experiencing past lives, non-dual awareness and transformative insights and visions.

Johns Hopkins University in Baltimore houses the preeminent U.S. university research group studying psychedelics in what has come to be known as the 'psychedelic renaissance,' publishing a landmark study in 2006 reporting that administration of the psychedelic compound psilocybin can occasion mystical-type experiences with lasting significance. From 2013 to 2015 I worked with the Johns Hopkins research team, conducting retrospective semistructured interviews with participants from a psychedelic-assisted smoking cessation pilot trial. By then the university's psychedelic research program was already well-established, having received regulatory approval for its first study in 2000. In 2008 Matthew Johnson, then an instructor, now a full professor, devised a pilot research trial to look into the role that psilocybin could play in helping people quit cigarettes. My own postdoctoral research sought to identify perceived mechanisms of change by which the trial participants' psilocybin experiences helped them quit smoking. I conducted follow-up interviews in the 'session room' where participants had spent many hours under the influence of psychedelics on a sofa. Ostensibly to help jog their memories through context recall, I found the delight with which former participants re-entered the session room, which for some was several years after their involvement in the trial, palpable.

When framed as efficacious, well-contained and commodifiable treatments, psychedelic-assisted therapies offer much promise for an emerging 'psychedelic psychiatry.' The market agrees: at the time of writing, Compass Pathways, a UK-based for-profit company set up during my fieldwork to deliver psychedelic-assisted therapy for treatment-resistant depression received an initial valuation on the stock market of more than $500 million. This article is informed by both my experiences at Johns Hopkins and a subsequent ethnography of the relations between the university-based psychedelic clinical trials and their imbrications with a broader, community-based array of psychedelics use in healing and self-exploration conducted between 2015 and 2019. My ethnography was conducted within what is called the 'psychedelic community,' a term used by my interlocutors to designate a broad range of actors convening today at meet-ups and conferences mostly organized in the United States and western European cosmopolitan cities, to represent, share and celebrate overlapping interests and concerns with psychedelic drugs and plant medicines including lysergic acid diethylamide (LSD), 'magic' mushrooms and their key psychoactive compound, psilocybin, the peyote cactus and its key psychoactive compound, mescaline, and the ayahuasca decoction and the psychoactive compound, N, N-dimethyltryptamine that it commonly contains. Actors in the psychedelic community include research scientists, underground researchers, 'psychonauts' (explorers of the mind) and psychedelic research aficionados, indigenous, shamanic and neo-shamanic healers, therapists and those seeking alternative modes of therapy, drug policy advocates, psychedelic festival and partygoers, hippies, Yippies, New Agers, academics, amateur botanists and mycologists, organizers of psychedelic societies and integration groups and, increasingly, entrepreneurs and pharmaceutical actors interested in the commodification of these substances.

This article is based on research conducted largely in Baltimore and New York, though also the Bay area of the U.S. West Coast and London, from 2015 to 2019. It draws its data from approximately forty semistructured interviews, and notes from ongoing conversations and participant observation with members of the psychedelic community. In part, my interviews sought to determine how my interlocutors understood the current revival of research into psychedelics and the nature and effects of psychedelic experiences. I also documented the movements of prototypical actors in the United States who have shaped the recent

revival of interest in psychedelic science. Increasingly I came to dwell on the recurrence of tropes among my interlocutors of 'building containers' and 'holding spaces,' and in 2019 reread both my interviews and contemporary and historical scientific literature with these key themes in mind.

My argument here focuses on the term 'set and setting,' which is ubiquitous in the psychedelic community, highlighting the centrality of the context of psychedelic drug use for the nature of the experiences and effects engendered. I will argue that, today, the term co-articulates not only epistemic and therapeutic but also political and economic imperatives to contain psychedelic experiences. This has been especially useful as a safeguard against concerns voiced over a repeat of the history of psychedelic prohibition that began in the 1960s. For instance, Robert ("Bob") Jesse, an authoritative voice within the contemporary U.S. psychedelic community who helped to kick start the Johns Hopkins psilocybin research with his behind-the-scenes work in the 1990s, explained at New York's large psychedelics conference *Horizons* in 2016 that the pro-psychedelic audience will find the scientific research the easiest mode of psychedelic use to talk about,

> with your next-door neighbor, your professors, the people you work with. Why? Because it gives the accurate appearance of being well contained. The sessions are safeguarded. They're conducted by trained people. The protocols are approved by institutional review boards and government regulators. The whole thing is *contained*, so that it doesn't look like the drugs and the drug experiences are going to spill out into the streets. In other words, it's made safe to talk about, and therefore easy to take in. (Jesse, 2016, original emphasis)

Taking my cue from Jesse, and inspired by scholarship that investigates the materiality of containers, I draw on ethnographic examples to trace ways that psychedelic experiences leak and overflow beyond the circumscribed settings of their use. These excesses may index modes of therapeutic efficacy not captured by their scientific investigation through clinical trials. I then offer two qualities central to the set and setting of the emerging modality of psychedelic-assisted psychotherapy. The first is a labor of protecting spaces which reveals an attentiveness to disconnection that can be read as in tension with the more commonly evoked emphasis on connection found within psychedelic discourses. The second is how psychedelic experiences (as 'mind-manifesting') are understood to reflect the self, and in so doing re-present epistemic disagreements about the nature of the self thus reflected. Taken together, I propose that these two qualities of psychedelic containment offer an analytics for reading the contemporary cultural politics of psychedelic use. By attending to the material-semiotic emphasis on containment that underlies the return of psychedelic research and therapeutics, my overall hope is to reveal its organizing role in shaping how many in the global North are coming to think about psychedelics not just therapeutically and epistemically, but also politically and culturally.

Set and Setting

The term 'set and setting' is pervasive in the psychedelic renaissance, continuous with the deep appreciation of many psychedelic researchers in the mid-twentieth century for the context of the use of psychedelics. Already of concern for clinical researchers working with LSD in the 1950s, the term was coined by American academics-turned-countercultural gurus Timothy Leary, Ralph Metzner, and Richard Alpert in 1964:

> the nature of the experience depends almost entirely on [mind]set and setting. Set denotes the preparation of the individual, including his personality structure and his mood at the time. Setting is physical—the weather, the room's atmosphere; social— feelings of persons present towards one another; and cultural—prevailing views as to what is real. (Leary, Metzner, & Alpert, 1964, p.9)

In the context of today's clinical trials with psychedelics, [mind]set is commonly understood as the prepared state of an individual mind, optimized in accordance with the limited flexibility afforded by relatively fixed personality traits. It is operationalized as the psychic setting of the psychedelic experience. In turn, setting in the clinical and basic science research has been mostly used

to indicate the immediate physical surroundings for the psychedelic experience. Reference to set and setting has been a loud and persisting check on the fetishizing of the drugs, offering an opposing pole to assuming all the effects of drugs come from the drugs themselves—a way of thinking Richard DeGrandpre (2006) has dubbed 'pharmacologicalism.' Indeed, the above citation from Leary and his colleagues indicates the possibility of programming one's psychedelic experience through controlling the set and setting,[1] raising the issue of replacing one kind of reductionism with another. In his recent analysis of set and setting in *American Trip*, Ido Hartogsohn outlines this reductionist bind and solves it with a thin universalism of what "the psychedelic experience" (in the singular) does: namely, an intensification of sensations and meaning, a hyperassociative mode of thinking and a blurring of boundaries. These universal or elementary features of psychedelics are then "altered, modified, inflected, and interpreted through their interactions with society and culture" (2020, pp. 20–21). Hartogsohn's strategy of appealing to universals that are instantiated according to local social and cultural variations reinforces the original dichotomy between drug and context. In this article I refuse the bind altogether. Instead, I use ethnographic and historical data evidencing the force of the appeals to 'set and setting' (including the discursive effects of Hartogsohn's own contribution) to articulate how use of the term shapes our understanding of psychedelics, and what in turn this might reveal for how we coproduce etic terms alongside the emic ones found in our field sites.

The emphasis on set and setting speaks to the broader projects of the medical humanities and social sciences, where the roles of context and relationality in the commodification, distribution and use of drugs-as-medicines are foregrounded (e.g., Whyte, van der Geest, & Hardon, 2002). Anthropologists Anita Hardon and Emilia Sanabria (2017) have called for an appreciation of the fluidity of drugs, arguing that what drugs are, as much as what they do, changes along with their context. In relation to psychedelics, historian Matthew Oram has challenged the dominant narrative that the excesses of the U.S. counterculture in the 1960s caused psychedelic prohibitionism as a backlash by the Nixon administration, arguing instead how the U.S. Food and Drug Administration (FDA) curtailed research and therapy with psychedelics through evidentiary requirements that effectively disqualified the contextual and psychotherapeutic approach demanded by effective psychedelic therapy (Oram, 2018).

The Living Room-Like Setting

In today's burgeoning clinical and research literature around psychedelic-assisted psychotherapy, the space for psychedelic drug use is commonly described as a "living room-like setting" (Johnson, Richards, & Griffiths, 2008, pp. 610–611), far from the sterile white-washed walls of a laboratory environment. Reference to the living room, as the communal room of a house, enfolds and naturalizes a particular, American bourgeois history. In the nineteenth century the front room of the family home was known as the 'death room,' where deceased family members received their final respects. After a decline in mortality rates following the 1918 flu pandemic, the First World War, and improvements in public health, it was increasingly known as the 'living room,' as first proposed by the esteemed *Ladies Home Journal* in 1910. Designwise, Victorian mores were also being replaced by the idea that the room ought to reflect the personality of its designer. By the mid-twentieth century, seeking a comfortable, controlled and uninterrupted space for the therapeutic use of psychedelics, researchers often administered the drugs in their living rooms. Having worked with this wave of researchers, the senior therapist in the Johns Hopkins research team William ("Bill") Richards explained to me, "when I designed the space at Hopkins, of course, I purchased similar furnishings, notably a long white couch, comfortable chairs for the therapists and soft lighting—all without sharp corners or breakable glass."[2] Over the past twenty years, the living room-like setting at Johns Hopkins has offered a model for psychedelic research facilities at other universities. Use of the term 'living room-like' in psychedelic retreat centers, underground therapies, handbooks and guides has become a marker of competence when administering psychedelic therapy.

When I was conducting my postdoctoral interviews, entering through one of the secure and soundproof doors to the Johns Hopkins living room-like session room complex felt to me like walking through a portal. Inside, a series of interconnected office rooms were carefully overhauled to have lamps with soft lighting, colorful paintings (including the German Expressionist Franz Marc's *Tirol* [1914], which also hangs in Richard's home study) adorning the walls, flowers, cushions and rugs with textures and patterns, bunting, a sofa with pillows and blankets for participants to lie on and a large bookshelf full of picture books on art and nature. Having passed through screening and preparation meetings and become familiar with the session room on prior visits, participants were invited to place photos of loved ones around the room, take their psilocybin pill from a ceremonial vessel, lie back on the sofa swaddled in a blanket with an eye mask on, and settle into carefully selected music comforted by the knowledge that their therapist guides were ever near. Suspended between the death of the body and the proverbial 'death of the ego,' these living room-like settings are also closely monitored. A CCTV camera is hidden in plain sight, both recording a picture of 'everything' that happens in the room, while itself exceeding the container in its promise of data in the event that they are needed. The aesthetics of the camera, other monitoring equipment and the suspended ceilings characteristic of office buildings throw the eclectic curation of the space into relief: they reveal the nestedness of the session room within a broader scientific–bureaucratic container, shaping participants' own experiences through symbols of safety, accountability, and rigor.

Therapeutic Containment

The different psychedelic substances are being paired with different therapeutic modalities in the development of particular drug-assisted therapies. One pole has been configured around the nonprofit organization Multidisciplinary Association for Psychedelic Studies (MAPS)' use of MDMA in the treatment of post-traumatic stress disorder, where participants are encouraged to re-enter their traumatic memories during the acute phase of MDMA ingestion. Another pole has been configured around the use of classic hallucinogens (and psilocybin in particular) in the treatment of a range of clinical targets, where participants are encouraged to 'go inwards' and follow their experiences wherever they lead, resisting the need to verbalize their experiences until after the session. Combined with the eclectic living room-like setting, a strong therapeutic alliance developed in the weeks preceding psychedelic sessions and the therapist team[3] remaining ever vigilant toward the needs of the participant during their psychedelic session, participants can fully enter their psychedelic experiences, comfortable and unaware of the work being done by the therapists in maintaining the setting.

Reflecting on the core of psychedelic therapy using psilocybin at Johns Hopkins, Matthew Johnson explained, "psychedelic experiences are about losing your shit!" Careful to note that he was referring to psychological and not physical responses, he continued, "In that sense, Leary was right when he said, 'lose your mind'! It's about reaching that point of criticality, letting it all explode—laugh like a madman, cry like a baby! You can do all this in the kind of safe space we create in the clinic." Contained within research trial protocols, Johnson added, "this is something people who only do psychedelics recreationally sometimes don't get" (personal communication by Matthew W. Johnson, December 1st, 2020). Therapeutically speaking, emotions overflow and are recontained. This occurs not only during but also after the psychedelic effects have worn off, requiring new spaces and modalities of expression. After the psychedelic session, writing is commonly encouraged, as are artistic expressions and practices. Former participants have described to me reproducing aspects of the experiences afterwards, such as listening to the music playlists played during their session, or for participants of the smoking cessation study, inhaling the tincture given to them during their involvement as a reminder of their intention not to smoke—but also, and associatively, the content of their psychedelic experiences and the care they received.

Pressures to standardize a formal 'therapeutic model' utilized in psychedelic therapy have grown over the last several years. One leading formaliza-

tion has been the Accept, Connect, Embody (ACE) model recently developed by Rosalind Watts and colleagues at Imperial College London's psychedelic research center (Watts & Luoma, 2019). In 2017, Watts's team had found acceptance and connection as two themes that emerged through a thematic analysis of a twenty-person open-label trial using psilocybin to treat treatment-resistant depression. Consequently, their ACE model centers "accepting moment to moment somatic and emotional experience and opening up to what is painful", and "connecting to the meaningful, beautiful, and the transcendent", while embodiment is meant to reflect limitations in talk therapies, emphasizing instead "a whole body process of sensing and feeling" central to the therapeutic context (Watts & Luoma, p. 97). The ACE model, as with the wider set of approaches derived from acceptance and commitment therapies, is developed around the normative goal of increasing 'psychological flexibility,' a term used to describe "the ability to contact the present moment more fully as a conscious human being and, based on what the situation affords, to change or persist in behavior in order to serve valued ends" (Luoma et al., 2019, p. 94). At the growing interface of psychedelic psychiatry and cognitive neuroscience, such flexibility is understood to treat pathologies that derive from too-rigid prior expectations. In this way, today's psychedelic therapeutics are being formulated as well-contained technologies of self-transformation.

Spiritual Containment

For the clinical researchers inspired by the religious and spiritual inflection given to psychedelics since the 1960s, the goal of these therapeutic protocols is not changes in one's state of mind but, as renowned scholar of comparative religion Huston Smith commented in response to the landmark study of the psychedelic renaissance (Griffiths 2006; see epigraph), changes in one's personality traits themselves. For this reason, when Katherine MacLean and colleagues at Johns Hopkins reported that increases in the personality trait of openness (considered one of the 'Big Five' personality traits) were sustained for a year after psychedelic sessions (MacLean, Johnson, & Griffiths, 2011), their article was received with excitement and enthusiasm, seeding a growing research agenda to investigate psychedelic-assisted personality change. As I suggest elsewhere in this article, the role of diverse community-based initiatives proliferating around and in response to the clinical trials over the past ten years is downplayed by abiding discourses emphasizing the individualism of transformation through psychedelic psychotherapy treatment.

Much research attention has been given to the subject-transforming power of mystical (or 'mystical-type') experiences. The changes participants undergo as a result of participation in clinical trials are depicted through the imagery of ascending to the spiritual 'mountaintop,' after which, "once you see you can't unsee" (Narby, cited in Richards, 2016, p. 33). This interpretive lens has been shaped by a distinctively American, pragmatist mysticism (Stace, 1960) that emphasizes the 'fruits' of the experience, and is Bill Richards' preferred articulation. Another commonly articulated mechanism by which psychedelic therapy is claimed to work, found in both the research and therapy literatures, is that it is nondirective, rather activating one's 'inner healer,' generating less what one wants to experience and more what one *needs* to experience. While such configurations of the spiritual can be contrasted with traditions of working with psychedelic substances outside of the Euro-American modern (e.g., Gow, 2001) and in underground sites adjacent to the university clinics themselves (Davis, 2020), it serves a crucial contextualizing purpose in the development of psychedelic psychiatry. For the long-standing image of precision medicine of 'magic bullets' that target and reverse in precise ways known pathogenic substances or mechanisms, the notion of the inner healer promises an *extreme* form of precision medicine, personalized down to the idiosyncratic singularity of each individual.[4] As a narrative framework providing a script for experiences that in turn secure the felt reality of such narratives, the 'inner healer' operates discursively to contain powerful psychedelic experiences. Together with the centrality of trust in the preparation of psychedelic sessions and the long-recognized suggestibility of

psychedelic experiences, it supplies the emerging knowledge base of psychedelic psychiatry with social and spiritual frameworks in the development of therapeutic protocols and understandings of mechanisms of change.

The use of the living room-like setting, the standardization of therapeutic modalities and the popularizing of particular spiritual discourses are articulated through and alongside the need to attend to the set and setting of psychedelic use. They are producing knowledge about what psychedelics in particular contexts do, whose limits in turn can be used to signal the limits of such knowledge. Indeed, as we shall see in the Medicalization as Containment section, these epistemic and therapeutic contexts are braided with the particular politics of the psychedelic renaissance.

Medicalization as Containment

Bob Jesse's language of containment resonates with a wider framing in the psychedelic community of the work of set and setting as about building appropriate containers for psychedelic use. As medical intervention, the aspiration to successfully contain psychedelic experiences evokes precision, resonating with similar imperatives in relation to disease epidemics (Cohen, 2011) and nuclear waste (Freeman, 2019). In embracing the language of 'set and setting' as part of a strategic distancing from the tumult of the 'psychedelic sixties,' medicalizing discourses seeking to re-legitimize psychedelic therapy are successfully braiding epistemic and therapeutic imperatives with political and economic ones. Some university-based psychedelic researchers have sought to dissuade, if not outright criticize, use beyond controlled, sanctioned environments such as the clinical trials themselves. A deeply held concern among these university-based labs has been that the drugs will not be confined to particular sets and settings—that 'irresponsible' (usually code for 'recreational') use will take off, leading to another political backlash. A related concern among some psychedelic scientists is a 'boomerang effect' whereby the recent successes of research trials will provoke a doubling down of negative prejudices regarding psychedelics. Generally, researchers have sought to avoid the political debates, keenly not wanting what many describe as "another Leary" (see also Giffort, 2020). An exception that proves the rule in the research in peer-reviewed journals was Nour, Evans, and Carhart-Harris (2017), where the authors drew on data from an anonymous survey to conclude that measures of psychedelic-induced 'ego dissolution' positively predicted liberal political views and negatively predicted authoritarian political views. This caused a stir in the wider psychedelic community, which had grown accustomed to psychedelic scientists resisting invitations to wade into the 'political' debates through their research (and prompting 'correctives' from psychedelic researchers; e.g., see Johnson & Yaden, 2020). By contrast, their hope has been that the clinical trials are able to continue through controlled and legal research settings, untroubled by reports of surging community-based use or adverse effects until such time as the trials yield enough data to warrant the rescheduling of the compounds and licensing of their use. Indeed, many psychedelic researchers and therapists attribute such adverse effects precisely to having had a poor set and setting.

The clinical trials designs are intended to develop reimbursable, targeted and contained interventions that can be enrolled into healthcare systems once—it is assumed—their efficacy and safety is sufficiently evidenced in the near future. As chairman of the board of the MAPS John Gilmore put it to the Burning Man audience at Palenque Norte in 2013, "It's not really science … it's jumping through hoops" (Gilmore, 2013). For those in the psychedelic community invested in psychiatry, having the appropriate governing and regulating bodies recognize the importance of suitable settings for the therapeutic use of psychedelics inspires a secondary hope, that the care over establishing safe and efficacious containers in emerging paradigms of psychedelic medicine will offer templates for a much more contextually sensitive psychiatry in general. This hope contains a redemptive promise, to rectify psychiatry's overembrace of acontextual drug-based remedies since the mid-twentieth century neurochemical turn.

The aspirations to medicalize often sat uneasily in the wider communities of psychedelics users and advocates who were present at the conferences,

workshops and informational tents at festivals I attended during my fieldwork. Many simply wanted to be able to use psychedelics without sanction, supporting grassroots decriminalization and legalization initiatives that have begun to grow apace across the United States. Such actors embrace positions that themselves are in tension with one another, including the libertarian call for the right to 'cognitive liberty,' and social justice commitments to a politics of mutuality and intersectionality and cultural transformation. The standard response from advocates of overground research and therapy has been that medicalization is the thin end of the wedge, foreshadowing wider accessibility. Yet attempts at concerted action within the psychedelic community to agree on the details of how psychedelics will be made available once rescheduled have been fractious. Conference gatherings have been the sites of heated disagreement. With the recent entry of venture capital and for-profit start-ups into the psychedelics space, the tensions between the varied politics of medicalization, decriminalization and legalization among scientific, underground, religious, shamanic and indigenous communities has ratcheted up considerably (Noorani, 2020).

These psychedelic politics can be contrasted with those of the first wave of laboratory and clinical research and therapy in the 1950s and 1960s, then primarily with LSD. By the 1960s, elitist programmatics epitomized by the collaboration of literary figure Aldous Huxley and psychiatrist and psychedelic researcher Humphry Osmond (see Bisbee et al., 2018) argued that, at least at first, psychedelics should be reserved for the carefully selected intellectually curious and aesthetically refined few, while populists such as Timothy Leary came to celebrate widespread use, reveling in the very uncontainability of psychedelic experiences. Both emphasized perennial forms of psychedelic mysticism marked by psychedelic-induced 'consciousness expansion' that was unbounded, opening into spatiotemporal infinity, what Huxley (1954) coined the 'Mind at Large.' These ideas undergirded the optimism that psychedelics could usher in a new age. Drug prohibitionists in the Nixon administration called on experts who claimed that psychedelics were producing psychotic-like states, claims opposed by those who suggested negative psychedelic experiences such as terror, ego inflation, and grandiosity only resulted from a poor set and setting and thus do not justify the prohibition of the substances themselves.

Today's medicalization-oriented researchers reflexively utilize these critiques as justification for new economic models of containment, simultaneously solving the problem of patents on psychedelic compounds being either expired or difficult to obtain. If psychedelics are only becoming known to us for what they do under particular set-and-settings, these medicalization advocates reason, only the protocols and settings that have been used to generate the controlled scientific knowledge of them are the ones that can and should be condoned. This provides a rationale for commodifying not the drugs per se, but whole therapeutic protocols. One legal mechanism for this is through the creation of what the FDA calls a 'bifurcated schedule,' whereby drugs developed and sold as larger commodities are placed in a less severe legal category than the drugs in their uncommodified form (see Noorani, 2020, pp. 37–38). As such, reliance on set and setting enables psychedelic psychiatry to embrace the historic failures of drug research to accommodate context. This in turn requires new training systems to be put in place for those who want to train to be psychedelic therapists in the near future, a current opportunity for drug sponsors and educational centers seeking to position themselves at the vanguard for when overground psychedelic therapy is legalized. Ideas of 'set and setting' that had been developed as ways to support experiences of unboundedness are returning today as the precondition of economic viability. In turn, political and economic imperatives to contain psychedelic use provide additional constraints for their epistemic and therapeutic containment.

The challenge of containment for psychedelic science today, then, moves seamlessly between the need to contain psychedelic experiences and put the experiences to use in therapeutic ways, and the need to contain the substances themselves within legal spaces of research and approved therapy. In the following two sections I draw on the preceding analysis of the braided nature of the epistemics,

therapeutics and politics of contemporary psychedelic research and therapy to think through some of the work of containment. First, I suggest that, despite intentions to the contrary, clinically produced psychedelic experiences commonly escape their containment within the individuals to whom the therapy is administered. I then consider what practices of containment reveal about the properties of the psychedelic container, proposing that we view this as recapitulated in the cultural politics of psychedelia.

Leaks and Overflows

Ethnographic data reveal how attempts at restricting psychedelic experiences to the settings of university-based clinical trials are failing in the very unfolding of the research, stoking yet further anxieties about psychedelic containment. Consistent with material analyses of containers (Shryock & Smail, 2018), I suggest the sheer immensity of the experiences produced is creating its own overflows in at least four ways. First, the vivid and proselytizing accounts of former participants, who since became advocates for the therapy they received. Jesse's address to the psychedelic community at the Horizons conference in 2016 spoke to a kind of quiet conversion work, which he advised the audience should be about 'attraction not promotion,' evoking the eleventh tradition of Alcoholics Anonymous. But even as Jesse was speaking, such accounts had begun to snowball, and today they saturate the media landscape around alternative and holistic medicine and promising new avenues for psychiatry.[5]

The media attention has been a double-edged sword for psychedelic researchers, on the one hand, leading to increased research funding and receptivity across many publics for psychedelic research, while, on the other hand, threatening to negatively affect the efficacy of the clinical trial treatments by complicating enrollment and confounding the results of trials currently underway. These looping effects are particularly large in the case of psychedelic drugs because of their sensitivity to set and setting. This raises questions about cohort effects, the changing nature of participants' expectations, and the lack of study of 'disappointment effects' in relation to these evermore exciting therapeutics.

Second, during the past decade, clinical trial research has also fed into, galvanized and in turn benefitted from the formation of community-based 'psychedelic societies.' The first U.S.-based psychedelic society on record was started by Daniel Jabbour in San Francisco in 2011 who, in penning an article for the MAPS' newsletter in 2014, drew on a common trope in the psychedelic community aligning psychedelic and sexual orientation politics in his call for readers to set up more psychedelic societies:

> If you decide to come out of the psychedelic closet: Be yourself, be educated, and talk about your own experience as much as you can. It doesn't hurt to point out that FDA-approved clinical research is taking place with multiple psychedelics. (Jabbour, 2014, p. 36)

Six years later, an online resource at the time of writing lists 168 psychedelic societies across 36 countries, with the large majority in the United States, followed by Canada and the UK. Events at psychedelic societies I have attended ranged from anarchist to hierarchical and professionalized. They convened in cafes, bars, community centers and—in rare cases—their own designated spaces, and many have continued online in the COVID-19 era. Activities include hearing speakers ranging from university researchers to local foragers and botanists, watching movies and documentaries, sharing psychedelic experiences and debating the future landscape of psychedelic drugs and plant medicines. More psychedelically naive attendees come with anxieties about their imminent trips to the 'rainforest' or Amsterdam, referencing places where the use of psychedelic substances is legal. Among my interlocutors, other reasons for such travel include for "spiritual exploration" and existential crises. Some former trial participants came to their local psychedelic societies in search of community. Indeed, one of Johns Hopkins's lead therapists Mary Cosimano, who has guided sessions with Richards since Johns Hopkins's psychedelic research trials began in 2001, describes actively signposting participants to psychedelic societies as places to find community and keep integrating their experiences. Today's eight ac-

tivist organizers at the center of the Baltimore Psychedelic Society (BPS) include two former trial participants.

Third, psychedelic experiences in the context of clinical therapeutics also generate deep connections between participants and their study teams, in particular with their therapist-guides. These connections, often attributed therapeutic potency in themselves in the clinical research literature, fed friendships and wider community networks around the research trials. On the eve of the summer solstice in 2013, lead author of the 2011 openness study at Johns Hopkins, Katherine Maclean, joined with experimental musician, psychonaut, and former trial participant Twig Harper, and (now defunct) local newspaper *Baltimore City Paper* contributor and 'magical thinker' Michael Hughes, to inaugurate the *It Is* group, described in their email publicity as "a salon in the spirit of American mysticism" hosted at Tarantula Hill, Harper's West Baltimore home. This was an early example of a gathering intended for the sharing of psychedelic experiences people had had both inside and outside of Johns Hopkins's research trials. In other cases, the distance between university research and illicit community-based use was carefully managed, such as when in 2017 a Johns Hopkins psychedelics researcher agreed to help the BPS devise the format and guidelines of regular integration group sessions only on condition of anonymity.

The precursor to BPS was formed in early 2015 by Mike Margolies. After a 2012 ayahuasca experience in Peru, Margolies "dropped out of corporate America" the next year and spent 15 months backpacking and living in India and Southeast Asia. He then moved to Baltimore to be near his family. Not wanting to return to his prior career, Margolies felt compelled to commit to psychedelic advocacy and began organizing local meet-ups. After an initial flurry of meetings with guest speakers including from the local research team at Johns Hopkins, Margolies expanded his work in psychedelic education and community building more globally, including helping to set up psychedelic societies elsewhere. The local group transitioned its identity to the BPS in 2017 as others took up organizing roles. One of these activist organizers described to me the crucial role of the community integration sessions devised by the above-mentioned anonymous Johns Hopkins researcher in re-energizing the society. Today the BPS takes part in the broader local networks of queer and anti-racist activity. The BPS is actively involved in local and statewide harm reduction initiatives, denouncing the 'psychedelic exceptionalism' that divorces the popularizing and mainstreaming of psychedelic drugs from a broader cross-drug program of policy reform and overdose prevention.

Fourth, those whose primary work has been as clinical trial researchers, therapists and guides often deeply believe in the intrinsic value of carefully contained psychedelic experiences, contrasted with many of their professional interlocutors, including drug regulators and the growing number of industry sponsors, whose priorities more often lie in regulatory innovation and medicalization. Many are engaging in activities and creating new forms of value in community-based projects to the side of their primary work. These include setting up nonprofit and charitable organizations to offer signposting and distill best practices from across community-based and clinical work, and working in harm reduction, for example, volunteering at festivals where psychedelics are being used. Maclean left her tenure-track position, and co-founded *The Psychedelic Education and Continuing Care Program* in New York in 2015, profiled at the 2016 Horizons conference for its pioneering community integration group model. Maclean described the model as a "ripple" outwards from the specific support structures devised at Johns Hopkins by Cosimano for participants in the 'high support' arm of a research study administering the psychedelic psilocybin to spiritual practitioners between 2009 and 2013. Today psychedelic integration groups have been set up across the United States and beyond (although largely in the UK), where participants from clinical trials, psychedelic drug tourists and illicit underground psychedelic users come together and discuss intense psychedelic experiences, what they have come to mean and their subsequent impact.

In 2015 and 2016, I found conversations in the BPS meetings I attended very oriented around

the Johns Hopkins clinical trials research. When I was invited to speak in the summer of 2015 about my research then underway at the university, I met people who had participated in other such research trials. Speaking from the audience, one well-known psychonaut and former participant put it concisely, "People get really unspun at Hopkins—then they don't know what to do!" I came to learn that there were many Baltimoreans who knew each other either before or since taking part in Johns Hopkins studies. The university had been sourcing participants from a local community that was already loosely knit together. Despite posturing to the contrary, the clinical research team was not separate from underground communities of psychonauts. The staged separation between the legal overground trials and underground activity is put in question by the ways the research trials—which made Baltimore the preeminent city on the 'psychedelic renaissance' map—help consolidate underground relationships and communities further. It had led some local Psychonauts who held to an antagonistic relationship between underground and overground use of psychedelics to suggest they need to pick up the pieces once overground trials end. With the need for participants inflaming and sanctioning a collectivized underground of psychonauts, being seen by the regulatory and legal authorities to be containing psychedelic use has proven to be work.

Although psychedelic researchers have articulated the need to work within the constraints provided by the current regulatory systems to quietly—and without any serious adverse effects—demonstrate that psychedelic experiences have great worth, the research program in practice has shaped much of its local environments, in the form of extra-clinical activity, ongoing modes of integration support, and psychedelic societies where researchers, therapists and former participants develop new socialities with a host of other psychedelic aficionados. As much bio- and chemo-socialities (Shapiro & Kirksey, 2017) as they are new biomedical borderlands, the leaks and overflows from the constraints of particular set and settings index different failures in attempts to determine 'drug effects.' It could conversely be interpreted to show how the so-called psychoactivity, life-altering capacities or potential for healing of contemporary psychedelic-assisted psychotherapies resides in the wider milieu, destabilizing the claim of the randomized controlled trial methodology to locate efficacy within the substances themselves.

Protection and Reflection

The boundaries that are rhetorically and materially erected and maintained around the set and setting of clinical research in the psychedelic renaissance also shape particular qualities of the container. First, through my ethnography I have come to think of participants' experiences in overground psychedelic research trials as constituted not only through invitations, but through exclusions and refusals that work to protect the spaces thereby contained. At Johns Hopkins, participants are asked to take off their shoes and turn off their phones. The space offers no indication of the time, which instead is bookended by their arrival into the care of their two session therapists, and being picked up six to eight hours later by a predesignated friend or family member. Participants are made fully aware that consumption of an otherwise-illegal drug is not illegal in the clinical trial's zone of exception. On dosing days, participants get to leave the humdrum of everyday concerns at the threshold to the session room. Although much of the media discourse around psychedelics refers to the breaking down of walls and a celebration of interconnection, we might note the paradox that this only occurred through an ethic of exclusion made possible by the establishing and active maintenance of the setting's own walls.

The standard interpretation of the value of psychedelic experiences has been in terms of entry into a larger world. Coining the term 'psychedelic' in reference to their supposed 'mind-manifesting' nature, Osmond insisted that they are "not escapes from but enlargements, burgeoning of reality" (1957, p. 428), an idea which continues to be cited in the recent revival of scientific research. Yet the protective properties of the set and setting are suggestive instead of a centripetal value in the therapeutic modality, creating spaces protected from the stress and distress of everyday life. This includes demands on attention and labor and

toxic environments. It enables participants to be vulnerable and receptive to their experiences on the sofa. These demands, including upon others in participants' lives, allowing one to get away from it all to get 'into' it all, may contribute to the significant over-representation of White participants being enrolled into psychedelic science trials (Michaels, Purdon, Collins, & Williams, 2018). Recently voiced critiques within the psychedelic community have argued that psychedelic science is mostly benefitting normative, privileged populations, while using these bodies to make universal claims about the action of psychedelics on the human body in general, echoing broader social scientific concerns with skewed knowledge production (Henrich, Heine, & Norenzayan, 2010). A recognition of the attention and labor required to sufficiently protect these spaces for psychedelic experiences helps explain the magnitude of the betrayal felt, individually and collectively in the psychedelic community, when reports have surfaced of breaches in the duty of care, in particular in relation to cases of sexual harm (e.g., see Buisson, 2016).

Second, the set and setting reflects the self even as it shapes it. The reflective function of the container echoes the very etymology of the psychedelic experience, that a priori 'it' is contained within 'us,' mind-as-manifestable. In the clinical research sites, practices of mirroring take on an important role, encouraging curiosity through reflecting back to the participants what they communicate. A technique used in psychedelic research at Spring Grove Hospital in Maryland in the 1960s and 1970s was to offer participants a handheld mirror at especially charged moments during a session for participants to literally encounter their own reflection. Cosimano explains that the mirror was used regularly when the Johns Hopkins trials started in 2000, was used less once new therapist-guides came on board and today is used sparingly. That the need to contain the other is connected to the fact that 'we' already contain 'them' is not particular to psychedelics. Yet, as has been pointed out in relation to fantasies of viral containment (Cohen, 2011), this formulation occludes as much as it reveals. For instance, who claims that psychedelics are reflecting us back to us, what notion of 'us' is this, and what labor must go into the building and maintaining of containers that enable us to be alone with ourselves?

It is important to recognize the collective and feminized aspects of the infrastructural work. Shortall (2014) attends to this in relation to the use of psychedelics in the United States 1960s counterculture. Regarding the 'us' in question, the psychedelic mysticism operative in contemporary psychedelic science is highly prizing a 'unitive' consciousness that has sublimated the dualism of self and other (Griffiths et al., 2006; Stace, 1960). This model of the psychedelic self resonates with Jungian approaches common across psychedelic therapy, organized around the fully integrated psyche achieved through individuation. Literature produced in a more neuroscientific lexicon posits that under psychedelics, the self is able to experience itself directly, not through the other, nor (a possibly pathogenic) self-consciousness. According to the most common trope to emerge from the neuroscientific literature in recent years, this self-consciousness has been tied to the activity of the human brain's default mode network, whose identification as the 'seat of the ego' has been celebrated in the coverage of psychedelic science. This includes in bold statements made by Amanda Feilding, Countess of Wemyss and March, and founder of the Beckley Foundation, the preeminent UK charity funding psychedelic research and calling for drug policy reform, who noted at the large Psychedelic Science gathering in Oakland, California, in 2017 that her own grandparents were family friends with William James and Aldous Huxley. Combining computational and psychoanalytic registers, prominent psychedelic researcher Robin Carhart-Harris and neuroscientist Karl Friston recently argued that the ego be more accurately understood as the highest level of extant predictions the brain-as-modeler has about the world. By loosening this level of predictions through the deactivation of the default mode network, psychedelics allow a more expansive self to manifest (Carhart-Harris & Friston, 2019). Huxley's 'Mind at Large' returns as an individualized 'brain-at-large.'

Other notions of the self circulating in psychedelic therapeutics are deeply peopled with others,

consistent with the wider literature on the default mode network that suggests it is central for how we think about others, theory of mind and the 'narrative self' (Spreng & Andrews-Hanna, 2015). Such peopled minds have more in common with what Davis (2020) has recently called a pessimistic gnosis, which he argues is alive and well in the psychedelic underground. Dialectical models of self (re)produced through the gaze of others may better account for the experiences of non-normative participants coming into the clinical trials. In reaction to the disproportionate whiteness of demographics of psychedelic trial participants, in 2018 MAPS hired Monnica Williams, an African American clinical psychologist and specialist in racial trauma as principal investigator of the Connecticut site of their open-label phase II clinical trials studying MDMA-assisted psychotherapy in the treatment of post-traumatic stress disorder. Williams' team brought a racial trauma lens to understanding the experiences and pathologies of trial participants, and her team sought to adapt the study protocol in 'culturally sensitive' ways. The site closed early for myriad reasons, including structural racism and sexism (Williams, Reed, & Aggarwal, 2020). Although perhaps unsurprising given systemic inequalities, what this reveals is how the racial and gender politics of the contemporary psychedelic revival can be traced through the kinds of self that psychedelic experiences are purported to reflect back.[6]

Deriving from *con* meaning 'altogether' and *tenere* meaning 'to hold,' the word container is itself a container, holding together its parts to form the meaning of 'hold-together.' Such holding together is one way of articulating the value of interconnectedness, commonly espoused as a key insight of psychedelic experiences within the psychedelic community. A more polysemic engagement with practices of container-making thus offers to complicate the psychedelic discourse celebrating interconnection. Indeed, practices of protection and of reflection recapitulate two jostling cultural politics of safe spaces within the psychedelic community: calling out or 'cancel' culture and transformative justice. In relation to calling out, naming and organizing against sexual harm, patriarchy and White supremacy has risen up in the psychedelic movement, crystallizing around the White cis-male guru or cult leader. There has been a growth of spaces that are necessarily exclusive, enabling a safety premised on that protectedness, including non-White, people of color-led, women-only, and women-led psychedelic events and groups.[7] There has also been a growth of practices of transformative and restorative justice, calling in perpetrators for accountability, reflection and self-refashioning. It is not the case that calling out and transformative justice are aligned with protection and reflection respectively. For instance, calling out has operated through the (perhaps unrecognizable) images of 'us' reflected back to us, while transformative politics requires a degree of exclusion in order for transformation to occur, just as the walls of the crucible afford transformative heat and pressure.

Conclusion

Today's psychedelic experiences produce inspiration, enthusiasm, compulsions to understand and master, new forms of messianism and more. As politically, epistemically and therapeutically useful, the term 'set and setting' in psychedelic science presents a knot of collisions, enabling it to do the work of policing where psychedelics are and should be used, while articulating anxieties about containment at different scales. It is a historical question to what extent the uncontainability of psychedelic experiences itself arises from their history of associations[8] with societal breakdown and madness, making their containment especially pressing today. What the preceding analysis reveals is that today's professionalizing and medicalizing drive within psychedelic therapeutics and the social justice-oriented cultures often opposed to it *both* partake of a turn away from the emphasis on the unboundedness of the mystical as articulated by Huxley, Leary, and others. Even the interest in the mystical experience as a mechanism of change in the therapeutic use of psychedelics is only insofar as it bears fruit in the form of long-term self-transformation. For mysticism to play any role in today's psychedelic renaissance, it can no longer remain unbounded.

Through insistence on instating and managing the proper set and setting, psychedelic containers

can be analyzed in terms of how they leak and overflow, protect and reflect. Proliferating lists and discussions on the work of 'integration' suggest the value of today's therapeutic psychedelic experiences lies as much in the endurance of the 'abiding light' of an experience as its initial cultivation. And yet, indexed by the growth of local integration services, community-based integration work is rendered invisible by measuring apparatuses which are designed around the imperatives of the randomized controlled trial and do not probe such dynamics. Huston Smith's provocative question to the psychedelic research scientists serving as an epigraph remains unanswered. At the same time, the shifting histories underlying the debates around set and setting invite the question of whether all practices of containment entail particular ways of seeing ourselves and protecting ourselves. Whether limited to psychedelics or more broadly, the political and ethical stakes lie in the possibilities opened up by considering practices aimed at protecting spaces as, at the same time, material and relational crafts for cultivating and proliferating modes of reflection.

Notes

1. This remains today an under-researched question, as research continues to prioritize research designs centered upon the effects of the drugs, not the context of their use. However the suggestibility of people under the influence of psychedelic experiences has been long-documented (e.g., Abramson, 1960).

2. Personal communication. Richards' experience in the 1960s and 1970s included working under Hanscarl Leuner in Göttingen and Sanford Unger at Spring Grove Hospital. As such, Richards is today a singularly influential figure in the return of psychedelic clinical trials research. See Richards (2016).

3. I have chosen to use the terms 'therapist' and 'guide' interchangeably in this article. It is important to note that they reference distinct histories and politics. With the advent of psychedelic medicalization, the term 'therapist' has been used preferentially over that of guide.

4. The notion of the 'inner healer' draws upon vitalist tropes, in particular, the Jungian redemptive process of metanoia, which has gained currency in ideas of states of consciousness that move toward wholeness (Grof, 2012), and the Aristotelian term entelechy, popularized by embryologist Hans Driesch at the turn of the twentieth century (and now largely defunct in that discipline) (Driesch, 2017).

5. For example, https://www.theguardian.com/society/2019/jul/12/psychedelic-mental-illness-treatment-mdma-magic-mushrooms-expected-to-be-approved; https://www.nytimes.com/2019/09/04/science/psychedelic-drugs-hopkins-depression.html.

6. Pillow (2003) distinguishes between reflexivity, which requires an 'other,' and reflection which does not, as well as the need for discomfort rather than confessional or catharsis in reflexive methodologies.

7. In the United States, in relation to calling out and transformative justice, numerous articles have appeared on the online platforms Chacruna and Psymposia; for an example of a women-led movement, see the Women's Visionary Council; for an example of Black-led organization see the Sabina Project.

8. *Cf.* Barry (2005). Framing this debate in a way that pits essentialist and constructivist understandings of the 'uncontainability' of psychedelics against one another is, I suggest, an unhelpful blackmail that merely reintroduces pharmacologicalism. I have tried to be careful to avoid coming down on one side or the other on whether the uncontainability I am studying results from psychedelics themselves, or from their histories of association. Rather I use their histories of association as a foil against which to situate the anxiety of many contemporary researchers.

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