



ORIGINAL ARTICLE

Psilocybin and the Meaning Response: Exploring the Healing Process in a Retreat Setting in Jamaica

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ABSTRACT

In the past decade, the consumption of psilocybin mushrooms has become a popular therapeutic tool for people looking to deal with mental and emotional health issues. The emerging interest in psilocybin therapy in the global north has led to the development of retreat centers in locations where psilocybin is legal or unregulated. Drawing on ethnographic research at a psilocybin retreat center in Jamaica, this article examines the emotional and somatic reactions attributed to psilocybin that influence the social interactions and the mental and emotional state of the guests at this retreat center. We argue that guests go through a symbolic healing process that involves the construction of a meaning response based on internal and collective experiences of altered consciousness via psilocybin. Additionally, we emphasize how both attending the retreat and the psychedelic experience there can be considered a liminal state that leads to different modes of relation while in Jamaica.

KEYWORDS: psilocybin, healing, retreats, consciousness, psychedelics

A sense of disappointment and urgency filled the air as Alice described the roadblocks she faced while coping with her mental and emotional health.

A guest at Samsara,¹ a psilocybin retreat center in Jamaica, she explained her difficulty in overcoming her health issues using different therapeutic tools that led her to try psilocybin: “I didn’t really see myself past that with meditation, exercise, nutrition, or talk therapy. I need something else, and I don’t know what that is, but maybe psilocybin would be good.” Like Alice, many other guests at Samsara discussed similar situations in their pursuit towards better health and wellbeing. For these guests, lifestyle changes only got them so far in their healing journey before they decided to try what Samsara had to offer: psilocybin.

Psilocybin is a naturally occurring psychoactive substance found in multiple mushroom species, which produces an altered state of consciousness, including acute perceptual changes, change of mood, and subjective experiences often characterized as “mystical” (Bayne and Carter 2018; Feinberg 2018; Stamets 1996). Lasting up to eight hours, experiences with this psychedelic have been known to produce an increase in substantial personal meaning and spiritual significance (Griffiths et al. 2006). It was the hope of going through this type of psychedelic experience that brought together groups of strangers from around the world to the small bayfront beach town in rural Jamaica where Samsara is located.

Psychedelic retreat centers like Samsara are becoming more common around the world. This is because there has been a revived interest in the therapeutic potential of psychedelics over the past two decades (Carhart-Harris and Goodwin 2017), leading some to dub the current moment as a “psychedelic renaissance” (Sessa 2012) both in and outside of the United States. This has occurred for a variety of reasons, including an increase in the prevalence of mental health conditions and lack of successful treatments found in current medical models (Tupper, Wood, and Yensen 2015). Moreover, clinical and non-clinical developments that incorporate psychedelics as therapeutic agents are flourishing (Carhart-Harris and Goodwin 2017; Schenberg 2018). We are now at a therapeutic forefront where a variety of facilities, such as Samsara, are incorporating psilocybin and other psychedelic substances into their toolkits for multiple purposes, including healing and self-exploration.

Psychedelics have long been a topic of inquiry in cultural anthropology (Dobkin de Rios and Smith 1977; Fotiou 2016; Labate and Cavnar 2014). The anthropological research focusing specifically on psilocybin tends to examine its ritual use, particularly among indigenous populations (Dobkin de Rios 1996; Schultes 1940). Much of the current non-anthropological research on psilocybin, however, are clinical trials and laboratory-based studies aimed at understanding the neuroscience and physiological and psychological changes produced by the substance (Griffiths, Johnson, and Carducci 2016; Lewis, Preller, and Kraehenmann 2017; Winkelman 2017). As such,

there is little scholarship currently addressing the increased use of psilocybin in non-ritual, non-clinical settings, especially for therapeutic reasons. This article addresses this emerging phenomenon by examining the experiences and perspectives of both guests seeking and facilitators² providing psilocybin at Samsara. We argue that, within this non-clinical, non-ritual context, guests go through a symbolic healing process that occurs at both the internal and collective levels and relies on the individual's and group's capacity to effectively interpret and communicate their subjective and collective experiences of altered consciousness.



CONTEXTS OF PSILOCYBIN USE

Psilocybin mushrooms have been used in rituals and ceremonies by several indigenous groups as far back as 7,000 to 9,000 years ago (Samorini 2019). Scholars believe that indigenous groups used psilocybin, like other psychedelics, as a tool that mediated non-ordinary states of consciousness because of their psychoactive properties (Dobkin de Rios and Smith 1977; Fotiou 2016; Labate and Cavnar 2014). It was not until the early 1950s that several anthropologists, ethnobotanists, and other scholars began researching the use of psilocybin mushrooms specifically in Oaxaca, Mexico, where their use was central to the customs of the Mazatecs, the area's dominant indigenous population (Estrada 2007; Munn 1973; Wasson 1974). Now, more than 60 years later, clinical trials are evaluating psilocybin's medical safety and efficacy as a treatment for cluster headaches, anxiety, tobacco cessation, obsessive-compulsive disorder, and depression (Daniel and Haberman 2017; Davis, Barrett, and May 2020; Johnson and Griffiths 2017; Sewell, Halpern, and Pope 2006; Wilcox 2014). These studies have led to the emergence of large-scale clinical development programs for psilocybin-assisted therapy (Thomas, Malcolm, and Lastra 2017). In clinical settings, psilocybin is administered as a six-hour medication therapy session combined with psychological support before, during, and after the psilocybin session. This approach provides a novel treatment for psychiatric disorders that would involve limited sessions and differ from the current treatment paradigm of daily medication.

Aside from the provision of psilocybin in clinical settings, the offering of plant medicines through ceremonial contexts has also become popular amongst individuals looking to experiment with psilocybin or similar substances for healing or spiritual purposes. Plant medicine ceremonies typically include the blending of traditional shamanic belief systems, indigenous traditions, psychotherapeutic techniques, and altered states of consciousness (Dorssen, Palamar, and Shedlin 2019). This approach differs from the clinical framework due to the rituals and belief systems that are incorporated into

ceremonial settings. Plant medicine ceremonies can therefore provide a syncretic approach to experiencing psilocybin and similar substances. These ceremonies are held around the United States in informal underground settings or in retreat settings in countries where it is legal or unregulated with trained facilitators or shamans (Dorsen, Palamar, and Shedlin 2019; Labate and Cavnar 2014).

In addition to ceremonial and clinical approaches, a third and emerging option is that of secular psychedelic retreat centers. These retreats forgo the direct implementation of ritual and spiritual practices as well as psychotherapeutic interventions. Rather, the focus of these retreats is on providing guests with an opportunity to step away from their regular routines and lifestyles to engage in a psychedelic experience that could be healing, transformative, or recreational (Ferenstein 2018). These retreats are tailored to individuals looking for social support, a safe environment, and guidance to experience psychedelics (Fleming 2019).

Psychedelic retreats claim to be supportive, stress-free settings operated by professionals that may include therapists, nurses, medical doctors, or holistic practitioners that range in experience and training. These retreats are often experienced in group settings and tailored to provide the guests with the space to share their thoughts and feelings regarding their psychedelic sessions (Nouril 2020). During their stay, guests may be counseled on how to deal with the new insights and understandings that occur from experiencing an altered state of consciousness; this is often referred to as the integration process (Schenberg 2018). Rather than directly providing a psychotherapeutic or ritual practice, certain elements from these practices may be selectively used to help interpret and direct the psychedelic sessions and overall individual and group experience. Samsara can be described as this kind of retreat.

Set in a tropical beachfront setting, Samsara hosts guests during week-long retreats to experience psilocybin in a safe, supportive environment. Samsara's credo of helping guests heal and live happier lives with the help of psilocybin is their primary commitment. Although guests had multiple motivations for attending the retreat, all were there to experience a non-ordinary state of consciousness to initiate healing. As we will show in this article, guests viewed attending Samsara as a serious attempt at resolving deep mental health concerns, trauma, and an array of other emotional or physical health conditions. In other words, they did not travel all the way to Jamaica to try psilocybin recreationally.

The essence of Samsara is the group dynamic, which is representative of most of the activities throughout the week. From the moment the guests land in Jamaica, they are accompanied by their fellow "myconauts"—a term of endearment used frequently during the retreat to relate to individuals who

explore altered states of consciousness using psilocybin. These myconauts share accommodations, participate in psilocybin sessions together, and integrate their experiences communally during scheduled group discussions. There is no specific tradition or ritual practiced or followed at Samsara, and there are no clinical protocols or direct psychotherapeutic sessions implemented.³ Instead, guests are offered three opportunities to try psilocybin in a group setting surrounded by facilitators who support the guests' needs throughout the retreat.

Samsara was founded by the head facilitator and his wife, two foreigners from the U.S., who acquired extensive experience cultivating and consuming psilocybin mushrooms and had a close relationship with some of the locals that facilitated their startup. They began their mushroom retreats as an attempt to legally grow and facilitate psilocybin sessions. Other facilitators were also foreigners from the U.S. and the United Kingdom, while others were from Jamaica. While there was no official protocol used, facilitators were trained through an apprenticeship process where they developed their skillsets through active participation in the psilocybin sessions and group discussions. Some of them even attended the retreat in the past and had experienced meaningful transformations, which ultimately inspired them to take on the facilitator role.

While Samsara may be seen as a site of “spiritual tourism,” or a type of recreational travel to find purpose and meaning (Aulet and Vidal 2018), it differs from sites built around this kind of activity, such as psilocybin mushroom tourism in the Mazatec town of Huautla in Mexico (Feinberg 2018) or ayahuasca tourism in the Sacred Valley of Peru (Gómez-Barris 2012). In these contexts, while most people are looking to experience healing and personal transformation, they are also seeking “authenticity” by engaging with local indigenous healers and traditional practices as well as a “search for meaning through a spiritual connection to the land” (Gómez-Barris 2012, 77). In Jamaica, the guests seek neither so-called authenticity or a connection to a particular locale, however, the guests were influenced by the tropical location and the interactions with the local people.

Additionally, Samsara offers scheduled group discussions that provide guests and facilitators the opportunity to openly discuss their psilocybin sessions with one another. These discussions create a space for guests and facilitators to share their life stories, which often included disclosing intimate details regarding their mental and emotional health, traumas, relationship issues, and life struggles. During the retreat, guests are immersed in an introspective process as they make meaning of their psilocybin sessions with the help of one another. By the end of the week, they are left with stories to learn from, share, and ponder after they return home.



MEANING AND NARRATIVE

While there are myriad theoretical perspectives on meaning and meaning making (Becker 1997; Good 1994; Mattingly 1998), our analysis builds off a definition provided by social psychologist Roy Baumeister: meaning is “a mental representation of possible relationships among things, events, and relationships” (1991, 15). As we show below, meaning is constructed at Samsara through guests’ narratives, which provide, as anthropologists Cheryl Mattingly and Linda Garro (2001, 1) suggest, a “fundamental way to mediate between the inner world of thought-feeling and an outer world of observable actions and states of affairs.” Narrative facilitates the process of ordering experience and finding coherence in disruptions or breaches (Becker 1997; Bruner 1986). In relation to a “breach” like illness, suffering is a condition that “calls for sense-making and this often takes narrative form” (Mattingly 1998, 1). It leaves them wanting to make sense of what is called into question: their personhood, sense of identity, and normalcy (Csordas and Kleinman 1996). While narrative offers a description of lived experience, it is not just through narrative coherence but narrative drama that relates a transformative journey towards wholeness (Mattingly 1998). As we will show, experience must not just make sense through the mind, but needs to be felt, embodied, and created through interactions where the individual is addressed, reached, and changed in both internal and external ways.

Based on guests’ experiences with illness and their motivations for using psilocybin at Samsara, we draw from the work of anthropologist Arthur Kleinman on “illness narratives,” or the stories that surround episodes of illness and healing (Kleinman 1988). Illness narratives have different functions; “they can be a transformation and expression of bodily suffering, as well as the suffering person’s attempt to construct his or her world, to find his or her own life-work and life context” (Hydén 1997, 65). While these personal reconstructions are embedded in individual lives and experiences, these narratives also communicate significant social facts (Becker 1997; Mattingly and Garro 2001). Throughout this article, we aim to show how these narratives establish a culturally-shared understanding regarding chronic mental health conditions, and their implicitly shared cultural models that provide insight into illness, healing, and the relationship between mind and body. Such narratives are used by guests to express or formulate their experiences of illness and suffering, in addition to conveying their shared cultural experience of consuming psilocybin mushrooms together in the pursuit of healing.



SYMBOLIC HEALING

Anthropologists have analyzed healing and its mechanisms of action using many theoretical orientations, including psychological, performative, and processual theories of healing (Miller 1994; Peacock 1984; Sax 2004). For the purposes of this article, we draw on the work of anthropologist Daniel E. Moerman (1979) on symbolic healing to analyze what is taking place at Samsara.

Symbolic healing focuses on analyzing the sociocultural and experiential process, content, and structure of a therapy. According to Moerman (1979), symbolic healing is based on the use of healing symbols that directly influence and transform someone's therapeutic experiences. Healing symbols include medicines, objects, songs, animals, or certain actions that are meaningful to a person because of their cultural background. Such symbols can have both a psychological and pharmacological value. For instance, herbal medicines and even pharmaceuticals have real physiological effects on the body, but they can also be imbued with a meaning that is significant to the user. Moerman (2012, 196) describes this significance as the "meaning response," or the "psychological or physiological effects of meaning in the treatment of illness, and elsewhere." A meaning response is also based on an understanding that the relationships between mind and body and between symbol and substance are unitary, not separate and reductionistic. Moreover, a meaning response is one part of the total effect of a healing intervention, characterized as highly variable among individuals and culturally dependent, and can be used as a template to generate new perceptions and behaviors. Therefore, the concept of the meaning response advances the idea that subjective experiences can have many meaningful dimensions that influence the outcome of a treatment and can have pronounced biological and therapeutic effects (Moerman 2002).

For the guests at Samsara, psilocybin produces a meaning response based on multiple pre-existing cultural assumptions, such as their experiences with illness and healing; their expectations of psilocybin; and their background. It is also influenced by the process of collective storytelling that takes place during debriefing sessions post-psilocybin. Using this perspective, we focus on analyzing the emotional and somatic reactions induced by psilocybin, a healing symbol that impacts the social interactions and influences the emotional and mental state of the guests at Samsara.



LIMALITY AND THE MINDFUL BODY

The idea of symbolic healing is conceptually linked with anthropologists Victor Turner's interpretation of liminality and Nancy Scheper-Hughes and

Margaret Lock's (1987) theory of the "mindful body," both of which are useful when analyzing the healing practices taking place at Samsara. Turner (1969) himself expands on Arnold Van Gennep's theory of the three stages of rites of passage—separation, liminality, and reaggregation—as a way to analyze certain human events and social processes. While Van Gennep's theory describes rituals as pre-determined life cycle transitions involving a new social status or rank, Turner's interpretation of the mid-phase of ritual—liminality—can be applied to analyze the intersubjective experiences that occur over the life course. Liminal periods can be described as a process of "becoming," a period that is "likened to death, to being in the womb, to invisibility, to darkness, to wilderness, and to the process of the unknown" (Turner 1969, 95). This in-between state of vulnerability is a transformative process that is ripe with opportunities for change.

As we show below, guests at Samsara go through a liminal phase that can be described as a "periodical reclassification of reality" regarding their relationship to society (Turner 1969, 128-129). Through their pursuit of healing in Jamaica, guests become liminal entities or "threshold people" trying to make sense of their lives, ailments, and struggles (Turner 1969, 95). For a moment in time, they are immersed in a symbolic healing process as they separate from the daily formalities that regulate their social life and engage in behavior that is not fully available within the boundaries of their everyday lives. This liminal phase is instigated first by their physical separation from their daily routines and familial environments and second by the ingestion of psilocybin, which produces an altered state of consciousness different from their normal state of awareness. In this sense, psilocybin is both a substance and a symbol, or "operator in the social process" (Turner 1967, 36). In the global north, psilocybin mushrooms have come to symbolize a natural and cultural symbol of personal and transpersonal transformation (Estrada 2007; Guzmán 2008; Munn 1973). There is both an organic and symbolic message that psilocybin mushrooms provide, as they catalyze a plethora of physiological effects and can serve as a vehicle for inducing psychological or physiological changes that signify the effects of the healing process. This is at the heart of symbolic healing, in which universal and innate psychological processes affected by symbols can cause changes in both the body and mind (Dow 1986).

Furthermore, this process of symbolic healing was also instigated by the group dynamic at Samsara. While guests experience strong internal emotional and cognitive processes, they also go through a social transition while in Jamaica. This temporary transition provides an opportunity for guests to relate to each other in new ways and is reminiscent of Turner's (1969) notion of *communitas*, a state of comradeship and common humanity outside of normal distinctions, roles, and hierarchies. As we show below, after the psilocybin sessions, guests at Samsara do not identify with what makes them

different, such as where they come from, how they make a living, and who they are outside of the retreat setting. Rather, in this liminal state, they affirm a sense of sameness. Although strangers, they have bonded by going through this experience together. This bond is reaffirmed throughout the retreat during sharing rounds, group dinners, informal conversations, and other group activities that allow them to relate and recount the significant moments of their psilocybin sessions. Here, the meaning response of each guest is therefore directly influenced by the group. For this reason, like Moerman's interpretation of the mind and body as unitary, the individual and group are not clearly distinct from one another.

To highlight this perspective more clearly, we incorporate Scheper-Hughes and Lock's (1987) theory of embodiment around the mindful body, particularly their ideas about the "individual body-self" and "social body," to analyze the physiological and symbolic effects of psilocybin on the individual and the group. The "individual body-self," the lived experience of one's personal body, emphasizes the connection between the mind and body through emotions. The "social body" refers to the "body as a symbol" for thinking about the world (Scheper-Hughes and Lock 1987, 20). This body exceeds the boundaries of the physical body and reflects social norms, values, and ideas, including those on kinship, health, and illness. The social body is therefore integrated to its environment rather than separate. As we show in our analysis below, psilocybin produces effects on the individual body-self, such as those related to personality and individual biography. At the same time, psilocybin generates other effects at the level of the social body, involving the individual relation to the social world around them, in this case the relationships created between the guests during the retreats.



METHODS

This article is based on ethnographic fieldwork at a psilocybin-assisted retreat center in Jamaica during the summer of 2019 in the months of June and July. Orozco carried out fieldwork in Jamaica due to the criminalization of psilocybin in the United States as a Schedule 1 substance in 1970 (Nutt, King, and Nichols 2013). In Jamaica, the use of psilocybin-containing mushrooms is unregulated and attracts foreigners who want to experience psilocybin healing legally. Due to this, the fieldwork site of Samsara is a psilocybin retreat center in Jamaica that caters to foreigners, primarily Americans.

Orozco collected data using two methods. First, she conducted participant observation during two retreats. This included spending time with guests and providers pre- and post-psilocybin sessions, observing three dosing sessions, and participating in preparation and integration circles. Both retreats were

different in terms of their amenities, marketed as either basic or comfort, and located at two seaside properties with close proximity to one another. Both locations had a large yard where all of the sessions took place, with the exception of a few guests who preferred to stay in their room during the session. Both retreats hosted up to 10 guests. Preparation, integration circles, and dosing sessions were directed by the owner and head facilitator of the retreat center with other facilitators and staff.

Second, Orozco conducted 25 semi-structured interviews with guests and providers. Interviews with guests focused on their past use of psychedelics, motivations for trying psilocybin, expectations of the retreat, and experiences at the center. Interviews with providers focused on their experiences as facilitators, motivations for providing psilocybin, skill sets, and views on psilocybin as a therapeutic agent. Prior to initiation, this research received Institutional Review Board approval from the University of Central Florida in order to protect and manage risk to the participants involved in this project.

For data analysis, both authors transcribed interviews and fieldnotes and subjected them to an inductive coding approach in an effort to highlight significant themes (Thomas 2006). Both authors read and analyzed the transcripts twice in order to consider new possible themes (DeWalt and DeWalt 2011; Fetterman 2020). Using this coding system, both authors refined the data and established a structural framework for the analysis discussed in this article. Both authors were equally engaged in the writing of the article. The prominent theme discussed in this article is guests' complex experiences with psilocybin in Jamaica.



MOTIVATIONS FOR TAKING PSILOCYBIN IN JAMAICA

When asked about their motivation for traveling to Jamaica to try psilocybin, all guests described the common goal of healing from chronic mental health conditions. Specifically, guests—many of whom had never used psilocybin or psychedelics before—were there to treat their depression and anxiety. While some admitted that their depression or anxiety was manageable, the majority expressed a level of frustration in addressing their conditions despite life-long interventions of traditional psychotherapy, psychiatric medicine, and alternative healthcare techniques, such as meditation, acupuncture, and naturopathy. Others also attributed their journey to the overwhelming and existential distress of life, death, and change.

Mental health disorders remain underrecognized and undertreated (Bandelow, Michaelis, and Wedekind 2017; Halfin 2007). Depression, in particular, is a significant public health concern that affects a large segment of the general population and accounts for multi-billion-dollar expenditures directly

related to healthcare and hospitalizations and indirectly to morbidity and mortality (Ballenger 2000). Diagnosing mental health issues is difficult due to overlapping symptomatology and the complex interplay and individuality of psychological, biological, and social factors (Aultman 2016; Wakefield 2007). Conventional pharmacotherapies and psychotherapies, such as psychotherapy and Cognitive Behavioral Therapy (CBT), are only partially effective, as demonstrated by the number of people failing to achieve remission (Heuschkel and Kuypers 2020). Symptoms can also go unrecognized for years, causing aggravation of the condition and subsequent delay in diagnosis and healing. For example, one guest at Samsara,⁴ Luke,⁵ said:

I've had depression all my life. . .without realizing it. It was about 20 years ago I got the diagnosis and it dawned on me that I was suffering from a recognizable major illness. . .nothing really has been able to address it. . .I went on a series of drugs and SSRIs in conjunction with short term cognitive behavioral therapy. . .I've been involved with a trial with a large hospital and university that offers psychiatric services. I've tried ketamine, nitrous oxide. . .

Another guest, Anna, admitted:

I've struggled with anxiety and depression most of my life. . .I didn't even realize what was going on until I was about 27. I was on antidepressants for a while. . .I had to swap to a stronger type because it just wasn't working. I'm just bloody sick of being on them.

The mainstream approach to mental health has become a game of trial and error for many of the guests. People are diagnosed, sent to therapists or psychiatrists, and often prescribed medication. Many never receive relief, and stigmatization further contributes to painful feelings of shame and confusion (Whitfield 2010). Such mental suffering can lead to desperation. For example, one guest named Jack described their feelings in the following way:

A building frustration. . .of why can't I feel better? Why is this not helping? Why is this not sufficient? I shouldn't feel bad so that also then created a lot of shame. . .shame over not feeling good and then not being able to feel better.

Another guest, Janis, added:

Life-long problems with depression and self-esteem and self-worth issues. . .I've been trying, you know, different therapies and different anti-

depressants and meditation. . . I got all of the side effects because they kick in right away and the benefits don't come for months and they adjust your dosage and you have to wait again. . . by the time I started feeling a little bit better I was just so done with all the side effects.

Medications for depressive and anxiety disorders can be useful for some but may only provide symptomatic relief. For others, including many guests, these medications have underwhelming effectiveness or intolerable side effects, such as sleep disturbances, sexual dysfunction, and loss of appetite (Khawam, Laurencic, and Malone, Jr. 2006; Rothschild 2000). According to Cohen and Moncrieff (2009), psychiatric medications like antidepressants can, therefore, be considered psychoactive drugs that can induce complex, varied, and unpredictable physical and mental states.

As explained by Kleinman and Seeman (2000, 239), personal experiences of illness can be interpreted as “emotional-moral processes that link what is at stake in collective life with what matters in the inner life of patients.” This was evident by the guests’ accounts, when they explained how their illness experiences involved periods of isolation, feelings of inadequacy or shame, and confusion over what they could do to feel better. Finding a “solution” had been difficult for many. In her case, Anna admitted that it was “going to require something big” for her to get off antidepressants and resolve her long-term depression. Another guest, Michael, explained that he had been “on and off 20 years of therapy,” and that the relief he kept looking for “never comes” because there is “too much guarding it.” In other words, something emotional was in the way. It was this very desperation and the promise that psilocybin provided that led the guests to Jamaica.

The Pollan Effect

The current mainstreaming of psychedelic medicines influenced many guests’ decision to try psilocybin. While guests had the financial means to attend Samsara and travel to Jamaica, most admitted that they would have either been unaware or reluctant to try a nuanced and stigmatized substance had it not been for modern scientific research. Case in point, all guests were familiar with the Johns Hopkins psilocybin studies (e.g., Griffiths, Johnson, and Carducci 2016; Johnson and Griffiths 2017) and Michael Pollan’s best-seller *How to Change Your Mind* (2018). “The Pollan Effect,” or this piqued interest in psychedelics that surged from the publishing of Pollan’s book (Noorani 2020), influenced the guests’ perspectives at Samsara. They were particularly struck by Pollan’s personal experiences with psilocybin and others’ positive testimonies found in the book as well as other anecdotal reports from individuals from the same general demographic who had tried psilocybin: men and women in their late 30s to 60s; middle to upper class;

of American or European descent; struggling with a mental or emotional health condition; and looking for an alternative to deal with their issues. Michael shared:

I came to this like a lot of people here through Michael Pollan's book. I was amazed at how much research had been done and how promising it all showed to be.

Another guest named Mia added:

I remember the very first thing that drew my attention. . .when he said he was at a dinner party and a psychologist at the other end of the table, she and her husband were talking about an experience they had. I'm a psychologist so I was interested in the professionalism of people like that doing it. My sister used LSD and I don't know what else back in the 70s and. . .my experience with watching somebody who is doing this was not positive. I didn't really respect it very much—the use.

Pollan's book, as well as other academic publications in the field of psychedelic research (Davis, Barrett, and May 2020; Johnson and Griffiths 2017; Sessa 2012), highlight how psychedelic substances alleviate depression, addiction, and anxiety by temporarily dissolving the ego⁶ and engendering deep spiritual connection to the universe. For this reason, all guests expected to experience profound or transformational experiences that would shift or accelerate their healing. This point was made particularly evident by Jacob, a guest who was especially motivated to attend Samsara because of the descriptions that he read in Pollan's book and the potential that experiencing psilocybin could have on dealing with his chronic depression:

I had been intrigued with this idea of ego dissolution. . .I guess one of the surprises is that some of the stuff I read about doing mushrooms is this love and this feeling of oneness with nature and oneness with humanity and I haven't felt that yet.

Another guest named Amy added:

For the first experience I wanted an external experience. I wanted to be with the trees. . .Michael Pollan⁷ talks about experiencing oneness with nature and the universe. I had total expectations.

The popularity of psychedelic literature and testimonies has flooded the public imagination with a generalized idea of what the experience could be like

(Johnson and Griffiths 2017). As explained by Noorani (2020, 1), “Today’s research imperative to tame the effects of psychedelics through controlled clinical settings is itself culturally specific, one approach among many. The resultant knowledge of psychedelics’ effects (*contra* those of set and setting⁷) is then doubly particularized, subtracted from set and setting variables, and produced out of a particular context.” This was expressed clearly by Amy, who, frustrated by her expectations, felt a great sense of pressure as she approached her last psilocybin dose: “I have all the eggs in one basket waiting for the last session to be like *the* session.” While this perspective is valid, it focuses solely on the individualistic and medicalizing effects from a substance and fails to incorporate the social elements of healing and the dynamic nature of psychedelic use (Feinberg 2018), which we discuss below.



EXPERIENCES WITH PSILOCYBIN

Intentionally separating themselves from their familial environments and routinized lifestyles, guests go through a liminal phase as they embark on a journey to Jamaica. Once at Samsara, guests experience another dimension of liminality that begins once the group ingests their doses during the psilocybin sessions.

Samsara was surrounded by the elements of nature in a tropical space filled with birds, lush trees, plants, and a vast ocean view. Psilocybin sessions, which occurred three times during each week-long retreat, took place at the guest accommodations property in a big field known as the “trip yard.” On the day of each session, guests and facilitators enjoyed a light breakfast followed by a group meeting to prepare for their dosing session. Most of the guests seemed relaxed, eager, and ready for the sessions. Others expressed feelings of anxiousness or fear, as the time had finally come for them to experience psilocybin.

After the first dosing sessions, these feelings seemed to dissipate as the guests became more familiar with what the experience could feel like for them. Facilitators did their best to address any questions or concerns and tried to set the guests at ease by providing one-on-one support to assure them of the safety and efficacy of taking psilocybin. Guests were then given a few hours to relax and prepare for their session. Facilitators also took some time to discuss amongst themselves and prepare for the session. Ethan, the head facilitator at Samsara, delegated certain responsibilities and decided which facilitators would dose during the session.⁸ In the afternoon, the guests and facilitators reconvened in the trip yard to begin dosing. Each person was asked to pick a spot on the property where they would feel most comfortable. The mushrooms were taken in capsules or offered fresh when available. The

doses were then given to each guest and dosing facilitator. After dosing, the guests and facilitators settled into their chosen spots. Most guests were spread out in the trip yard, but some congregated closer together. A complete silence then permeated the air as they waited for their experience to unfold.

During the dosing sessions, guests often experienced multiple emotions and physical sensations. Emotions included intense peaks of fear, grief, shame, sorrow, and were often accompanied by physical sensations, including overall bodily pain and discomfort, convulsions, and intense crying. These reactions were often described as moments of release. Arguably, the release of a certain burden, whether physical or emotional, can facilitate healing (Scheff 2001). As explained by Jordan, one of the facilitators, the accumulation of these feelings can lead to their direct release: “There is a release that people can get when something builds up in them. They can finally just let out a big cry or even a laugh or a yell. Release is the best word for it.”

At Samsara, certain moments of release could be categorized as purgative and function as a physical cleanse for the body. Purgative reactions include crying spells, nausea, sweating, intense shaking or convulsions, and yawning. These purgative reactions were attributed to the release of certain emotions that had been stored in the body as a result of past experiences. For instance, during the first retreat, a guest named Jaime explained how she was able to process the death of her mother as a result of her experience with psilocybin. Jamie struggled with depression and anxiety throughout her life, but her mother’s death further aggravated her symptoms. She had not found a way to work through the grief that came with her loss. She had tried to mourn through therapy, medication, and the passage of time, but relief never came. During her first session, Jaime laid down on the ground. She seemed uneasy during her experience, taking her eyeshades on and off, and moving around through the yard as if anticipating a “shift.” Later she went back to her chosen spot and laid on her back for the remainder of the session. The next day during group discussion, she expressed how she felt frustrated as she saw other guests having a more impactful experience in comparison to hers, which provoked an emotional response:

It was dark and Luke, one of the guests, came over and he started talking to me and because I was crying he asked, “I’m so sorry you are sad. Why are you sad?” . . . I said, “I was hoping to see my mother,” and as soon as I said that this grief came gushing out of me. . . I was completely in the moment when I was crying. I just really cried, really sobbed.

Through this experience, Jaime explained how she was able to release her grief from her mother’s death by admitting her afflictions and expectations to

another guest. She explained how she was able to understand the meaning of the word “loss” and referred to the experience as not only an emotional but physical cleanse or purge:

I felt this huge sense of grief. This sense of loss that she wasn't there. Her absence was so profoundly grabbing me in a way that I had never let it do that since she died. I felt like I just purged that out of me, that grief.

For Jamie, this sense of “release” was not simply something of the mind; it was also an embodied or felt experience. As explained by Scheper-Hughes and Lock (1987, 30), the “mind and body are inseparable in the experience of sickness, suffering, and healing” and emotions “provide an important ‘missing link’ capable of bridging mind and body, individual and society.” The following day, Jamie expressed that her grief no longer bothered her and related how she felt her “emotions had come back” after feeling “emotionally silent” and unable to find any coherence between her thoughts and feelings. She saw the release of her grief as necessary for what unfolded during a subsequent session where she was able to “feel” the presence of her mother: “I exploded out of this husk of myself and I was in this space with everything. I blasted off. . . I just felt like I was shot into heaven. . . and I felt she was there. . . her being.”

No longer feeling separate, Jamie was able to overcome the pain of her mother’s bereavement and, in so doing, create a new narrative around her interpretation of death. While these embodied experiences highlight the connection of the mind and body, they also help us understand how the body and sickness are deeply cultural and “are a form of communication through which nature, society, and culture speak” (Scheper-Hughes and Lock 1987, 31). In this case, we can see how, through embodied experiences, metaphors and symbols influence biological processes, including those relating to death, grief, loss, and their relationship with chronic mental health conditions (Moerman 1979).

One guest who also experienced intense physical sensations was Michael. During his first and second psilocybin sessions, Michael laid on the ground and curled up into a fetal position with his eyes closed. During the first phase of his second session, however, he was overwhelmed with feelings of grief related to several deaths. In his wallet were the funeral cards of two of his loved ones. He kept pulling them out of his pocket, looking them over, and letting out deep sorrowful cries. He remained on his side and, as this was happening, he started coughing and expelling phlegm and mucus. As with emotional release, these sensations were often referred to as a “purge” or, as explained by Damian, a facilitator, “a process of what the body is going through in order to flush something out,” rather than just a drug interaction.

From a distance, you could hear faint weeping and crying. Then, if you looked closer, you could see Michael making sudden movements while on the ground: jitters, coughs, grunting, spitting, and panting. A facilitator named James rushed over to help him and kept telling Michael to breathe, as he seemed overwhelmed by his experience. Unwilling, Michael rolled over on the ground, closed his eyes, and held tightly to a soft seat cushion. He began to seize and shake profusely and described the experience as a release of his shame:

I closed my eyes, and I could see this pattern and it was clear to me that what I was seeing was my own DNA and shame was in every piece of the DNA. It made me realize that shame is not just an emotion, you feel it takes on a physiological component and it truly becomes who you are. That is when the convulsions really started, and I felt like they were just leaving my body and as I was doing it, I could feel my muscles relax. The physical release that I felt in my body was real.

Michael's purge was not only physical but also an emotional cleanse in which the physical reactions he was having were instigated by these emotional visions. During this cleanse, Michael related how his "entire hard drive" had been "reformatted and rewritten," likening his brain to a computer that needed some upgrading. As explained by Schepers-Hughes and Lock (1987), the body can be interpreted as a symbol for thinking about the world, providing a tool to conceptualize complex ideas through metaphor. There are "symbolic equations between conceptions of the healthy body and healthy society, as well as the diseased body and the malfunctioning society" (Schepers-Hughes and Lock 1987, 20). For Michael, his shame was not just interpreted as an emotion, but rather a symbolic conception of the "diseased body" in relation to society. He attributed this shame, which had been building since early on his life, to the social stigma that he experienced for being a gay man:

Much of it has to do with being gay. . . I was different, and I also knew on a very deep level that different was wrong and so you start picking up all these cues and you learn to hide, you learn to bury it, and every single time you do that you lose a bigger piece of yourself.

These conflicting feelings undoubtedly affected the way Michael interacted with his social world. The release of his shame was, therefore, an attempt to be in a state of coherence between the self, body, and environment. This was made evident by a comment from another guest: "Hey you finally showed up,' he said. Um. . . and that felt really good, because I'm just so

aware of so many situations being there but not really having showed up,” Michael shared. As suggested by anthropologist James Dow (1986), in the process of symbolic healing, as order is restored in one level it spreads to other levels that involve the self and other. While this “therapeutic transaction” pertains to a form of internal communication, “this is predicated on a tendency in the structural approach to reify the social self, and somatic” (Csordas and Kleinman 1996, 12).

In addition to a kind of cathartic emotional and physical purging, many guests experienced an additional form of release. During these instances, guests experienced extreme shifts in emotion that resulted in feelings of restoration and renewal. These cathartic states of release were often provoked by the reliving of old memories and moments of death and rebirth. Catharsis involves both a powerful emotional component in which strong feelings are felt and expressed, as well as a cognitive component in which the individual gains new insights or realizations (Scheff 2001).

During the first retreat, a guest named Layla experienced a visual replaying of her childhood as a result of one of her psilocybin sessions. Layla went through a difficult bereavement process during the past six years. Her lover at the time had died after a motorcycle accident, leaving her feeling abandoned and alone. For over two hours at the beginning of her session, she laid on her mat moving minimally. She started to feel overall tension and pressure in her body and a feeling of overwhelming exhaustion. Eventually she laid face down and was flooded by a sudden visualization of past memories. Layla explained how she began to feel strange, sinking into feelings of loneliness as she remembered the sudden death of lover, and then later when she lived in her childhood village as a young girl. As this happened, Rose, one of the facilitators, moved towards her and said, “I’m here.” Rose had been observing Layla from a distance and approached her at just the right time to help her get through her emotional release. As Layla described, “I started wailing. . . I never felt how painful loneliness is before, because I’m quite self-reliant. I felt true loneliness and how painful that is.”

As Layla embodied this state of loneliness, she became aware of how much her need for others was dulled. This emotional release then evoked a state of catharsis, what she referred to as the “birthing of her childhood.” Once Rose joined her, Layla started to experience strong, painful bodily sensations that were accompanied by visions of her past. As she laid on the ground, Rose held her like a midwife, holding both her hands, reminding her to breathe, as Layla described feeling her tension as “waves of energy” coming out of her body, “getting it out of me. . .”

Layla continued to cry uncontrollably. Rose continued to comfort Layla through her process; she held her hand, wiped down her tears, patted her back, and kept reminding her to breathe. During group discussion the next

day, she explained how she had been able to identify the origin of her loneliness. Layla had spent her youth at boarding school, as her dad was in the Navy for six months during the year. She grew up away from her family and had been unaware of how much that had affected her:

I realized in the trip that the core issue. . . If you'd asked two days ago how did you feel when your dad was in the Navy and he was gone on ship for six months, I would've been like, "It's fine, it was normal for me." No big deal. It actually turns out that it was a massive deal and I had no idea.

Reliving her childhood memories with the help of a facilitator also provided her a space to make amends with the past. It seems that through the reliving of previously repressed memories, Layla was able to reframe what had happened to her during childhood. She explained how during the experience, she felt as if Rose represented her mother, and gave her the maternal presence she needed when she was a child. Layla explained:

Rose was there for me. . . She was there for the childhood Layla that I could also see in my mind. . . She gave "her" something. Because now she's done that, I feel like I don't mind, I don't mind that I was lonely as a child, and I felt like I had to stand on my own two feet. It's okay. I don't hold it against anyone.

As Kleinman (1988, 31) argues, illness is "embodied in a particular life trajectory." In Layla's case, the grief she carried from the death and loss of her partner stemmed from her childhood. According to Kleinman (1988, 13) in his interpretation of symbolic healing there seems to be a "symbolic bridge that interconnects physiological processes, meanings, and relationships." This was clear based on the interaction between Rose and Layla and Layla's internal thoughts, emotions, and behaviors as she saw and re-narrated her past during her altered state. Layla's interpretation of Rose mirrored a motherly figure from her childhood, helping her reformulate the relationship she had with her parents when she was younger.

Another form of cathartic release experienced by guests were moments of death and rebirth. They recognized their death and rebirth experiences during psilocybin sessions as symbolic and spiritual, often addressing it as a transformative process. They felt joy, bliss, and love, which led to insights and realizations. A guest named Luke credited the retreat experience as being one of the most important weeks of his life. During his first session, Luke laid on a zero-gravity chair with eyeshades and headphones on. For most of the session, Luke shook, breathed heavily, and made powerful facial

expressions. Luke had traveled all the way from Australia looking for relief to his long-term depression, social anxiety, and the ripple effect that these conditions had caused for him throughout his life. The facilitators observed him from a distance, letting Luke's experience unfold. He later described it in the following way:

A completely transforming experience. I was lifted and taken away somewhere. I went through a very powerful rebirthing experience. . . I was being shaken around and stirred up and all this sort of stuff and I was shaking and breathing heavily and during that I experienced a revelation.

During the group discussion, Luke described his experience as a rebirth where he felt a harmonious synthesis of his mind and body. In line with Turner's interpretation of liminality and the process of transformation, Luke was finally propelled to a phenomenological and social home that he had not yet envisioned or felt:

I learned something of immense importance to me: I have been blessed by the suffering that I've been through. I'm a changed person. I've been down into the hole and now I've come out. I love myself and I've never felt that before in my life. . . and I felt that. . . It felt very liberating.

Luke's transformative narrative highlights this liminal process of revalidation and renewal of the individual body-self that allows for reintegration into the larger context of the social body (Scheper-Hughes and Lock 1987). While it is typically presumed that chronic mental health illness is a problem of the mind and based in the psychological response of the individual to life experiences, these narratives illustrate the effect of the body, as an important symbol of social meaning, in the process of illness and healing.

These bodily processes of purges, catharsis, and rebirth are not only culturally meaningful, but they also reproduce and recalibrate the body-self with the larger material and social environment (Dow 1986). Because the body-/mind/self operates as a unitary phenomenon and includes "emotions, memories, postures, senses, balance (in more than merely the physical sense of the word), relationships, self-image, sense of empowerment, imagination, attitudes, spiritual qualities, and processes" (McGuire 1996, 108), these embodied experiences can translate into multitude dimensions. Additionally, we can see how psilocybin, a symbol of personal and social transformation, produces meaning relating to the somatic and social healing of the individual. The cultural significance of psilocybin as a substance with agency and power is what guided guests' embodied experience and inextricably catalyzed a meaning response amongst the guests.



PSILOCYBIN-INDUCED COMMUNITAS

Group Cohesion

A unique part of the psilocybin retreats is the group dynamic. Although most of the guests' psilocybin experiences could be described as "internal," their experiences at the retreat were also greatly affected by interactions with other guests and facilitators during dosing sessions and throughout the week. For many guests, attending a group retreat involved taking a big step out of their comfort zone. However, several spoke of the benefit of participating in group activities. Michael admitted that he was reluctant to attend the retreat because of his social anxiety: "I didn't want to do it, but I have been through enough therapy that it did not take too long to realize that I was afraid of the group and that it was probably exactly what I needed. I would not have gotten half the benefit doing this individually." Another guest, Lucy, explained how she was intimidated by the idea of participating in a group psilocybin setting. She said:

I'm very introverted and I don't like to open up and talk to people so the idea of going with a bunch of strangers and kind of letting it all out there was kind of intimidating, but once I got here, I could tell that it was a safe space, and it allowed me to open up a lot more than I normally would.

The group component of the retreats, therefore, can be described as a trust building exercise between the guests and facilitators that greatly benefitted the former. As the guests began to trust their environment, the facilitators, and one another, they started to open up. As Rose, explained, "It is okay to get support from others, that interdependence is good. There is nothing wrong with that because no man is an island." A guest named Jack reiterated this point when he said, "Belongingness and connectedness to others is such a primal and fundamental human concept and a fundamental human motivation is to belong. No man is an island. We just don't cope and manage very well alone and by ourselves."

Communitas highlights the collective dimension of transformation, generating a change in perspective regarding the human experience as explained through the relationship between individuals rather than through the individual mind (Turner 1969). At Samsara, experiencing transformative experiences in a collective space allowed each guest to "get to the root of each person's being and find in that root something profoundly communal and shared" (Turner 1969, 138). While it is not uncommon, as Feinberg explains (2018, 41), for "individuals who consume psilocybin mushrooms to experience

effects as transcending the everyday barriers of language, culture, and the body,” the experience of *communitas* highlights how these shared experiences are informed by socio-cultural factors.

Most guests expressed how important it was for them to realize that they were not alone in facing hardships or struggles, and that they could release feelings of shame, guilt, fear, or joy together. The vulnerable communication that developed from dosing together helped each guest feel like they are deeply understood by others in the group, which added to the connection that they felt. One guest named Jacob explained that the benefit of the group dynamic was the ability to have meaningful conversations with one another: “I believe this has been so helpful because people are willing to be vulnerable and sort of spill their guts out.” Another guest, Brandon, who had experienced group therapy in the past, also expressed this sentiment clearly when he said, “Everyone has the same fucking problems, like the specifics are different but the problems are all the same...It’s always the same shit, we are just people.”

This sense of social integration can be attributed to a kind of collective consciousness generated at Samsara. Collective consciousness, as coined by sociologist Emile Durkheim (1893), is a shared way of understanding and behaving that binds individuals together. It is the result of social forces external to the individual that create a shared set of beliefs, values, and ideas. This concept highlights what is “common to the whole of society,” the reciprocal need that we have for one another as none of us can survive without other people’s contribution.

Speaking to the importance of strong social bonds, Durkheim (1976) suggests that social gatherings reaffirm such connections through what he calls “collective effervescence.” Collective effervescence is “the most intense demonstration of a more general social condition” whereby individuals are “elevated routinely when they feel sympathy and esteem coming from others” (Law 2011, 50). During periods of collective effervescence, “within a crowd moved by a common passion, we become susceptible to feelings and actions of which we are incapable on our own...when the crowd is dissolved, when we find ourselves alone again and fallback on our usual level, we can measure how far we raised above ourselves” (Law 2011, 50). This point was highlighted further by the interpretation of the group dynamic provided by Ethan, who stated, “I have a strong belief that this is what the ritual of communion is based around and that in some way we all do become one body, one mind, one energy, one in that space together.” This is not uncommon, as Scheper-Hughes and Lock (1987, 29) note, “In collective healing rituals there is a merging, a communion of mind/body, self/other, individual/group that acts in largely non-verbal and even prereflexive ways to ‘feel’ the sick person back to a state of wellness and to remake the social body.”

Challenges

Prior to traveling to Jamaica, all guests were aware that the retreat involved group activities. However, some were concerned about how the experience with others would affect their psilocybin sessions. Initially seeing the psychedelic experience as mainly an inward journey, several of them were surprised by the level of interaction during the group sessions. And, for some guests, the group experience was challenging. There were moments of disconnection, misinterpretations, and confusion regarding the collective experience. Often times, based on the altered state of each individual and their level of sensitivity to their environment, guests entered into persistent thought patterns, sometimes called “mental thought loops,” that could be difficult to break out of. These thought loops can fabricate an elaborate story behind certain social or environmental reactions that may not be completely accurate.

During one of the group sessions, Luke explained how his altered state made him aware of just how destructive his own mind could be and how much damage it can cause. He clarified, “Nobody else had the same reaction as me, because I shared it in the circle. It didn’t radically interfere with their process. I thought it was weird and it destroyed my experience.” During his second psilocybin session, Luke began to question the validity of his experience. From a distance, he became perplexed by the screaming and yelling come from the other guests. He began to create what he later admitted was a “faulty” interpretation. He felt as though the experience was a hoax and that Ethan was a conman. He felt angry, confused, and overall disillusioned by what he had witnessed. He stormed off from the trip yard and went to grab some dinner. He ate his food quickly and seemed tense and bothered, having minimal conversations with the rest of guests. He finished his dinner and left for the beach. Jordan followed him and asked him how he was doing. Luke expressed his concerns: “I think this is a bit of a fake. There is something wrong with this and I think everybody knows it. They’re just too frightened to say anything.” Critical of Luke’s response, Jordan reminded him of the blissful and cathartic experience that he had during his first session. He made it clear to him that the experience was not fake and that other guests in the group had different interpretations regarding the session. He drew attention to this “thought loop” and provided Luke a different viewpoint by pointing out how overly critical Luke became about something he did not fully understand. As Luke later explained:

I just thought it was all a con job. Ethan was laughing, laughing at us, sort of saying, “Look, I’ve conned you all,” and he said, “Luke, that’s a loop. You are in a loop. You’ve constructed all this yourself with your own mind.” Yeah and “you’re unable to sort of get, become part of the process, and say, stepped outside it and found fault with it and be critical of it. You’ve ruined it and destroyed it with your own mind.”

Luke thought Jordan's insight was powerful. It allowed him to question and consider another perspective and dismantle the story that he had crafted. It made him aware of his emotional reactions and how destructive they could be. Eventually, Ethan appeared, and they were able to talk through what had happened. During the group discussion the following day, the guests and facilitators discussed Luke's emotional reaction. Some considered the experience unusual, but no one else had the same interpretation as Luke.

Given that the retreat is a transitional period where order dissolves, routines are abandoned, forms and boundaries are removed, and a sense of security is lost, these impactful emotional states were not uncommon. Liminality is meant to disrupt, rupture, and transcend the existing social order during which the most basic rules of behavior are questioned, and doubt and skepticism about the existence of the world occurs. Anthropologist Arpad Szokolczai (2009) suggests that the main reason for these challenges is that, in liminal situations, individuals full of uncertainty attempt to imitate others, and, at that point, there is a risk that this will be abused by the unscrupulous. This point is made evident by Luke's experience, which highlights a breach in the inherent mutual understanding that occurs during structureless periods. From the perspective of those like Luke who were concerned with the maintenance of "structure," displays of *communitas* might look hazardous and anarchic.

Overall, emotional reactions were a challenge for some of the guests. Given the social aspect of the retreat setting, guests sometimes reenacted or projected certain behaviors onto one another based on experiences from their past. Certain guests were encouraged to make use of the psychological or emotional reactions set off by other guests as a way to understand and overcome them. This became particularly evident during the second retreat when a guest named Mia was provoked by her interactions with another guest. Mia and Anna had both chosen to sit under the hut among a group of men. As the psilocybin session commenced, Mia grabbed a lawn chair and laid down with her eye mask and remained there for most of the session. Anna sat and conversed with the men and stepped out of the hut a few times before eventually sitting down. For much of the time, she was laying down with eyeshades until she started to interact more with the men who were progressively becoming louder. During the session, Anna had interrupted Mia to ask if the noise was bothering her. Mia told her that she was using it, and Anna continued to ask her the same question again until she eventually left the hut. Mia began to feel alienated by this, as it reminded her of the interactions she had experienced in an abusive relationship with a colleague: "I think that's where the alienation began. I started to feel...sort of like...maybe I'm identifying her with this friend of mine...You know she's here for her own stuff but as a vehicle I see what sets me off."

As the session unfolded, the interactions between the men became more apparent. Their conversations started to get loud, laughter broke out, and they began to move around. It became a very playful experience for the men in the group, which was irritating to the women. Naomi, another guest with a history of family sexual abuse, had positioned herself away from the men in the group. Yet, in the distance, she could hear their laughing and was bothered by this. She did not understand how they could be happy when she was in so much pain. Their laughter and “horseplay,” as she called it, made her angry because it reminded her of the pain caused by her mother’s abuser and her mother’s intense, relentlessness surrendering to her abuser.

She decided to move to her room to get away from the laughter with the help of one of the female facilitators. Once in her room, she cried continuously for herself and for her mother. Initially, Naomi was disappointed that half of the guests in the group were men and wished that they would go away. By the end of the retreat, she realized how important it was for them to have been there as the feelings of anger that they had caused in her actually served as the catalyst necessary for her to release painful emotions relating to her past.

While these perceived “conflicts” were used by the guests to reflect and re-order their illness narratives, liminality is the very essence of what makes this possible. There is a dialectical process that involves the successive experience of high and low, homogeneity and differentiation, for each guest at Samsara. While liminality can give rise to *communitas*, it can also oppose this process. According to Turner (1969), the separation from the general link of *communitas* occurs when a member pursues one’s psychobiological urges at the expense of another. The ambiguous and indeterminate attributes of liminal characters are expressed by a rich variety of metaphors. These are apparent through the interactions that occurred amongst the guests that caused disruptions and fragmented the feelings of comradeship, egalitarianism, and homogeneity that are indicative of *communitas*.

This psychedelic-induced *communitas*, therefore, inspired a collective change in perception regarding healing through a sense of community and an altered state of consciousness. By the end of the retreat, the guests had a different perspective regarding the effects of psilocybin; it is something that needs to be experienced in order to be understood. This highlights the nature of liminality and *communitas*, as guests may not be fully aware or even be able to describe this experience until they engage with it at the interpersonal level (Turner 1969). Most guests expressed a change in thinking and saw the potentials of engaging with psilocybin in other contexts. They no longer perceived psilocybin or other psychedelics as drugs but as medicines with versatile uses. While there were difficult moments throughout the retreat, and guests faced challenging trips, they all viewed the experience as important, impactful, and significant.



CONCLUSION

While the therapeutic uses of psilocybin are currently being studied in clinical and laboratory settings, there has also been a marked interest in consuming this substance in other environments, such as the retreat center discussed in this article. By applying the framework of symbolic healing and the concepts of liminality and *communitas* to this ethnographic example, we have shown the process of healing that occurs at Samsara. We have described how healing involves the construction of a meaning response that is based on the internal and collective altered states of consciousness of the guests. This perspective broadens our understanding of psychedelic experiences beyond physiological and pharmacological concepts often characterized as internal processes and highlights the collective and social dynamics that influence psychedelic experiences within retreat settings.

We accomplished this by describing the symbolic significance of psilocybin and its influence on the guests' experience. We demonstrated how, when on the verge of personal and social transformation, the guests generate meaning via the breakdown of normative order. We also utilized theories of embodiment, narrative, and meaning to analyze the connection of the individual and the social-self and its effects on the beliefs and sentiments of the group.

As more psychedelic retreat centers become available around the world and the collective experiences of using psilocybin and other psychedelics emerge, the perspective we present in this article could be increasingly useful for conceptualizing what happens at these retreat centers. Further research in this area could also explore the use of language and symbols and their effects on communication, learning, cognition, creativity, social interactions, and interpersonal relations revolving around the use of psilocybin. Additionally, other topics that could be explored include studying the short- and long-term effects of psychedelic tourism on the local economy of places like Jamaica and its effects on the guest experiences, as well as the effects of consciousness on healing outcomes during short- and long-term psychedelic healing interventions. As this article highlights, consciousness can be understood not only as a phenomenon of the mind of the individual experience, but as a shared experience.



NOTES

¹ The names of the retreat center and research participants are pseudonyms.

² Psychedelic facilitators are those that hold space for the guests during their psilocybin sessions. "Holding space" implies being physically, mentally, and emotionally present for someone during their experience.

- ³ The contemporary administration of psilocybin in clinical settings is characterized by a patient care model, which is not offered at Samsara (Thomas, Malcolm, and Lastra 2017). Additionally, this retreat is not organized around a cultural or spiritual belief system in which psilocybin is used, such as the Mazatec rituals of Mexico, that see rituals as rules for action during ceremonies with sacred plants and fungi (Fotiou 2016; Labate and Cavnar 2014).
- ⁴ Facilitators dose to try to heighten their awareness towards what the guests may be feeling during the latter's experiences. This is not an uncommon practice within traditional shamanic traditions. For instance, in the Mazatec culture, the ingestion of mushrooms by both the healer and the patient permits diagnosis of the condition and guidance of the treatment (Winkelman 2014). However, not all facilitators at the retreat dosed during the sessions. They preferred to rotate throughout the week, as the group sessions can be physically, mentally, and emotionally exhausting.
- ⁵ Please refer to endnote 1.
- ⁶ Often related to mystical experiences, ego dissolution is as an internal state of unity that involves "the blurring of the ego-boundaries between self-representation and object representations" (Nour et al. 2016, 2).
- ⁷ According to Hartogsohn (2017), "set and setting" refer to the psychological, social, and cultural parameters that shape the response to psychedelic drugs. The set and setting hypothesis maintains that the effects of psychedelic drugs are dependent on set (personality, preparation, expectation, and intention of the person having the experience) and setting (physical, social, and cultural environment in which the experience takes place).
- ⁸ Please refer to endnote 4.

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