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Psychedelic-Assisted Therapy: How the Growing Treatment is Altering the Landscape of Modern Medicine Along Racial and Class Lines

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Psychedelic-Assisted Therapy: How the growing treatment is altering the landscape of modern
medicine along racial and class lines

Senior Project Submitted to
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by
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Introduction

There is an ongoing mental health crisis that persists in both America and around the world today that touches millions of people. The global pandemic of Covid-19 exacerbated mental health issues, with individuals having to spend more time isolated and in their own thoughts. Researchers have been looking into new models that can effectively treat patients that may have anxiety, PTSD, alcoholism and various other disorders. The traditional pharmaceutical model of administering a prescription drug, usually in a pill form, has carried with it questions from experts in the field of medicine and science of their efficacy. Enter into the conversation a therapy based on the use of psychedelic plants that have great potential to aid in curing these aforementioned mental health issues, rather than simply helping with symptoms.

Making drugs appropriate for medical use has often been applied to substances that have promising medical benefits as the avenue that constitutes their legitimacy in mainstream medicine. The healthcare system in America has involved disparities in its structure that have traditionally undermined the quality of care for select groups along race, class and gender lines. In fact, the United States spends over 2 trillion annually on healthcare, however the World Health Organization ranks the overall health system as number 37 on the world scale (Clement 2007). Mental health services in America have been known to be insufficient due to limited options under insurance coverages and long waits for such services. With a growing societal awareness of the importance of mental health, individuals have begun turning to alternative options. My interest lies in the emerging field of psilocybin based drugs and its therapies that are being used to assist in the improvement of mental health ailments, changing psychedelics from an illegal, stigmatized drug into the category of medical drug.

For the purpose of this paper, I conducted a discourse analysis of three psychedelic assisted therapy programs' self presentation with focal points on their contestation for medicalization, attempts at legitimation, and the implications of race and class politics. In particular, I want to understand the status and class-related dimensions of these new mental health treatments and how the ambiguous legality of these medical treatments affects the broader political and medical debates generated by the use of psychedelics. While it is not difficult to find articles that discuss the stigmatization of drugs, I will be focusing on the de-stigmatization of drugs using the current legal happenings of other narcotics and rhetoric surrounding psychedelics to push specific drugs into a mainstream market. Leveraging the use of methadone versus buprenorphine in medical settings, I will juxtapose this phenomena with the psychedelics my research consists of to focus on the dichotomy of particular drugs' usage and stigmas. First, I will compose my narrative with the framework of theories of governmentality and the social construction of deviance, laying out literature that connects these theories to the neoliberal approach of deciding what is appropriate for society and what is not. For my research methods, I discuss the premise of how I chose these organizations and the patterns that deserve attention in their language, program models, goals and clientele, all of which have both comparable and contrasting features.

My aim in this paper is twofold: understanding how social forces, like institutions, and driving discourses, such as medicalization or ideologies of wellness, leisure and the self, determine what drugs are deemed culturally acceptable, and how these determinations filter into the social class structure that has been used to shape the medical uses of drugs. How are social institutions conducive to the perception of what is culturally appropriate as a method for mental

health treatment? I reference here a Foucauldian-like framework that touches on governmentality, which constitutes strategies for governing individuals and social processes that has the ability to sway public discourse by shaping selves and aligning people with larger institutional and political objectives. I will introduce how medicalization of narcotics, the de-stigmatization of these same narcotics and legalization under contrasting geographical locations has contributed to the growing phenomenon and legitimacy of psilocybin based therapies. In my findings, I identify further rhetoric of each organization in their presentation across their websites and social media platforms in sections by accentuating strategic phrasing, construction of the problems or disorders they intend to treat, customer satisfaction rhetoric, the distinction between clientele of leisure versus mental health, and the legal context of each program within the country they operate.

I conclude with my interpretation and implications of the organizational discourses that have become active in the social change for this emerging treatment field. I come to interpret, from a sociological perspective, the discourse used by psychedelic assisted therapy programs as a central avenue in their stride toward medical legitimacy. This emerging practice aims to alter the meaning of psychoactive drugs by destigmatizing their socially constructed deviance that has also existed along racial and class inequities and turning them into solutions for long-standing mental health issues. Failure of modern medicine has created the shift in traditional to alternative options of care. Acting as a mode of governance, psychedelic assisted therapies shape individuals through their wellness culture rhetoric and also influence self-governance when people choose their organizations and align their subjectivity with taking psychedelics, thus forming a technology of the self.

Literature Review

The Complex History of Psychedelics

Plant-based psychedelics have an ancient history of medicinal use. Used most notably as aids to psychotherapy for the treatment of mood disorders and alcohol dependence, drugs like LSD and magic mushrooms showed initial therapeutic promise before prohibitive legislation in the mid-1960s effectively ended all major psychedelic research programs (Carhart-Harris and Goodwin, 2017). Lysergic acid diethylamide (LSD) became a drug of interest for psychiatrists and researchers when it first entered the United States in 1949. Throughout the 1950s, therapeutic research uncovered the powerful experience of LSD as it transformed aspects of behavior and personality in patients. A recent meta-analysis of 19 studies of psychedelics for mood disorders published between 1949 and 1973 found that 79% of patients showed ‘clinically judged improvement’ post treatment (Carhart-Harris and Goodwin 2017). However, increased recreational use of the drug in the 1960s began to tarnish the drug’s reputation, with legitimate research suffering collateral damage, making it more difficult to gain approval for research (Oram 2014). As a result, LSD and other psychedelics’ development into a marketable drug became less likely because seeking approval from the Food and Drug Administration required sponsorship from a pharmaceutical company, which most companies were not willing to take on. Near the turn of the 21st century, researchers returned to the science that had already been studied and looked to make advances in psychedelic assisted therapy. This prompted the rise of organizations that looked to spearhead this new, yet also controversial, form of therapy to patients that were searching for an alternative treatment to their illnesses.

Sociology contributes to understanding how the relations among drugs, violence, and the state have developed by examining the nature and incidence of the harms caused by drug abuse and the necessity of inflexible, one-size-fits-all anti drug policies. The relationship of illegal drugs with the state, including the violence it provokes, demands a further analysis that dives deeper than their objective harmful effects on public health. Although public health is a major concern of states in the creation of anti-drug policies, it is not the only or most important concern, as indicated by the resistance of states historically to delegate drug control to the public health professions, as has been done with other more harmful substances such as tobacco and alcohol (Roberts and Chen 2013).

Morality politics plays a significant role for representatives of states as the basis of legality stems from the consumption being viewed as a sin. This translates to outright prohibition of drugs like marijuana and psilocybin based plants rather than policy alternatives. Drug addiction is the most stigmatized of behaviors cross-culturally, more than homelessness, alcoholism, or having a criminal record (Roberts and Chen 2013). In an analysis of the debates of the UN Commission on Narcotic Drugs in 1994 and 1995, Robin Room (1999) brings into focus the predominantly moral emphasis of representatives from both developed and developing countries depicting drugs as pest-like that threatens the integrity of their nations (Room 1999).

The association of drug use with perceived marginal and dangerous members of society made a significant impression on drug policy, favoring criminalization over prevention and treatment. The developed world has seen drug pushers that propagate the spread of drugs throughout communities in city ghettos and in the slums of the developing world. In the United States, the disproportionate enforcement of drug laws along class, racial and ethnic lines negated

the exclusionary rule of punitive social policies on drugs. Historically, America has racialized the push for prohibition movements, connecting Mexican immigrants to cannabis in the 1930s and demonizing certain groups from Catholic countries during alcohol prohibition. At the height of the drug abuse in America in the late 1960s, the Nixon administration shifted this focus to minorities, overtly using drug enforcement as a political strategy (Bader and Baker 2019). In a notorious prison interview from former Nixon lieutenant John Ehrlichman, who served time for crimes committed during the Watergate scandal, describes the tactics of the cabinet saying, “The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people... by getting the public to associate hippies with marijuana and blacks with heroin, and then criminalize both heavily, we could disrupt those communities (Bader and Baker 2019).” In a developed democracy, we see drug policy that is upheld through law enforcement rather than public health or social welfare, with state intervention being central in its operation.

The perceived moral threat that drugs and their users pose to social order is reproduced by moral panic which was conceptualized by Stanley Cohen to understand the role of the media and government in characterizing and amplifying certain types of behavior as deviant (Roberts and Chen 2013). Though panics can be viewed as temporary, they can be institutionalized in a legal framework and in bureaucracies, set up to enforce the prevention of deviant behavior. Goode (1990) argues that the cycle of the introduction of new drugs, their rise and decline in popularity, and their replacement by new drugs is part of this institutionalization (Goode 1990). In the United States, the demand for drugs was identified by reformers with marginalized groups, creating the atmosphere for individuals who are considered a moral threat to be subjected to punishment rather than education. Through this lens, focusing on the supply of drugs became the

most feasible policy option because demand could be managed by control and punishment within the marginal sectors of the population and treatment could be reserved through medical practitioners for middle-class consumers (Roberts and Chen 2013).

US Versus Other Countries: Legalization and Decriminalization

Legality is often the precursor of legitimacy and perceived morality, but it operates in different contexts based on the laws of a particular nation. To comprehend the desired reach of individual organizations, it is imperative to understand first that due to barriers of legality, the extent to which therapists, doctors and healers can operate varies by state and country. In 1971, the United Nations banned psilocybin and magic mushrooms with the passage of the Convention on Psychotropic Substances (United Nations). For the United States, similar to cannabis laws, there are many gray areas in regard to legalization of psilocybin. Psilocybin is classified as a Schedule I substance under the Controlled Substances Act, meaning that it has no recognized therapeutic value in the United States, and a lack of accepted safety for use under medical supervision (DEA). Much controversy has surrounded this categorization of psilocybin based plants (i.e. magic mushrooms), especially with research and clinical trials spanning years that would contest their classification. At the same time, ketamine, a dissociative anesthetic with some hallucinogenic effects, became a Schedule III non-narcotic substance under the Controlled Substances Act in 1999 with accepted medical uses for short term sedation and anesthesia (DEA). So while ketamine's legal status is for medical purposes, psilocybin remains illegal. A few cities like Denver, Washington D.C. and Oakland have decriminalized the possession and consumption of magic mushrooms, meaning the city is prohibited to use any of its budgeted

resources on prosecuting its citizens. In 2020, Oregon became the first state to both decriminalize psilocybin, and legalize it for therapeutic use (Lewis-Healey 2021).

The Jamaican government is at the opposite end of the spectrum compared to America regarding magic mushrooms. Cultivation, possession, consumption and sale of both the psilocybin molecule and magic mushrooms are fully legal. As a result, Jamaica has expanded their tourism industry and the increase of psychedelic assisted retreats and businesses, like MycoMeditations, that encourages private investments in the sector. The Netherlands teeters somewhere in the middle of these two countries, using loopholes that allow for the dissemination of magic mushrooms in a different form. The 1971 convention did not determine the legal boundary around psilocybe mycelium (the mushroom's root network), or spores, parts of the mushroom containing low levels of psilocybin (Lewis-Healey 2021). So, when the Netherlands reclassified magic mushrooms as a hard drug, the law didn't extend to magic mushroom mycelium or spores. This loophole sanctioned 'smart shops' and psychedelic retreats in the Netherlands to openly sell and distribute magic mushroom mycelium and spores for therapeutic and recreational means. This structure of legality across the three countries is a prominent feature in the discussion of why mushrooms, along with other psilocybin based drugs, are seen in a negative light. Countries like Jamaica have cultural indigenous ties to the plant which may account for its more relaxed drug laws whereas the United States is very draconian in their approach to what drugs they deem safe for public consumption stemming from the 1960s overuse and abuse of psychedelics.

Public Health - Therapeutic Efficacy

According to the National Institute on Drug Abuse, psilocybin can produce perceptual changes, altering a person's awareness of their surroundings and of their thoughts and feelings. Charles D. Nichols, PhD, professor of pharmacology at Louisiana State University Health Science Center, explained that psychedelic substances “target a selective subset of serotonin receptors. The one that produces the psychedelic effects is called the Serotonin 2A receptor (Vice News 2022).” In a widely known and acknowledged study from the John Hopkins School of Medicine, a small study of 15 smokers found that 80% were able to abstain from smoking for 6 months after a psilocybin treatment in comparison to an approximate 35 percent success rate for patients taking Varenicline, which is widely considered to be the most effective smoking cessation drug (Johnson 2014). “Our findings add to evidence that, under carefully controlled conditions, this is a promising therapeutic approach that can lead to significant and durable improvements in depression,” says Natalie Gukasyan, M.D., assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine. A separate study showed a significant decrease in anxiety and depressive symptoms among those in the research trials. These clinical trials had populations with varying disorders such as OCD, depression, anxiety, alcohol dependence, long-term tobacco smoking. This suggests that psychedelics potentially have much better remission success than that of alternatives, like antidepressants (Carhart-Harris and Goodwin 2017). At the same time, there is strong emphasis on the appropriate setting that should coincide with such treatment. When a part of a health center or retreat structure, it is crucial that the patient is working under controlled conditions. Someone, be it a doctor, therapist or psychiatrist, has taken the time to arrange a peaceful and safe setting, put

together a plan to get the customer in the right mind-set for a positive psychedelic experience, and made sure that whatever the client ingests is exactly what they think it is. A good program involves a medical screening and an application process to check for contraindications—meaning they make sure it's medically safe for the person to take the medicine they are being provided—as well as a strong setup for emotional and psychological integration work.

Psychedelics administered without psychological support and/or a supportive environment may have limited antidepressant efficacy, and in very rare cases, could even worsen a patient's condition (Oram 2014).

Antidepressant Market

Psychedelics-assisted therapy is an alternate treatment for illnesses, which is potentially disruptive to the antidepressant drug market that is estimated to be at \$16 billion by 2023. Though in its early stages of research, psychedelic-assisted therapy has shown high efficacy rates of 70% and more, versus antidepressants treatment that has shown lower efficacy rates (Correa 2020). Antidepressants help in the treatment of depression by maintaining balance of various hormones and chemicals in the brain. Although effective treatments are available, many people with depression do not have access to or seek out treatment, mainly related to lack of knowledge and social stigma. With a growing increase of depression, stress and other mental health ailments, this can also fuel antidepressant drug markets. One segment of the global depressant market is on the basis of region. Based on region, the antidepressant drugs market is divided into North America, Europe, Asia-Pacific, and LAMEA with North America accounting for the largest market share in the antidepressant drugs (Correa 2020). With this market being so

lucrative, it creates more resistance from policy makers toward the legalization of psychedelics. This ambivalence for legalization derives from the normalized traditional pharmaceutical model of administering a prescription drug, usually in a pill form, to help temporarily alleviate symptoms of certain health problems. Big pharmaceutical companies strive for people to use their prescriptions because it locks individuals in for a prolonged period of time, if not the course of their lifetime, thus making big pharma more money in the long term. Because the efficacy of psychedelic assisted therapy has produced promising outcomes of curing mental health issues, not relieving symptoms, and would only take a handful of sessions, pharmaceutical companies and their investors may see this increasing treatment as competition, taking away life-long customers.

Theories and Framework

Foucault's Governmentality and Subjectivity

On a global scale, governments have shown ambivalence when determining policies and regulation on certain drugs that they considered taboo in nature. Generally understood from moral terms and societal standards, drug use has been both medicalized and criminalized. The field of medicine and the criminal justice system have implemented mechanisms by which institutions act as agents of social control. Drawing upon Michel Foucault's articulation of governmentality and subjectivity, as well as labeling theory of deviance (Becker 1963), this paper will showcase how these social entities serve as sites of social control, establishing the framework for normative expectations of how individuals should care for themselves in a

medical setting while highlighting the role that race and class play into this scheme. Foucault's theories on governmentality and subjectivity in particular, will assist in gauging how institutions have been incorporated into advanced Western society's apparatus of consumerism, medicalization, and the construction of self.

Governmentality focuses on two poles of governance; the forms of rule used by various authorities to govern populations and the technologies of the self through which individuals work on themselves to shape their own subjectivity (Garland 1997). Authoritative bodies, whether institutional or amorphous entities, exercise their power via active subjects, or the individuals in society, to influence people's personal choices toward the objectives of the government. Institutions such as medicine, family, education, and religion exert power through rules, routines and cultural norms or standards that shape the context in which citizens understand and mobilize their rights (Chiarello 2017). Foucault's interest upon governmentality and the subject hold significance in the conversation surrounding one's wellness. My aim here is to show how governmentality has been installed from a neo-institutionalist perspective that seeks to influence the behaviors of those maneuvering within the system. Theorists of neo-institutionalism understand institutions as interorganizational forces composed of regulative, normative and cultural-cognitive elements that stabilize and provide meaning to human activity (Chiarello 2017). As I will soon illustrate how institutions, like the American Psychiatric Association (APA), have been catalysts in the characterization of behavior and individuals associated with that behavior.

In his later work, *Care of the Self* (Foucault 1986), Foucault emphasizes practices of self-subjectification where subjects operate on their own bodies and minds and reflexively decide

how to live. Though his earlier conceptualization on the topic suggests that an individual is formed as a subject through governmental practices of power and normalization which creates ideas of subjectivity, Foucault does not subscribe to the notion that this solely produces submissive, aimless bodies that are created and moved by power, which projects an exploitative relationship. Instead, he expressed the ability for people to respond and resist, and to interpret these responses differently (McGillivray 2005). Likewise, the argument is that contestation and conflict are chronic in power dynamics as resistance is never in an external position in relation to power (McGillivray 2005). Projects of the self supply a base for showing processes of subjectivity at play. Thus, care of the self is a process that is managed over the course of one's life to enhance the body, mind, and soul, in order to better relate to other people and live an ethically-driven life (Batters 2011). This framework of the self from Foucault is relevant to the conversation of access to mental health treatment in that when individuals are not attuned to traditional forms of therapy, they resist by seeking alternative forms of treatment in an effort to enhance themselves in some way.

Medicalization and Stigmatization

Medicine has become a lucrative and powerful industry in the contemporary world, ultimately gaining traction in defining deviance. According to sociologist William Graham Sumner (1906), “deviance is a violation of established contextual, cultural, or social norms, whether folkways, mores, or codified law (Conerly et al. 2021).” When an individual has been labeled as deviant, they encounter new problems ranging from their reactions to themselves and others to the stereotypes and stigmas of someone associated with this applied label. Becker

(1963) articulated the view that deviance is a byproduct of “a transaction that takes place between some social group and one who is viewed by that group as a rule-breaker” (Becker 1963). In modern society, the socially significant dichotomy of deviants from the non-deviant population is increasingly dependent upon circumstances of situation, place, social and personal biography, and the bureaucratically organized activities of agencies of control (Kitsuse 1962). The ways in which deviance is perceived varies by the society in which it operates.

The medical field has expanded its jurisdiction to encompass broader deviant behavior; behavior that most often has been socially characterized as morally wrong and abnormal (Levine and Troiden 1988). By establishing these moral boundaries, we also reaffirm our moral identity as a society (Anderson 2017). Through defining certain behaviors as deviant, medical institutions with disciplinary power are able to effectively control those who fail to project the ideal qualities of the hegemonic norm, showcasing how medicine has evolved into an institution of social control (Marcus et al. 2022). Medical institutions have served as sites of social control that have aided in the rejection, labeling and stigmatization of particular behaviors, but also substances.

The path to authenticating psychedelics as a legitimate therapy outlet, as with other narcotics, has been constructing them in medical terms. Conrad (1992) defines the term medicalization not just as “to make medical” but also characterizes it as the process by which non-medical problems become defined and treated as medical problems, usually as illnesses or disorders (Conrad 1992). With medical influence, social institutions, governing bodies and professional groups create the standards for appropriate treatments for ailments. Conrad (1992) connects medicalization to three distinct levels: conceptual, institutional, and interactional. At the

conceptual level, medical language is used to define a problem. On the institutional side, organizations might incorporate a medical approach to treating specific problems that they specialize in. For the interactional level, medicalization functions as a doctor-patient interaction where the physician will give a diagnosis (define the problem) or provide a medical form of treatment (prescribing drugs) to a social problem (Conrad 1992). When imposed standards are in place, stigma can be attached to those who do not coincide with these guidelines, ultimately marginalizing a subset of people. Stigma can be defined as personal characteristics or cues that are socially constructed as shameful (Wogen and Restrepo 2020). Link and Phelan (2001) view stigma as “the co-occurrence of its components—labeling, stereotyping, separation, status loss, and discrimination—and further indicate that for stigmatization to occur, power must be exercised. (Link and Phelan 2001)” Thus, when we stigmatize an individual, we are simultaneously invalidating their personhood, applying a lesser status to them in the process that leads to unequal life outcomes. In the United States, structural stigmas have been fluent in policies by corporations and the healthcare industry alike, a major one being mental health treatment infrastructure has been less inclusive compared to physical health (Wogen and Restrepo 2020). Sexual orientation, gender, and race can amplify stigma as well as how stigma is shaped by interactional, organizational, and broader cultural contexts (Grattet 2011). A commonly stigmatized condition in American culture is illicit drug use, though there is a strong undercurrent of glorifying such use. Relinquishing the deviance associated with psychedelic use is as difficult as any other drug renaissance that strides toward legalization and normalization. If psychedelic assisted therapies and their advocates can sway public opinion to a more “they are

just like us” mindset when interacting with labeled individuals, leniency and tolerance will begin to cultivate and grow.

To understand how psychedelics may become legitimized medical treatments, it is first crucial to highlight some key features of the healthcare field. The healthcare industry in western advanced society has historically held the power and authority to define deviant persons and behaviors. In the U.S., The American Psychiatric Association (APA), for instance, is one entity that has the power to define and classify all mental illnesses currently recognized by the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Their vision is to be “the premier psychiatric organization that advances mental health as part of general health and well-being,” with their goal being rooted in advancing the field of psychiatry through education and research for the best interests of patients (American Psychiatric Association 2022). The DSM-5 has faced its own criticism from scholars for its classifications and labeling of mental conditions as a disease, creating implications that have linked individuals to undesirable traits. On one end of the spectrum, the APA’s labeling of certain diseases or disorders can partially remove the stigma from the person that is experiencing said condition. Categorizing it as an illness can shift some culpability away from the individual, explaining away the condition as a biological defect. There are practical advantages of being diagnosed with a mental ailment in the DSM-5, like the ability to receive insurance coverage in order to receive treatments that can mitigate negative symptoms. On the other end of the spectrum, when medical professionals present a condition as an illness or disease, it can carry with it unintended aftereffects because it assumes that the behaviors of the individual are inherently abnormal, wrong and different from social standards. In this way, social power and social control are of

relevance in that the healthcare industry has been authorized with the power to apply labels to behavior, and thus people, as deviant or abnormal. Thus, institutions like the APA fall under the framework of governmentality not only as constructing selves, but also holding influence that can shape regulations and policies in the healthcare industry.

Framing Racial Politics and Inequalities of Medicine: Methadone vs. Buprenorphine

There is a continued alteration of cultural expectations and standards from institutions and individuals with varying degrees of power as time passes. As social interactions and developments in science emerge, institutional values become increasingly modified to propel society forward. This transformation has been demonstrated in drug culture around the world, with adjustments in regulation of marijuana, opioids and psychedelics among others, often using medicalization as the avenue for newfound acceptance. However, recreational use is outside of the realm of this acceptance as medicine and the criminal justice system police their utilization institutionally and interactionally, acting as social control agents.

The politics of opioid pharmacology illustrated by Hansen and Skinner (2012) has parallels to the psychedelic therapy field in terms of legitimacy, legality, racialized patterns, and class dynamics. Methadone and buprenorphine, two neuroactive agents with similar pharmacological properties, have experienced tremendously distinctive processes of dissemination and regulation. Both have been used for the treatment of opioid addiction, however methadone, usually considered to be stronger in efficacy with all levels of dependence, faces more obstacles than buprenorphine. Methadone has been the subject of strict government regulation and surveillance of criminalized patients, while buprenorphine is part of a deregulated

private clinical system derived from the belief of opiate dependents as neurochemically deficient (Hansen and Skinner 2012). Neuroscientific projects like this have reconfigured the social contexts of addiction as a biological neuroreceptor deficiency on one pole and a moral deficiency on the other, a byproduct of a racialized bipolarity in the American cultural framework. In the United States, buprenorphine is used primarily by the middle class, the less socioeconomically dislocated opiate dependent people than those that are users of methadone, giving it the identity as a white middle class drug (Hansen and Skinner 2012). As Hansen and Skinner (2012) also point out, this association of buprenorphine with the white middle class may have been causal for its protection from scrutiny in global literature on buprenorphine's abuse and contributed to the DEA's less restrictive scheduling of the drug. The biomedical sector of the U.S. relies on race and class stratification to pinpoint the status of biomedical goods and services. These racialized patterns of biomedical treatment are a result of income related disparities in insurance coverage and segmented marketing strategies in which high end goods and services are tailored toward a largely white, upper-income clientele (Hansen and Skinner 2012). Taking into account socioeconomic status, racial minorities receive subpar treatment in the healthcare field as they face discriminatory attitudes, prejudice and cultural ignorance on the part of healthcare providers. Whites serve as the reference group for comparison to ethnic minorities, however national reports also find the consistent trend that one's insurance status is a determinant in the quality of healthcare one receives (Harris 2010). This gives way to white, higher income buprenorphine patients being defined as consumers by the private healthcare system versus methadone patients, at times labeled as "junkies," in high surveillance publicly funded clinics. The result is drug use in wealthy circles being viewed as accepted, and even encouraged, as part

of highbrow society while the poor are heavily monitored to prevent substance abuse, and failing a drug test can mean losing state support and sacrificing one's liberty to the criminal justice system (Chiarello 2017). From a pharmaceutical corporation's viewpoint, opiates and opioids make an ideal commodity but their cultural associations along class and race marginalization required marketing and regulation strategies through government entities.

This research of methadone and buprenorphine suggests that racialization may happen where medical drugs are being used and should psychedelics take the same route, they too will see their usage running along racial lines. Here I want to emphasize the parallels of buprenorphine to ketamine and methadone to magic mushrooms based on their government regulations and the manners in which they are used in the United States. Ketamine, a Schedule III substance, has been accepted for medical purposes, and like buprenorphine, ketamine is part of a deregulated clinical system, opening the door for organizations like Wholeness Center to come into practice. Magic mushrooms however, share similarities to methadone with its strict government regulations and the surveillance of criminalized users. Likewise, the same racialized patterns in opioid addiction treatment have begun to emerge in the psychedelic therapy field such as disparities in insurance coverage for treatments and marketing tactics where high end services are directed at a largely white, upper-income population, shown by the companies in this study. So while wealthy circles have begun to adopt mushrooms and ketamine as a new, acceptable mental health treatment, the poor that do not have the same access, face more sanctions when using psychedelics. Nevertheless, illustrating the correlation of psychedelics to methadone and buprenorphine puts forth the potential roadmap for psychoactive substances as they attempt to make their continued push into mainstream medicine.

Research Method and Case Selection

For my research method, I opted to cover three separate organizations based on their physical location, the differing legal limitations that exist for each in their country and the wide variety of unique services they offer to their customers. Each organization operates in a contrasting environment to the next, while still maintaining similar therapeutic setting approaches and outcomes. Vice News, a current affairs channel that produces documentaries on YouTube and for their website, released several short documentaries on the future and effectiveness of psychedelic therapies, resulting in the exploration of further companies that offer these services. Vice News conducted multiple interviews of people in the psychedelic space like CEOs of treatment companies (MycoMeditations being one), advocates, experienced users, lawyers, professors of neuropsychopharmacology, natural healers, psychiatrists and research experts. Each donated their individual expertise to this field.

MycoMeditations in Jamaica, Synthesis Retreat in the Netherlands, and Wholeness Center operating in Colorado are all championing the early adoption of psychedelic use as a form of mental health treatment, as there appears to be a very limited number of organizations on an international scale that offer their services. My curiosity of these three facilities stems from how legality has set the often negative views of psychedelics, as well as the status of such drugs in their respective locations. The review of each organization included the examination of their individual websites for its content like the language the companies use to describe their specific user base, the structure of their programs, pricing of treatments, the types of psilocybin distributed and intended goals. Analyzing their social media platforms for posted content also

served its benefits for grappling a better understanding of the target audience for all three organizations.

Visual elements and select testimony from past visitors were strategically chosen for their webpages and media platforms to provide their audience with a sense of what their company provides while simultaneously promoting images of psychoactive substances. A significant selling point for each organization is what I call their retreat model, displaying alluring images of resort-like accommodations that are designed to increase user engagement and inquiries. Of the three, MycoMeditations is the most retreat-like based on their proximity to the ocean and placement in the Caribbean. Wholeness Center operates similar to an outpatient clinic giving it a more medicalized atmosphere than one of luxury like Synthesis and MycoMeditations. My research into each of the organizations gives the necessary context that provides a sense of how the medicalization of such facilities contribute to the ubiquitous dialogue surrounding psychedelic assisted therapy.

Findings and Implications

Discourses of the Companies

The effects of drugs that contain psychedelic properties on the human mind are sophisticated in nature. They also tend to have different experience outcomes based on one's mental health or prior medical history, treating an unusually large array of psychological, medical, and personal problems. Across the board, each organization analyzed in the field of psychedelic medicine uses differing language when relaying their treatment methods, purpose

and organization culture to their potential users. Each of their discourses is rooted in science and medicine, but have varying rhetoric and terminology in their approaches for recruitment. For the three companies, their desired results for the users of their programs very much align as emphasis is placed on one's "healing" and well-being enhancement as a product of participation.

MycoMeditations- Treasure Beach, Jamaica

MycoMeditations is a psychedelic retreat company in Jamaica, that facilitates 10-day trips where attendees consume magic mushrooms throughout the week. Taking in the experience via a group setting promotes a greater sense of connectedness and community support. Facilitators serve as guides during the experience, while licensed therapists are involved in both one-on-one and group discussions to ensure safety and support. MycoMeditations, located on a beach front, puts an emphasis on the environment and setting contributing to guests' positive experiences with their nature-based retreat.

The company has a strong social media presence across various platforms. Their YouTube channel has informative videos on questions about psilocybin, the ancient history of psilocybin, proper mushroom cultivation, and videos explaining their group psychedelic experience. Their Instagram page displays photos from their retreat on the beach and pools under palm trees, with infographics of magic mushrooms being every couple posts. When one first encounters the MycoMeditations website, they will find a homepage littered with images of Jamaican beach fronts with sunsets, individuals in nature and various mushrooms. MycoMeditations gives the feeling that you are booking at a luxurious resort style retreat. Those

visiting the site will find their mission statement that assert magic mushrooms, their form of dissemination, “have the power to help people heal.” Using past trauma and intrusive thoughts as a talking point, the statement acknowledges conventional therapy and medications as having limitations, by either not producing desired outcomes or creating side effects that may worsen one’s issues. The statement concludes with the organization's ultimate goal of creating a “path to deep healing, new perspectives, connectedness, and feelings of well-being.” The initial web page also displays the faculty wearing t-shirts and tank tops with the company logo and even has one employee holding a small dog, displaying an inviting, homelike atmosphere. The staff is predominantly white with the few people of color holding positions as nurses and facilitators. MycoMeditations’ model refers to their client base as “guests” unlike conventional therapeutic settings that may use terms like “patients,” only contributing further to the resort style the location is aiming for. Using studies conducted by the Centre for Psychedelic Research at Imperial College London to gauge the impact of their offered psilocybin experience, MycoMeditations features the notion of a “mystical” experience. The Mystical Experience Questionnaire (MEQ), made of subscales consisting of unity, transcendence of time and space, sacredness, noetic quality, positive mood, and ineffability, showed that in 17% of sessions, guests had a mystical experience. According to the MEQ, a ‘complete’ mystical experience is counted when someone ranks above 60% on each of the subscales (MycoMeditations 2022).

In an effort to give themselves further merit, they list big networks that have featured their organization like CNBC, Vice News, The Washington Post, Benzinga, and Upscale Living Magazine among others. Combine this with select reviews from past guests that share their testimony using phrasing like “life changing experience,” “at a loss for words,” “you will leave a

better you,” and “happy for the first time I can remember,” MycoMeditations is grounding themselves in legitimacy for the user. “World class psilocybin-assisted retreat,” “regain balance, clarity and direction,” and “effectiveness delivered in serene natural environment” is the language the organization uses when declaring their model has the most optimal impact on those seeking services in the psychedelic realm.

Synthesis Retreat - Amsterdam, Netherlands

Like Myco, Synthesis also identifies as a retreat for one’s psychedelic experience. However Synthesis differs in how they address their users, referring to them as “participants” rather than “guests.” Guided by a team of facilitators and therapists, Synthesis retreat has created a program that meshes ancient wisdom with science. They aim to restore one’s sense of wonder, explore consciousness and foster a new sense of connection to one’s self and the natural beauty of the world. Synthesis, like most companies today, has established themselves on networking platforms like Facebook and Instagram. Their instagram account has accrued a following of more than 17,000 as of this writing. Their content varies between nostalgic looking environments, quotes regarding psychedelics and thought-provoking pictures and memes. Synthesis Retreat’s Facebook page has a plethora of short videos that dive into questions that people may have surrounding psychedelics, explaining psychedelic therapy and microdosing, as well as people giving their testimony of their experience in the psychedelic space.

Synthesis is unique in that it has three venues where they hold operations; the first is a 40-acre estate positioned on a nature sanctuary between Amsterdam and Utrecht, another a

luxurious boutique in Northern Netherlands, the last on a Dutch nature reserve. On the homepage of their website, Synthesis echoes the improvement in well-being rhetoric that is shared among the different organizations, stating that some experiences of users are increased positive mood, improved concentration, healthier lifestyle habits and a deeper connection to self and others. They choose to provide their participants with high-dose, legal truffles containing psilocybin. Synthesis' Expansion Retreat, their 5-Day psychedelic program, for example, uses much of the same promotional discourse. The program is designed to provide "potentially life-enhancing benefits" that has the ability to create more resilience in oneself, feelings of balance and peace, a greater sense of purpose in life and a renewed sense of direction. Synthesis cites that their programs are not intended to diagnose mental health disorders. Individuals must first go through a mandatory thorough health screening before being approved for participation as safety is given priority. "Safe, legal, and professionally curated programs" is established within the first scroll, conveying to the potential participants that their retreats are based on scientific validity and safety. Synthesis' retreats provide an experience "that blends the best of ancient wisdom traditions, with current research findings," showing they gravitate toward a spiritual base in their programs. According to their own data collection and independent analysis in participation with Imperial College London as well, Synthesis notes that half of their participants have expressed having a "mystical" experience which was also measured using the MEQ (Synthesis 2022). Images on the website include group dialogue of people sharing their stories, eating together at dinner, and luxurious patios and office spaces for the psychedelic sessions, driving home the group therapy dynamic in a "serene" setting.

Wholeness Center - Fort Collins, Colorado

Fort Collins's Wholeness Center offers ketamine-assisted psychotherapy for select patients. What's special about Wholeness Center is that after a patient's initial psychiatric and naturopathic assessments, the center's entire care team meets to develop a collaborative plan for the patient's treatment going forward. Should that involve ketamine therapy, it may include one of three different routes of administration: oral lozenge, intramuscular injection, or IV. Depending on the route of administration, the session may be led by a nurse, a therapist, or a psychiatrist. Each of these distribution methods require 4-8 psychotherapy sessions over 3-4 weeks and each session lasts about 2 hours. Of the three companies under the scope, Wholeness Center has the most diverse presence on social networks, but not necessarily the strongest, with pages on Youtube, Twitter, Facebook, Instagram and Pinterest. Their Facebook page periodically posts content of the ketamine-assisted psychotherapy they offer such as group experiences for frontline and first responders or people struggling with depression symptoms. The company describes the therapy as a channel that enhances one's perspective on issues they may be struggling with. Wholeness Center focuses on combining conventional psychiatry with integrative and holistic medicine and alternative approaches for the betterment of their patient's mental health. As their Youtube video explains, the center does not exclusively utilize the psychoactive drug ketamine but also vitamins, fish oil, omega-3s, essential fatty acids, and l-theanine which is derived from green tea or the Fijian plant kava that both help to treat anxiety.

Wholeness Center gives a much more professional clinic feel, referring to themselves as a mental health center and their client base as "patients." Unlike the retreat style that insinuates a

level of leisure and recreation, Wholeness Center gives the impression that they are more aligned with your local doctor's office than a resort with palm trees and meadows. When viewing their website, one will initially see pictures of mountain ranges, lakes, and beaches, contributing to the notion that the environment is crucial in the efficacy of psychotherapy. Operating under legality in the United States, Wholeness Center does not offer treatments using magic mushrooms or psilocybin truffles. They feel that ketamine is the best compound to introduce someone to psychedelic medicine because of its high safety profile that is already recognized in modern medicine and its anxiety reducing effect (Wholeness 2022). During the course of my research, a new location has recently been added to their website starting in November 2022. Adopting the model of the other companies, Wholeness Center has a "destination wellness retreat" now located in Costa Rica for a transformative week designed to "accelerate health progress" and put individuals on a path of self-discovery. This newfound "transformative retreat" has ketamine sessions as an add-on feature when deciding on a destination package. Other add-on features for the Costa Rican getaway include horseback riding, spa services, surfing lessons, a jungle tour and alcoholic beverages, playing even further into the retreat model. Their main Northern Colorado facility still uses language like "healing" and "holistic services" to emphasize their association to a spiritual approach. The 'Meet Our Team' tab shows the staff that works at the Fort Collins location, but there is a lack of diversity, with all of the employees shown being white. Though not as flashy as the other webpages, Wholeness Center makes up for it by listing their extensive types of therapies they are ready to offer their patients: dyadic ketamine-assisted therapy, ketamine group therapy, ketamine-assisted psychotherapy, integrative psychiatry, biomedical nutritional assessments, family therapy and mindfulness-based psychotherapy among others.

Construction of Problems Treated

Rooting themselves in scientific research like many in this field, Synthesis Retreat articulates that individuals can overcome smoking and alcohol addiction, depression and levels of anxiety. According to the 'Research' tab on their website, studies have also shown promising results in the treatment of obsessive compulsive disorder and cluster headaches. Honing in on a clear narrative, Synthesis Retreat wants its participants to understand that “psychedelics are powerful, and can transform your life and your mental health.”

Wholeness Center offers the same discourse in the ailments they look to treat. Highlighting their services can be for both adults and children, they aim to help with anxiety, depression, behavioral issues, bipolar, ADD, ADHD, autism spectrum disorders, PANDAS, and individual and relationship issues. To be clear, Wholeness has a broad scope of services, some of which do not necessarily constitute the use of ketamine. Using a collaboration of professionals, their ketamine assisted psychotherapy model is a holistic and natural approach. Likewise, Wholeness Center also points to the fact that it is one of only thirteen sites in the world that is a phase III clinical trial site for MDMA assisted psychotherapy for severe PTSD.

Asserting that they are one of the longest-serving psychedelic retreat centers in the world, MycoMeditations frames its goals as significantly improving struggles with anxiety, depression, and trauma. With private and group sessions, the retreat incorporates its serene nature location with a “powerful healing” practice to deliver long-lasting benefits to its guests. The mental health ailments that each organization attempts to improve is synonymous with the healthcare system that is the usual treatment outlet that society gravitates to. In this way, the companies are

presenting themselves as legitimate medicalized channels that are positioned on the same plain as any other medical regime.

Consumer Satisfaction Discourse

Customer contentment and fulfillment is key in the selling tactics of these companies. The positive experiences of people in these programs gives more validity to the organizations which will, in turn, expand their customer recruitment. Scrolling down MycoMeditations' initial web page, site visitors come across a section titled 'What Are Past Guests Saying?' Here, the experiences of past customers all shine a positive light on the effectiveness of MycoMeditations using constructive language. "I'm off my antidepressants and proud of myself; I just feel like a more integrated person," one person writes, making the distinction between the efficacy of traditional medication and this therapy. "MycoMeditations did more to help heal my psyche than a lifetime of pills/IVs and counseling was ever going to do," says another, further contributing to the discourse of conventional medicine contrasted with this retreat model. Other language from customers include key phrasing like "astonishing" and "life changing experience," to help paint the picture of flourishing results. Synthesis Retreat follows the same blueprint on their website of user testimonials that contains almost identical language. "Life changing," "transformative" and "deeply grateful" are some of their experiences. Insights also continue to draw a line between pharmaceuticals and the more in favor psychedelic assisted therapy with rhetoric from one participant, "unlike any of the other modalities I have undertaken over many years." This combined discourse is calculated to influence users' decision making on their future health practices. The narratives of users here show the social and economic order of consumerism; as

participants consume these high-end therapeutic services, they are fulfilling their biological needs and desires. This for-profit system of medicine, from an economic perspective, stimulates further production and economic growth within the sector by maximizing the utility of psychedelic assisted services.

Lifestyle vs. Mental Health Dichotomy

Psychedelic assisted therapy has its range of users that vary in age, gender, social class and reasons for utilizing such therapy, however it does not come as a surprise that sufficient financial resources have become almost a requirement for these experiences. As mentioned earlier, the resort style retreats in this study have starting price tags of \$4000 for the week, with the average rate per individual being just over \$6000. MycoMeditations offers the most luxurious option with their concierge retreat, three separate villas that come fully staffed with a butler. Personal chefs prepare all meals, including a locally-sourced three-course dinner. Each villa has their own private pool and access to an exclusive, white sand beach that faces west to guarantee the guests have beautiful sunsets during each evening's appetizer hour. The rate for a stay like this is \$11,400 for a single occupancy and requires a 30% deposit (MycoMeditations 2022).

In some instances, those looking to explore the field of psychedelics will find medical professionals that will provide one on one treatment, however their services can be upwards of \$600 per hour, with multiple sessions lasting hours. This is due to psychedelics being a longer acting substance, therefore requiring longer sessions. The expense of this treatment has given way to elite consumption of psychedelics but has also boxed out individuals that do not have the capital. Advocates of psychedelic assisted therapy argue that anyone with mental health ailments

should have the opportunity to try this experience, but it should not be limited to those that have an exorbitant amount of money at their disposal. While most people that visit retreats like MycoMeditations and Synthesis do so, as they proclaim, for their mental health, this doesn't always translate into diagnosed mental health ailments for the wealthy but rather more aligned with enhancement in spiritual fulfillment. Their desires for such a getaway stem from seeking a source of relaxation, pleasure and leisure. The legalization of ketamine for medical use in the United States also has a portion of its users that are in search of deep reflection. As one ketamine user describes his experience, "it was an exploration of mind. It was the closest thing I'd ever experienced to the highest level of meditation that I'd heard about." This is not to say that all wealthy individuals are solely in attendance for some kind of spiritual enlightenment as this treatment model is still an alternative to traditional institutional therapy to help improve mental health disorders that many visitors attest to experience prior to their involvement with psychedelic facilities. Two distinguishable outcomes appear from the collection of companies; they either treat mental health ailments or they enhance spiritual life.

Conclusion

The holistic healing properties of plant-based psychedelics has resulted in the active culture of self-medication for mental health. Psychotherapy is not advertised on television commercial breaks or billboards on the side of the road. But its existence prevails from both those on the search for improvements in mental chemistry and disorders, and the companies that provide such treatment. The companies involved in this research have made it a part of their

agenda to create mainstream exposure of psychedelic assisted therapies to the field of mental health treatment. All of the organizations ground themselves in research based studies and science, but also attach their driving discourses of achieving wellness, direction and greater sense of self. Language has become a crucial mechanism of bringing legitimacy to psychedelic assisted therapy programs. Language from the three companies in this study about their treatments, have all conveyed that their approaches have an aim of transforming those that visit their locations in a positive direction. This intention of altering the mental health of users has been surrounded with medical language. For example, Wholeness Center deeming individuals as “patients” or MycoMeditations’ proclaiming that visitors who arrive at their beachfront location are “ready to heal.” Likewise, as ketamine is only permitted for medical use in the United States, Wholeness Center in Colorado, with their extensive ketamine services, has further rooted themselves in the healthcare industry as a legitimate medical provider. The problems or mental health disorders these organizations advertise they treat, anxiety, depression, OCD, ADHD, and PTSD amongst others, mirrors the intentions of conventional therapy spaces and outpatient centers. In these ways, MycoMeditations, Synthesis Retreat and Wholeness Center have positioned themselves to be included in the medical space as an alternative medical treatment that has changed the negative connotations of psychedelics into an integrative, functional medicine. The push for medicalization of psychedelics through particular phrasings and framings has been the pathway to reducing the stigma behind their use, which in turn can foster increased access to psychedelic assisted therapies.

However, access to these therapies are catered toward a more elite consumer base.

MycoMeditations and Synthesis Retreat, for example, have starting rates of \$6000 for a single

occupancy for the week. Wholeness Center has their ketamine assisted psychotherapies that range from \$500 to \$725 per session, and this does not include new patient and follow up appointments that cost over \$500 collectively. Those with substantial buying power more than likely make up the clientele for these organizations, suggesting that people of lower socioeconomic status are not the ones receiving access to this growing field of treatment. Instead, a mostly white, upper income class of customers have taken the helm, not only advancing western society's structure of consumerism but also showcasing that class plays a major role in the availability of psychedelic treatments. In correlation to class dynamics, I find that racialization is interwoven into this apparatus. If these forms of treatment are primarily accessed by a wealthy, white client base, ethnic minorities are underrepresented as patients to this mental health initiative. This highlights the social inequities of the healthcare field, summarized best by Chiarello (2017) as "positioning marginalized groups threatens entrenched patterns of dominance, so these groups are disproportionately targets of social control (Chiarello 2017)." Synthesis Retreat, MycoMeditations and Wholeness Center all contribute to the idea of governance through their retreat model by molding their program users into people that embrace and maintain their discourse of achieved, improved mental wellness. The byproduct of this governance is often newly acquired advocates for the advancement of psychedelics as medicine. Simultaneously, the existence of these programs allow for self-governance by the individual. Folks take control of their lives by deciding how they will operate on their mind and body, resisting the mainstream treatments for mental health problems, creating a technique for constructing the self. Psychedelics are no longer a "hippie" drug used to simply have

mind-bending trips. Instead, through medicalized discourse and research, they are slowly becoming the next generation of drugs that serve as a remedy in the mental health space.

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